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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 94
File Book 34
Mar. 13 1973
Date of Application

MALE
Medical Examination Report Dated Mar 5 1973
Name of Physician Wm B Kriehl

FEMALE
Medical Examination Report Dated Mar 5 1973
Name of Physician Wm B Kriehl

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

MALE APPLICANT

Name: First Kent Middle Samuel Last Muncy
Date of Birth: Month Mar Day 16 Year 1954
Place of Birth (State or foreign country): Marion Co. Indiana
Residence Address: Street or R. R. 1102 Brookside 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: Carpenter
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father James Edward Muncy
    Residence of father (if deceased so state) Brownsburg Ind.
    Occupation of father Contractor Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Lois Marie Parsons
    Residence of mother (if deceased so state) Same
    Occupation of mother Unemployed 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 x Kent Samuel Muncy
New Address.....

Subscribed and sworn to before me this 13 day of Mar, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Mother has legal custody Father
Signed x Lois Marie Muncy Mother
Subscribed and sworn to before me this 13 day of Mar, 1973
Glen M Harvey Clerk

FEMALE APPLICANT

Name: First Regina Middle May Last Brandlein
Date of Birth: Month Feb Day 16 Year ~~1954~~ 1953
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address: Street or R. R. 620 Lincoln St. 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).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Roger Charles Brandlein
   Residence of father (if deceased so state) Beech Grove Ind.
   Occupation of father Truck Driver Race of father W
   Birthplace of father (State or foreign country) Marion Co Ind.
8. Full maiden name of mother Delores Juanita Newton
   Residence of mother (if deceased so state) Hend. Co.
   Occupation of mother Unemployed 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 Regina May Brandlein
New Address.....

Subscribed and sworn to before me this 13 day of Mar, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17 day of March, 19 73, authorizing the joining together as husband and wife Kent Samuel Muncy and Regina May Brandlein

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

I, Buford Brock hereby certify that on the 17th day of March, one thousand nine hundred and 73 at Danville, County of Hendricks, State of Indiana, Groom Kent Samuel Muncy of Hendricks County, State of Indiana, and, Bride Regina May Brandlein of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17th day of March, 19 73 Signed Buford Brock
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of March, 19 73
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 95
File Book 34
March 14 1973
Date of Application

MALE
Medical Examination Report Dated 3-13-73
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 3-13-73
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 Charlie Middle Louis Last Goodman
Date of Birth: Month March Day 12 Year 1954
Place of Birth (State or foreign country): Mc Minnville Tenn.
Residence Address: Street or R. R. 306 Janet Dr City Brownsburg County Hend State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: House keeping Aid
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) S. S. card (req. cert.)

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed: x Charlie L. Goodman
New Address: 3133 W. Mich. Tudpls.
Subscribed and sworn to before me this 14 day of March, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 Cynthia Middle Lee Last Smith
Date of Birth: Month February Day 9 Year 1953
Place of Birth (State or foreign country): Linton Greene Ind.
Residence Address: Street or R. R. R R 1 Box 330 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: Charles B. Smith
   Residence of father (if deceased so state): Same
   Occupation of father: Truck Driver Race of father: W
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Mary Jo Phillips
   Residence of mother (if deceased so state): Same
   Occupation of mother: Cashier 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 Cynthia Lee Smith
New Address: 3133 W. Mich. Tudpls.
Subscribed and sworn to before me this 14 day of Mar, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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. 3-14-73 Judge Virgil 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 14th day of March, 1973, authorizing the joining together as husband and wife Charlie Louis Goodman and Cynthia Lee Smith
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Louis R. Goodman hereby certify that on the 17th day of March, one thousand nine hundred and 73 at Plainfield, County of Hendricks, State of Indiana, Groom Charlie Louis Goodman of Hendricks County, State of Indiana, and, Bride Cynthia Lee 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 17th day of March, 1973.
Signed Louis R. Goodman
Official Designation Bishop - Church God of Prophecy
Filed and recorded in accordance with the laws of the State of Indiana this 20 day of March, 1973.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 95
File Book 34
March 14 1973
Date of Application

MALE
Medical Examination Report Dated 3-13-73
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 3-13-73
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 Charlie Middle Louis Last Goodman
Date of Birth: Month March Day 12 Year 1954
Place of Birth (State or foreign country) Mc Minnville Tenn.
Residence Address: Street or R. R. 306 Janet Dr City Brownsburg County Hend State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation House keeping Aid
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) S. S. card (req. cert.)

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

FEMALE APPLICANT

Name: First Cynthia Middle Lee Last Smith
Date of Birth: Month February Day 9 Year 1953
Place of Birth (State or foreign country) Linton Greene Ind.
Residence Address: Street or R. R. RR 1 Box 330 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 Charles B. Smith
   Residence of father (if deceased so state) Same
   Occupation of father Truck Driver Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Jo Phillips
   Residence of mother (if deceased so state) Same
   Occupation of mother Cashier 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 Cynthia Lee Smith

We B, Bessie Goodman, Louis Goodman, hereby give my consent for our son, Charlie Louis Goodman to marry Cynthia Lee Smith.

Bessie Goodman Louis Goodman

Subscribed and sworn to before me this 13 day of March 1973

W.H. McCormack Jr.
Notary Public
My Commission Expires 10/29/75

, 19 73
Circuit Court
f only one parent
Father
Mother
, 19
Clerk
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. 3-14-73 Judge Vivian Hutton

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14th *day of* March, 1973, *authorizing the joining together as husband and wife* Charlie Louis Goodman *and* Cynthia Lee Smith
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Louis R. Goodman *hereby certify that on the* 17th *day of* March, *one thousand nine hundred and* 73 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Charlie Louis Goodman *of* Hendricks *County, State of* Indiana, *and, Bride* Cynthia Lee 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 17th *day of* March, 1973.

Signed Louis R. Goodman
Official Designation Bishop - Church God of Prophecy

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* March, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 96

File Book 34

March 15, 1973
Date of Application

MALE
Medical Examination Report Dated 3-15-73
Name of Physician Eric D. Clark M.D.

FEMALE
Medical Examination Report Dated 3-15-73
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 Kerry, Middle Steven, Last Frazier

Date of Birth: Month February, Day 24, Year 1952

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

Residence Address: Street or R. R. R.R. #3 Box 476, City 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 Stockman - R.C.A.

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

☐ Other (Specify).....

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

Name	Age	Address

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

11. Full name of father Porter Frazier
    Residence of father (if deceased so state) R.R. #3 Box 476 Plfd Ind.
    Occupation of father Chpler Race of father.....
    Birthplace of father (State or foreign country) Kentucky - Monroe Co.
12. Full maiden name of mother Delphia Boone
    Residence of mother (if deceased so state) R. R. #3 Box 476, Plfd
    Occupation of mother R.C.A. Race of mother.....
    Birthplace of mother (State or foreign country) Kentucky - Monroe Co.

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

Signed X Kerry Steven Frazier
New Address 2848 Palace Dr. Indpls. Ind.

Subscribed and sworn to before me this 15th day of March, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Margaret, Middle Bernita, Last Smith

Date of Birth: Month January, Day 5, Year 1954

Place of Birth (State or foreign country) Marion County

Residence Address: Street or R. R. 3425 West Murray Ave., City Indpls., 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 Engraver

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

☐ Other (Specify) Vol 25 p 110 - Cert C-42

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Smith Sr.
   Residence of father (if deceased so state) 3425 West Murray Dr.
   Occupation of father Diamond Chain Race of father.....
   Birthplace of father (State or foreign country) Tennessee
8. Full maiden name of mother Leba Juanita Freeman
   Residence of mother (if deceased so state) 3425 West Murray Dr.
   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 Margaret Bernita Smith
New Address.....

Subscribed and sworn to before me this 15 day of March, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of March, 1973, authorizing the joining together as husband and wife Kerry Steven Frazier and Margaret Bernita Smith

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

I, Rev. Chester L. Ross hereby certify that on the 1st day of April, one thousand nine hundred and 73 at Indianapolis Indiana, County of Marion, State of Indiana, Groom Kerry Steven Frazier of Hendricks County, State of Indiana, and, Bride Margaret Bernita Smith of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19th day of March, 1973. Signed Rev Chester L. Ross
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of April, 1973. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 97
File Book 34
March 17 1973
Date of Application

MALE
Medical Examination Report Dated 3-13-73
Name of Physician Fred F. Boling

FEMALE
Medical Examination Report Dated 3-12-73
Name of Physician Mauro E. Chavez

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Lloyd Last Wilson
Date of Birth: Month July Day 31 Year 1955
Place of Birth (State or foreign country) Casey Co. Ky.
Residence Address: Street or R. R. RR3 Box 846 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 Landscaping
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their 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 Wilson
    Residence of father (if deceased so state) RR8 Box 846 Danville
    Occupation of father Ind Veneer Race of father W
    Birthplace of father (State or foreign country) Ky.
12. Full maiden name of mother Wanda Geneva Campbell
    Residence of mother (if deceased so state) Same
    Occupation of mother Nursing Home 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 Robert Lloyd Wilson
New Address Same

Subscribed and sworn to before me this 14 day of Mar, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss: Legal Custody Marion to - Divorced - 1958
Signed.....Father
Signed Wanda Lauck Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Deborah Middle Kay Last Sowers
Date of Birth: Month July Day 6 Year 1956
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 5365 W. 26th 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 Robert L. Sowers
   Residence of father (if deceased so state) Same
   Occupation of father Dental Tech. Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Betty M. Woodson
   Residence of mother (if deceased so state) Same
   Occupation of mother K-Mart 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 Deborah Kay Sowers
New Address.....

Subscribed and sworn to before me this 14 day of Mar, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 L Sowers Father
Signed Betty M. Sowers Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....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 Waiver of age 30 day. and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3-19-73 Judge Broome.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of March, 1973, authorizing the joining together as husband and wife Robert Lloyd Wilson and Deborah Kay Sowers
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William O. Rodefer hereby certify that on the 23rd day of March, one thousand nine hundred and seventy three at Indianapolis, County of Marion, State of Indiana, Groom Robert Lloyd Wilson of Hendricks County, State of Indiana, and, Bride Deborah Kay Sowers 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 23rd day of March, 1973.

Signed William O. Rodefer
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of March, 1973.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 98

File Book 34

March 19 1973
Date of Application

MALE
Medical Examination Report Dated mar 16 1973
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated Mar 16 1973
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 Leonard Middle Daniel Last Melvin
Date of Birth: Month Nov. Day 8 Year 1954
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. F. RR 1 Box 272 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 General Work
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☑ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Leonard W. Melvin
    Residence of father (if deceased so state) Same
    Occupation of father mill wright Race of father W
    Birthplace of father (State or foreign country) Florida
12. Full maiden name of mother Grace M Payk
    Residence of mother (if deceased so state) same
    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 x Leonard Daniel Melvin
New Address —
Subscribed and sworn to before me this 19 day of March, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 Leonard W. Melvin Father
Signed x Grace M. Melvin Mother
Subscribed and sworn to before me this 19 day of Mar, 1973
Glen M Harvey Clerk

FEMALE APPLICANT

Name: First Teresa Middle Jane Last Collins
Date of Birth: Month April Day 14 Year 1956
Place of Birth (State or foreign country) Martinsville Morgan Ind
Residence Address: Street or R. R. R 2 Box 111 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 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 Loren Collins
   Residence of father (if deceased so state) same
   Occupation of father Const. Worker Race of father W
   Birthplace of father (State or foreign country) Indiana (Morgan Co)
8. Full maiden name of mother Velma Bayliff
   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) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Teresa Jane Collins
New Address —
Subscribed and sworn to before me this 19 day of March, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 Loren Collins Father
Signed Velma Collins Mother
Subscribed and sworn to before me this 19 day of March, 1973
Glen M Harvey Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... HENDRICKS ..... Circuit Court of Indiana dated the 23 day of March, 1973, authorizing the joining together as husband and wife Leonard Daniel Melvin and Teresa Jane Collins

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

I, M. L. Crawley hereby certify that on the 24th day of March, at Plainfield, County of Hendricks, one thousand nine hundred and 73 State of Indiana, Groom Leonard Daniel Melvin of Hendricks County, State of Indiana, and, Bride Teresa Jane Collins of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of March, 1973. Signed M. L. Crawley
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of March, 1973
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

406

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 99

File Book 34

March 19 1973
Date of Application

MALE
Medical Examination Report Dated 3-15-73
Name of Physician R. Stephen Irwin

FEMALE
Medical Examination Report Dated 3-15-73
Name of Physician R. Stephen Irwin

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

MALE APPLICANT

Name: First Steven Middle Lee Last Russell

Date of Birth: Month Oct Day 19 Year 1954

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

Residence Address: Street or R. R. Box 9A 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 Construction

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service 12-30-54-424

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

Name	Age	Address

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

...e of father Charles D. Russell
...of father (if deceased so state) Box 9A North Salem
...n of father Construction Race of father.....
...e of father (State or foreign country) Tennessee
...den name of mother Eula Stapleton
...e of mother (if deceased so state) Box 9A North Salem
...on of mother Housewife Race of mother.....
...e of mother (State or foreign country) Tennessee

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

Signed X Steve Russell
New Address 200 California St.

...nd sworn to before me this 19 day of March, 19 73
...w M. Harvey Clerk HENDRICKS Circuit Court

...OF PARENTS, PARENT OR GUARDIAN

...rents, of this applicant hereby give consent for this marriage. If only one parent
...facts which render the consent of the other 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 Vickie Middle Lynn Last Brewer

Date of Birth: Month June Day 9 Year 1956

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: Street or R. R. 200 California St. City North Salem County State

Maiden Name if Different Vickie Lynn Brewer

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1973 Marion

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

Usual Occupation Housewife

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #8808

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 H. Monroe
   Residence of father (if deceased so state) Deceased
   Occupation of father..... Race of father.....
   Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Virginia Mae Livington
   Residence of mother (if deceased so state) 1231 S. Shepherd St. Indpls. Ind.
   Occupation of mother Unemployed 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 Vickie Lynn Brewer
New Address 200 California St. North S.

Subscribed and sworn to before me this 19 day of March, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* March, 19 73, *authorizing the joining together as husband and wife* Steven Lee Russell *and* Vickie Lynn Brewer

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

I, Earl C. Davis *hereby certify that on the* 24th *day of* March, *one thousand nine hundred and* seventy three *at* North Salem, *County of* Hendricks, *State of Indiana, Groom* Steven Lee Russell *of* Hendricks *County, State of* Indiana, *and, Bride* Viskie Lynn Brewer *of* Hendricks *County, State of* Indiana, *were by me united 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* March, 19 73.

Signed Earl C. Davis, B. D.
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* March, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

406

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 99
File Book 34
March 19 1973
Date of Application

MALE
Medical Examination Report Dated 3-15-73
Name of Physician R. Stephen Irwin

FEMALE
Medical Examination Report Dated 3-15-73
Name of Physician R. Stephen Irwin

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

MALE APPLICANT

Name: First Steven Middle Lee Last Russell
Date of Birth: Month Oct Day 19 Year 1954
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. Box 9A City North Salem 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 verified by: ☑ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service 12-30-54-424

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

Name	Age	Address

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

Father Charles D. Russell

FEMALE APPLICANT

Name: First Vickie Middle Lynn Last Brewer
Date of Birth: Month June Day 9 Year 1956
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: Street or R. R. 200 California St. City North Salem County State
Maiden Name if Different Vickie Lynn Brewer
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1973 Marion
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Housewife
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #8808

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 T. Monroe
   Residence of father (if deceased so state) Deceased
   Occupation of father..... Race of father.....
   Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Virginia Mae Livingston
   Residence of mother (if deceased so state) 1231 S. Shepherd St. Indpls. Ind.
   Occupation of mother Unemployed Race of mother.....
   ...anapolis

...and state the information given ...pplication is true and correct.
...Brewer
...a St. North S.
...March, 19 73
HENDRICKS ...Circuit Court

...his marriage. If only one parent ...rent unnecessary.....

Charles Russell and Eula D. Russell, hereby give my consent for
...son, Steven Lee Russell to
...rry Vicki Lynn Brewer.
Charles Russell Eula D Russell
...bscribed and sworn to before me this 16 day of Mar 19 73
My commission expires May 2 #6974
Russell T Olsen
Notary Public

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

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

County of.....

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of March, 19 73, authorizing the joining together as husband and wife Steven Lee Russell and Vickie Lynn Brewer

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

I, Earl C. Davis hereby certify that on the 24th day of March, one thousand nine hundred and seventy three at North Salem, County of Hendricks, State of Indiana, Groom Steven Lee Russell of Hendricks County, State of Indiana, and, Bride Vickie Lynn Brewer of Hendricks County, State of Indiana, were by me united 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 March, 19 73.

Signed Earl C. Davis, B. D.
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of March, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

406

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 99
File Book 34
March 19, 1973
Date of Application

MALE
Medical Examination Report Dated 3-15-73
Name of Physician R. Stephen Irwin

FEMALE
Medical Examination Report Dated 3-15-73
Name of Physician R. Stephen Irwin

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

MALE APPLICANT

Name: First Steven Middle Lee Last Russell
Date of Birth: Month Oct Day 19 Year 1954
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Box 9A Street or R. R. North Salem 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 12-30-54-424

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

Name	Age	Address

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

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 Vickie Middle Lynn Last Brewer
Date of Birth: Month June Day 9 Year 1956
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: 200 California St. Street or R. R. North Salem City County State
Maiden Name if Different Vickie Lynn Brewer
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ 1973 Annulment ☐ Marion
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Housewife
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #8808

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 T. Monroe
   Residence of father (if deceased so state) Deceased
   Occupation of father..... Race of father.....
   Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Virginia Mae Livington
   1. Shepherd St.
   Indpls. Ind.
   Race of mother.....
   anapolis

nd state the information given
pplication is true and correct.
Brewer
St. North S.
March, 19 73
ENDRICKS
.....Circuit Court

marriage. If only one 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, Virgie May Monroe, hereby give my consent for my Daughter, Vickie Lynn Brewer to marry Steven Lee Russell.
Father Dead
Mother ☒ x Virginia May Monroe

subscribed and sworn to before me this 19 day of March 1973
Notary Public
My Commission Expires 12/14/76

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of March, 19 73, authorizing the joining together as husband and wife Steven Lee Russell and Vickie Lynn Brewer
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Earl C. Davis hereby certify that on the 24th day of March, one thousand nine hundred and seventy three at North Salem, County of Hendricks, State of Indiana, Groom Steven Lee Russell of Hendricks County, State of Indiana, and, Bride Vickie Lynn Brewer of Hendricks County, State of Indiana, were by me united 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 March, 19 73.

Signed Earl C. Davis, B. D.
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of March, 19 73.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 100
File Book 34
March 19, 1973
Date of Application

MALE
Medical Examination Report Dated 3-15-73
Name of Physician R. W. Van Bokkelen, M.D.

FEMALE
Medical Examination Report Dated 3-15-73
Name of Physician R. W. Van Bokkelen, M.D.

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

MALE APPLICANT

Name: First James Middle Steven Last Sims
Date of Birth: Month June Day 23 Year 1953
Place of Birth (State or foreign country) Methodist Hosp Indpls. Marion Co. Ind.
Residence Address: 9056 Zionsville Rd 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 Electrician
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #6306

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 J. Sims
    Residence of father (if deceased so state) 9056 Zionsville Rd Indpls.
    Occupation of father Supt. Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Helen Mae Allen
    Residence of mother (if deceased so state) 9056 Zionsville Rd Indpls
    Occupation of mother Housewife Income tax Part Time 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 Steven Sims
New Address Gateway Apts. Indpls. Ind

Subscribed and sworn to before me this 19 day of March, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Kaye Last Kayler
Date of Birth: Month March Day 24 Year 1956
Place of Birth (State or foreign country) Coleman Hosp. Indpls. Marion Co. Ind.
Residence Address: 345 North Vine St. 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 — Clerk - Melody Skateland.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hosp. Record Photostat #3333

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Eugene Melton Kayler
   Residence of father (if deceased so state) 345 North Vine St
   Occupation of father Insulation Co. Race of father W
   Birthplace of father (State or foreign country) Dayton, Ohio
8. Full maiden name of mother Edith LaVerne Pa
   Residence of mother (if deceased so state) 345 N. Vine St
   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 info in this application is tru

☒ Signed Evelyn Kaye Kayler
New Address

Subscribed and sworn to before me this 19 day of Marc
Glen M. Harvey Clerk HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If signs, state facts which render the consent of the other 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 26th day of March, 1973, authorizing the joining together as husband and wife James Steven Sims and Evelyn Kay Kayler

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

I, Roger Boatman hereby certify that on the 31st day of March, one thousand nine hundred and 73 at Indianapolis, County of Marion, State of Indiana, Groom James Sims of Marion County, State of Indiana, and, Bride Evelyn Kayler of Hendricks HENDRICKS County, State of Indiana, were by me united 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 March, 1973.

Signed Roger Boatman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of April, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 100
File Book 34
March 19, 1973
Date of Application

MALE
Medical Examination Report Dated 3-15-73
Name of Physician R. W. Van Bokkelen, M.D.

FEMALE
Medical Examination Report Dated 3-15-73
Name of Physician R. W. Van Bokkelen, M.D.

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

MALE APPLICANT

Name: First James Middle Steven Last Sims
Date of Birth: Month June Day 23 Year 1953
Place of Birth (State or foreign country) Methodist Hosp. Indpls. Marion Co. Ind.
Residence Address: 9056 Zionsville Rd. 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 Electrician
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 6306

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

State of Indiana, H
County of.....

Ne

Subscribed and sworn
Glen M

CONSENT OF PARE

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

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

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

FEMALE APPLICANT

Name: First Evelyn Middle Kaye Last Kayler
Date of Birth: Month March Day 2[illegible] Year 1956
Place of Birth (State or foreign country) Coleman Hosp. Indpls. Marion Co. Ind.
Residence Address: 345 North Vine St. 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 — Clerk- Melody Skateland.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hosp. Record Photostat # 3333

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Eugene Melvin Kayler
   Residence of father (if deceased so state) 345 North Vine St

WE
~~I~~, James J. and Helen Sims, hereby give OUR ~~my~~ consent fo
my son, James Steven Sims
marry Evelyn Kaylor.

James J Sims Helen Sims

subscribed and sworn to before me this 22nd day of March

NOTARY PUBLIC SEAL INDIANA

My commission expires:
Feb. 11, 1977

Rosemary De Swift
Notary Public

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26th day of March, 1973, authorizing the joining together as husband and wife James Steven Sims and Evelyn Kay Kayler

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

I, Roger Boatman hereby certify that on the 31st day of March, one thousand nine hundred and 73 at Indianapolis, County of Marion, State of Indiana, Groom James Sims of Marion County, State of Indiana, and, Bride Evelyn Kayler of Hendricks HENDRICKS County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 31st day of March, 1973.

Signed Roger Boatman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of April, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 100
File Book 34
March 19, 1973
Date of Application

MALE
Medical Examination Report Dated 3-15-73
Name of Physician R. W. Van Bokkelen, M.D.

FEMALE
Medical Examination Report Dated 3-15-73
Name of Physician R. W. Van Bokkelen, M.D.

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

MALE APPLICANT

Name: First James Middle Steven Last Sims
Date of Birth: Month June Day 23 Year 1953
Place of Birth (State or foreign country) Methodist Hosp. Indpls. Marion Co. Ind.
Residence Address: 9056 Zionsville Rd. 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 Electrician
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #6306

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor chi... marriages? No ☐ Yes ☐
    (If yes, answer questio...
    (a) List their full nam...
    Name ...
    (b) Are you suppor...
    (c) Are you comply... their support?
11. Full name of father...
    Residence of father...
    Occupation of fathe...
    Birthplace of fathe...
12. Full maiden name...
    Residence of mothe...
    Occupation of moth...
    Birthplace of moth...

State of Indiana, HEN...
County of.....

New...

Subscribed and sworn t...
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Evelyn Middle Kaye Last Kayler
Date of Birth: Month March Day 24 Year 1956
Place of Birth (State or foreign country) Coleman Hosp. Indpls. Marion Co. Ind.
Residence Address: 345 North Vine St. 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 — Clerk - Melody Skateland.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hosp. Record Photostat #3333

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

Eugene Milton Kayler

WE C. LaVerne Kayler
I, Eugene Kayler, here... OUR
my daughter Evelyn Kaye Kayler consent for
marry James Steven Sims. ... to

Eugene Kayler
C. LaVerne Kayler

Subscribed and sworn to before me this 22 ... of March 1973

My commission Expires
Oct. 21-1975
Feb. 11, 1974

William E. Hop... Notary Public
in & For The Co... of Hendricks

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

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

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26th day of March, 1973, authorizing the joining together as husband and wife James Steven Sims and Evelyn Kay Kayler
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Roger Boatman hereby certify that on the 31st day of March, one thousand nine hundred and 73 at Indianapolis, County of Marion, State of Indiana, Groom James Sims of Marion County, State of Indiana, and, Bride Evelyn Kayler of Hendricks HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 31st day of March, 1973.

Signed Roger Boatman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of April, 1973.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 101
File March 20
Book 34
Date of Application

MALE
Medical Examination Report Dated 3-19-73
Name of Physician Carl L. Hinkle M.D.

FEMALE
Medical Examination Report Dated March 19, 1973
Name of Physician Arthur B. Mills

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 L. Last Godsey
Date of Birth: Month 12 Day 30 Year 1951
Place of Birth (State or foreign country) Kingsport Tenn.
Residence Address: Street or R. R. Plainfield City Ind. County State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Alco Alum. Co.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service 40-89-51-727

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Lesley Charles Godsey
    Residence of father (if deceased so state) 30 S 22nd St. Richmond
    Occupation of father Foreman Race of father.....
    Birthplace of father (State or foreign country) Kingsport Tenn.
12. Full maiden name of mother Frances Louise Epps
    Residence of mother (if deceased so state) 30 S 22nd St. Richmond
    Occupation of mother Nurse Race of mother.....
    Birthplace of mother (State or foreign country) Kingsport Tenn.

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

Signed X Jerry L. Godsey
New Address Richmond, Ind.

Subscribed and sworn to before me this 20 day of March, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Ann Last Smith
Date of Birth: Month April Day 1 Year 1951
Place of Birth (State or foreign country) Richmond Ind.
Residence Address: Street or R. R. Richmond, Ind. City County State
Maiden Name if Different Joyce Ann Elleman
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1973 Richmond
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Housewife
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Vol 16 p. 50 Cert # 5308

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Richard Elleman
   Residence of father (if deceased so state) R # 3 Liggsville, Ind.
   Occupation of father Truck Driver Race of father.....
   Birthplace of father (State or foreign country) Eaton Ohio
8. Full maiden name of mother Sara Jane Dagger
   Residence of mother (if deceased so state) 1152 Richmond, Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Richmond Ind

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

Signed X Joyce A. Smith
New Address Richmond Ind

Subscribed and sworn to before me this 20 day of March, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* March, 19 73, *authorizing the joining together as husband and wife* Jerry L Godsey *and* Joyce Ann Smith

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

I, M. L. Crawley hereby certify that on the 24th day of March, one thousand nine hundred and 73 at Plainfield, County of Hendricks, State of Indiana, Groom Jerry L. Godsey of Hendricks County, State of Indiana, and, Bride Joyce Ann Smith of Wayne County, State of Indiana, were by me united 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 March, 19 73.

Signed M. L. Crawley
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* March, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 102
File March 20
Book 34
Date of Application

MALE
Medical Examination Report Dated March 16, 1973
Name of Physician Eric D. Calhoun

FEMALE
Medical Examination Report Dated March 16, 1973
Name of Physician Eric D. Calhoun

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

MALE APPLICANT

Name: First Dearl Middle I Last Middleton

Date of Birth: Month 1 Day 4 Year 1938

Place of Birth (State or foreign country) Tenn.

Residence Address: Street or R. R. R I Box 55 City Plainfield County, Ind. State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Welder

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) #1137 Voters Reg.

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

Name	Age	Address
Shirley Bryant	11	Tenn.

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Boyd White Middleton
    Residence of father (if deceased so state) R I Ewing, Va.
    Occupation of father watchman Race of father W
    Birthplace of father (State or foreign country) Va
12. Full maiden name of mother Ida M. Owens
    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 Dearl I Middleton
New Address R#1, Box 55, Plainfield, Indiana

Subscribed and sworn to before me this ..... day of ....., 19.....
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 Carol Middle A. Last Smyth

Date of Birth: Month 6 Day 28 Year 1942

Place of Birth (State or foreign country) North Carolina

Residence Address: Street or R. R. R I Box 55 City Plainfield County Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Secretary

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers Lisc. # 435-42268

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father E. Curtis R. Young
   Residence of father (if deceased so state) 419 S Simmons Pfld. Ind.
   Occupation of father retired Race of father W
   Birthplace of father (State or foreign country) Ohio
8. Full maiden name of mother Elene J. Lewis
   Residence of mother (if deceased so state) Same
   Occupation of mother housewife Race of mother W
   Birthplace of mother (State or foreign country) Va.

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 Smyth
New Address R#1, Box 55, Plainfield, Ind.

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, [illegible] consent for this marriage. If only one parent sign[illegible] necessary.....

State
Count

[illegible] er

Subscr [illegible] Clerk

do not copy for Paper

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26 day of March, 1973, authorizing the joining together as husband and wife Dearl I. Middleton and Carol A. Smyth

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

I, M. L. Crawley hereby certify that on the 31 day of March, one thousand nine hundred and 73 at Plainfield, County of Hendricks, State of Indiana, Groom Dearl D. Middleton of Hendricks County, State of Indiana, and, Bride Carol A. Smyth of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of March, 1973.

Signed M. L. Crawley
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of April, 1973.

Signed Glen M. Harvey 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. 103
File Book 34
March 20, 1973
Date of Application

MALE
Medical Examination Report Dated 3-16-73
Name of Physician Martin D. Garfield M.D.

FEMALE
Medical Examination Report Dated 3-16-73
Name of Physician Martin D. Garfield M.D.

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

MALE APPLICANT

Name: First Dannie Middle Walter Last Angrick
Date of Birth: Month July Day 18 Year 1949
Place of Birth (State or foreign country) Indianapolis
Residence Address: Box 227 Street or R. R. Clayton City Hendricks Co. 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 Asst Foreman - Bakery
Date of birth verified by: ☒ Birth Cert. 113-49- ☐ Judicial Decree
☐ Other (Specify) Ind. Bd of Health Cert No. 04965

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

Name / Age / Address

(b) Are you supporting or contributing to their 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 Edward Angrick
Residence of father (if deceased so state) 2616 W. Gray St. Indpls.
Occupation of father Trouble Shooter RCA Race of father W
Birthplace of father (State or foreign country) Indpls. Marion Co.
12. Full maiden name of mother Erma Betty Wirth
Residence of mother (if deceased so state) Clayton Ind. Hdg.
Occupation of mother Beautician Race of mother W
Birthplace of mother (State or foreign country) Spalt - Germany

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
X Signed Dannie W. Angrick
New Address P.O. Box 27 Cartersburg Ind.
Subscribed and sworn to before me this 20 day of March, 1973
..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Sue Last Stevenson
Date of Birth: Month Oct. Day 2 Year 1950
Place of Birth (State or foreign country) Indianapolis
Residence Address: P.O. Box 27 Street or R. R. Cartersburg City Hend. Co. County Ind. State
Maiden Name if Different Vicki Sue Vance
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Hend. Co. Indpls 1972
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Cert. No.
☐ Other (Specify) Ind. Bd. of Health 113-50-07X106

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Leslie Vance
Residence of father (if deceased so state) deceased
Occupation of father Mechanic Race of father W
Birthplace of father (State or foreign country) Indpls. Marion Co.
8. Full maiden name of mother Rosemary Low Miller
Residence of mother (if deceased so state) Cartersburg Ind.
Occupation of mother Inventory Clk Race of mother W
Birthplace of mother (State or foreign country) Indpls. Marion Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Vicki S. Stevenson
New Address P.O. Box 27 Cartersburg Ind.
Subscribed and sworn to before me this 20 day of March, 73
..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 March, 19 73, authorizing the joining together as husband and wife Dannie Walter Angrick and Vickie Sue Stevenson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Don E. Perry hereby certify that on the 30th day of March, one thousand nine hundred and 73 at Hazelwood Christian Ch, County of Hendricks, State of Indiana, Groom Dannie W. Angrick of Hendricks County, State of Indiana, and, Bride Vickie Sue Stevenson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 30th day of March, 19 73.

Signed Rev. Don E. Perry
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of April, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 104

File Book 34

March 23, 1973
Date of Application

MALE
Medical Examination Report Dated 4-5-73
Name of Physician A. N. Scudder, M.D.

FEMALE
Medical Examination Report Dated 2-26-73
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 Leon Middle H. Last Wilson Jr.
Date of Birth: Month Dec. Day 23 Year 1954
Place of Birth (State or foreign country) Sullivan Co. - Sullivan Ind.
Residence Address: 3663 Creston Dr. Street or R. R. Indianapolis 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 U. S. Army
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Mary Sherman Hospital Cert# 45562

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Harvey Wilson
    Residence of father (if deceased so state) 3663 Creston Dr. Indpls. Ind.
    Occupation of father Clerk Commercial Body Race of father W
    Birthplace of father (State or foreign country) Sullivan Co. Ind.
12. Full maiden name of mother Nellie M. Ward
    Residence of mother (if deceased so state) 3663 Creston Dr. Indpls. Ind.
    Occupation of mother R. C. A. Race of mother W.
    Birthplace of mother (State or foreign country) Sullivan Co. Ind.

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

Signed ✕ Leon H. Wilson Jr.
New Address 14 Murphy Court, Brownsburg

Subscribed and sworn to before me this 6 day of April, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Leon H. Wilson Father
Signed Nellie M. Wilson Mother
Subscribed and sworn to before me this 6 day of April, 19
Clerk

FEMALE APPLICANT

Name: First Deborah Middle L. Last Smith
Date of Birth: Month October Day 3 Year 1953
Place of Birth (State or foreign country) Evansville Indiana
Residence Address: 14 Murphy Court, Street or R. R. Brownsburg City Hendricks County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Housewife
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-52-08982

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Henry Smith
   Residence of father (if deceased so state) 14 Murphy Court.
   Occupation of father Allison Race of father
   Birthplace of father (State or foreign country) Rockport, Ind.
8. Full maiden name of mother Charlotte Elizabeth Harter
   Residence of mother (if deceased so state) Same
   Occupation of mother Hooks Drugs Race of mother
   Birthplace of mother (State or foreign country) Mt. Summit, Ind.

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

Signed Deborah L. Smith
New Address 14 Murphy Court Brownsburg

Subscribed and sworn to before me this 23 day of March, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 April, 19 73, authorizing the joining together as husband and wife Leon H. Wilson Jr. and Deborah L Smith

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

I, Ronald J. Humes hereby certify that on the Seventh day of April, one thousand nine hundred and Seventy three at Brownsburg, County of Hendricks, State of Indiana, Groom, Leon H. Wilson Jr. of Marion County, State of Indiana, and, Bride Deborah L. 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 Seventh day of April, 19 73.

Signed Ronald J. Humes
Official Designation Pastor, First Baptist Church, Brownsburg, Indiana

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of April, 19 73.

Signed Glen M. Harvey 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. 105

File Book 34

March 23 1973 Date of Application

Le Marriage

MALE
Medical Examination Report Dated March 21, 1973
Name of Physician Robert W. Kirtley M. D.

FEMALE
Medical Examination Report Dated March 21, 1973
Name of Physician Robert W. Kirtley M. D.

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

MALE APPLICANT

Name: First Daniel Middle W. Last Boles

Date of Birth: Month 7 Day 21 Year 1947

Place of Birth (State or foreign country) Edgood Tennessee

Residence Address: R.R. #8 Box 347 Street or R. R. Indpls City Ind County Ind State

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1967 Hendricks

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

Usual Occupation Truck Driver

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Selective Service 12-30-47-250

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Arlie Boles
    Residence of father (if deceased so state) R#2 Box 219 Dan Ind.
    Occupation of father Disabled Race of father
    Birthplace of father (State or foreign country) Tennessee
12. Full maiden name of mother Thelma Mae Burchett
    Residence of mother (if deceased so state) Deceased
    Occupation of mother Race of mother
    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 Daniel W. Boles

New Address R#8 Box 347 Indpls, Ind.

Subscribed and sworn to before me this 23 day of March, 19 73

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Buna Middle M. Last Boles

Date of Birth: Month May Day 11 Year 1930

Place of Birth (State or foreign country) Bloomington Springs Tennessee

Residence Address: 211 North Traub Street or R. R. Indpls City Marion County Ind State

Maiden Name if Different Buna M. Brown

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1967 Hend.

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Factory

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Hobart G. Brown
   Residence of father (if deceased so state) Deceased
   Occupation of father Race of father
   Birthplace of father (State or foreign country) Tennessee
8. Full maiden name of mother Marcella Smith
   Residence of mother (if deceased so state) Deceased
   Occupation of mother Race of mother
   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 Buna M Boles

New Address

Subscribed and sworn to before me this 23 day of March, 19 73

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 May, 19 73, authorizing the joining together as husband and wife Daniel W. Boles and Buna M. Boles

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

I, Keith Purcell hereby certify that on the 23rd day of June, one thousand nine hundred and seventy three at Belleville, County of Hendricks, State of Indiana, Groom Daniel W. Boles of Hendricks County, State of Indiana, and, Bride Buna M. Boles of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of June, 19 73.

Signed Keith Purcell

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 73.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 106
File Book 34
Date of Application

MALE
Medical Examination Report Dated March 14, 1973
Name of Physician Lloyd S. Terry M.D.

FEMALE
Medical Examination Report Dated March 14 1973
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 Marlin Middle David Last Mitchell
Date of Birth: Month Sept. Day 21 Year 1955
Place of Birth (State or foreign country)
St. Francis Hosp. Indianapolis Marion Co. Ind.
Residence Address: Street or R. R. R.R. 2 Box 303 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 Hendricks Co. Highway
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St. Francis Hospital

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Homer Sherman Mitchell
    Residence of father (if deceased so state) R.R. 4 Box 121 Greenfield Ind.
    Occupation of father Millwright Race of father W
    Birthplace of father (State or foreign country) Austin, Scott Co. Ind.
12. Full maiden name of mother Mary Maxine Magill
    Residence of mother (if deceased so state) R.R. 2 Box 303 Danville
    Occupation of mother Tel. Operator - Bell - Brownwood Race of mother W
    Birthplace of mother (State or foreign country) Greenville Bulney Co.

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

✓ Signed Martin D Mitchell
New Address apt. 8 Country Valley, Clayton
Subscribed and sworn to before me this 24 day of March, 1973
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
Mother has legal custody due to divorce -

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
X Signed Mary M. Cummings Mother
Subscribed and sworn to before me this 24 day of March, 19.....
.....Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Anne Last Morgan
Date of Birth: Month July Day 12 Year 1956
Place of Birth (State or foreign country)
Methodist Hosp. Indianapolis Marion Co. Ind.
Residence Address: Street or R. R. P.O. Box 10 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 Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Hosp. Photostat # 8237

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Phillip Howard Morgan
   Residence of father (if deceased so state) Camden, Ohio
   Occupation of father Disabled Race of father W
   Birthplace of father (State or foreign country) Monticello, Ky.
8. Full maiden name of mother Geraldine Anne Murch
   Residence of mother (if deceased so state) P.O. Box 10, Clayton
   Occupation of mother Office Mgr. Race of mother W
   Birthplace of mother (State or foreign country) Indpls. Marion Co. Ind.

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

X Signed Cynthia Anne Morgan
New Address Apt 8 Country Village Apt. Clayton
Subscribed and sworn to before me this 24 day of March, 19 73
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
Mother has legal custody due to divorce - (Has remarried)

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27th day of March, 1973, authorizing the joining together as husband and wife Marlin David Mitchell and Cynthia Ann Morgan

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

I, Brian Campbell hereby certify that on the 7th day of April, one thousand nine hundred and Seventy-Three at Clayton County of Hendricks, State of Indiana, Groom Marlin David Mitchell of Hendricks County, State of Indiana, and, Bride Cynthia Ann Morgan of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7th day of April, 19 73.

Signed Brian Campbell Pastor
Official Designation Clayton Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 31st day of March, 19 73

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 107
File Book 34
March 24, 1973
Date of Application

MALE
Medical Examination Report Dated 3-20-73
Name of Physician George D. Keenan M.D.

FEMALE
Medical Examination Report Dated 3-20-73
Name of Physician George D. Keenan, M.D.

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

MALE APPLICANT

Name: First Charles Middle W. LaRoche Last Sr.
Date of Birth: Month March Day 9 Year 1920
Place of Birth (State or foreign country): Clayton Hendricks Ind.
Residence Address: Street or R. R. 725 Hanna 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 Blitter Operator
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree 5305-16-2436
☒ Other (Specify) Drivers License # 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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name | Age | Address

(b) Are you supporting or contributing to their 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 A. LaRoche
Residence of father (if deceased so state) Deceased
Occupation of father Coal Miner Race of father W
Birthplace of father (State or foreign country) Clinton - Vermillion
12. Full maiden name of mother Alice Penrose
Residence of mother (if deceased so state) 342 N. Center St. Pltfd.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Brazil Clay Co.

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

X Signed Charles W. LaRoche Sr.
New Address 734 Meadow Lane, Plainfield
Subscribed and sworn to before me this 24 day of March, 19 73
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 Veronica Middle L. Last Herman
Date of Birth: Month Dec. Day 5 Year 1921
Place of Birth (State or foreign country): Indianapolis Marion Ind.
Residence Address: Street or R. R. 6161 Homestead Dr. City Indpls. County Marion State Ind. Co
Maiden Name if Different Veronica L. Traylor
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 Homemaker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree 5306-18-
☒ Other (Specify) Drivers License # 9525 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 James DeWitt Traylor
Residence of father (if deceased so state) Dec.
Occupation of father Boilermaker Race of father W
Birthplace of father (State or foreign country) Otwell, Ind.
8. Full maiden name of mother Mary Delores Malone
Residence of mother (if deceased so state) 125 Wisconsin Indpls.
Occupation of mother Homemaker 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 Veronica L. Herman
New Address 734 Meadow Lane Plainfield
Subscribed and sworn to before me this 24 day of March, 19 73
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 28 day of March, 19....., authorizing the joining together as husband and wife Charles W. LaRoche, Sr. and Veronica L. Herman

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

I, Floyd Cook hereby certify that on the 7 day of April, one thousand nine hundred and 73 at Indianapolis, County of Marion, State of Indiana, Groom Charles W. LaRoche of Hendricks County, State of Indiana, and, Bride Veronica L. Herman 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 7th day of April, 1973.

Signed Floyd Cook
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of April, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 108
File Book 34
March 24, 1973
Date of Application

MALE
Medical Examination Report Dated 3-19-73
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 3-19-73
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 Steven Middle Arthur Last Moore
Date of Birth: Month Nov. Day 10 Year 1952
Place of Birth (State or foreign country): Lebanon Boone Co. Ind.
Residence Address: Street or R. R. 310 S. Jefferson City Browns Burg County Hend. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Carpenter
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service # 12-30-52-461

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Arthur Moore
    Residence of father (if deceased so state): 310 S. Jefferson Bburg
    Occupation of father: Supervisor - Foundry Race of father: W
    Birthplace of father (State or foreign country): Boone Co. Ind.
12. Full maiden name of mother: Mary Ann Clark
    Residence of mother (if deceased so state): 310 S Jefferson Bburg.
    Occupation of mother: Homemaker Race of mother: W
    Birthplace of mother (State or foreign country): N. Salem Hendricks Co.

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

✓Signed Steven Arthur Moore
New Address Tudor apts. #37, Bburg
Subscribed and sworn to before me this 24 day of March, 1973
..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 Ann Moore Mother
Subscribed and sworn to before me this 24 day of March, 1973
..... Clerk

FEMALE APPLICANT

Name: First Jane Middle Lenore Last English
Date of Birth: Month July Day 1 Year 1952
Place of Birth (State or foreign country): Meth. Hosp. Indianapolis Marion Ind.
Residence Address: 3732 Ashway Dr. Lodge Marion Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Sales Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hosp. Cert # 6483

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Leonard Charles English
   Residence of father (if deceased so state): 3732 Ashway Dr. Lodge
   Occupation of father: Sub - Contractor Race of father: W
   Birthplace of father (State or foreign country): Pittsboro Hendricks Co.
8. Full maiden name of mother: Anna Frances Everhart
   Residence of mother (if deceased so state): 3732 Ashway Dr. Lodge
   Occupation of mother: Housewife Race of mother: W
   Birthplace of mother (State or foreign country): Montgomery Co Ind.

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

✓Signed Jane Lenore English
New Address Tudor apt #37. Bburg
Subscribed and sworn to before me this 24 day of March, 19 7
..... Clerk HENDRICKS Circuit Cou

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29 *day of* March, 19 73, *authorizing the joining together as husband and wife* Steven Arthur Moore *and* Jane Lenore English

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

I, J. Kenneth Powell, Minister *hereby certify that on the* 14th *day of* April, *at* Indianapolis, *County of* Marion, *one thousand nine hundred and* 73, *State of Indiana, Groom* Steven Arthur Moore *of* Hendricks *County, State of* Indiana, *and, Bride* Jane Lenore English *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14th day of April, 19 73.

Signed J. Kenneth Powell
Official Designation Minister, Garden City Christian Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* April, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 108
File Book 38
March 24, 1973
Date of Application

MALE
Medical Examination Report Dated 3-19-73
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 3-19-73
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 Steven Middle Arthur Last Moore
Date of Birth: Month Nov. Day 10 Year 1952
Place of Birth (State or foreign country): Lebanon Boone Co. Ind.
Residence Address: 310 S. Jefferson 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: Carpenter
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service # 12-30-52-461

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Arthur Moore
    Residence of father (if deceased so state): 310 S. Jefferson B'burg
    Occupation of father: Supervisor - Foundry Race of father: W
    Birthplace of father (State or foreign country): Boone Co. Ind.
12. Full maiden name of mother:
    Residence of mother (if deceased so state):
    Occupation of mother:
    Birthplace of mother (State or foreign country):

State of Indiana,
County of .....

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

.....Clerk

FEMALE APPLICANT

Name: First Jane Middle Lenore Last English
Date of Birth: Month July Day 1 Year 1952
Place of Birth (State or foreign country): Meth. Hosp. Indianapolis Marion Ind.
Residence Address: 3732 Ashway Dr. Street or R. R. Lodge City Marion County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Sales Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hosp. Cert # 6483

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Leonard Charles English
   Residence of father (if deceased so state): 3732 Ashway Dr. Lodge
   Occupation of father: Sub-Contractor Race of father: W
   Birthplace of father (State or foreign country): Pittsboro Hendricks Co.
8. Full maiden name of mother: Anna Frances Everhart
   Residence of mother (if deceased so state): 3732 Ashway Dr. Lodge
   Occupation of mother: Housewife Race of mother: W
   Birthplace of mother (State or foreign country): Montgomery Co Ind.

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

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

.....Clerk

I, Floyd A. Moore, hereby give my consent for my son, Steven Arthur Moore to marry Jane Lenore English.

Floyd A Moore

Subscribed and sworn to before me this 27th day of March 1973

Paul D. Douglas
Notary Public

My Commission Expires 1-20-77

CONSENT OF PA
We, the parents, o
signs, state facts
State of Indiana,
County of .....

Signed .....
Subscribed and sworn to before me this 24 day of March, 1973

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29 day of March, 1973, authorizing the joining together as husband and wife Steven Arthur Moore and Jane Lenore English

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

I, J. Kenneth Powell, Minister hereby certify that on the 14th day of April, one thousand nine hundred and 73 at Indianapolis, County of Marion, State of Indiana, Groom Steven Arthur Moore of Hendricks County, State of Indiana, and, Bride Jane Lenore English of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of April, 1973.

Signed J. Kenneth Powell
Official Designation Minister, Garden City Christian Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of April, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 109
File Book 34
March 24, 1973
Date of Application

MALE
Medical Examination Report Dated 3-16-73
Name of Physician Glenn W. Baker M.D.

FEMALE
Medical Examination Report Dated 3-16-73
Name of Physician Glen W. Baker, M.D.

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

MALE APPLICANT

Name: First Kenneth Middle Ray Last Herrington
Date of Birth: Month Aug. Day 30 Year 1949
Place of Birth (State or foreign country) Gurdon Clark Co. Arkansas
Residence Address: Street or R. R. 2171 Fontana 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 Cement Mason
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Ark. State Bd of Health # 37721

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Jessie James Herrington
    Residence of father (if deceased so state) 2171 Fontana Indpls.
    Occupation of father Truck Driver Race of father W
    Birthplace of father (State or foreign country) Gurdon, Arkansas
12. Full maiden name of mother Frances Julia Logan
    Residence of mother (if deceased so state) 2171 Fontana
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Gurdon, Ark.

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

×Signed Kenneth Ray Herrington
New Address 5605 W. 22nd St. apt. D.

Subscribed and sworn to before me this 24 day of March, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Sandra Middle Kay Last Caldwell
Date of Birth: Month Oct. Day 23 Year 1951
Place of Birth (State or foreign country) St. Vincent's Hosp. Indpls. Marion Ind.
Residence Address: Street or R. R. 37 North Rd, 450 East 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 Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hosp Cert # 110871

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father James Harold Caldwell
   Residence of father (if deceased so state) 37 North Rd 450 East Danville
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Indpls. Marion Co.
8. Full maiden name of mother Mae Merle Simmonds
   Residence of mother (if deceased so state) 37 North Rd., 450 East.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indpls. Marion

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

×Signed Sandra Kay Caldwell
New Address 5605 W. 22nd St apt. D.

Subscribed and sworn to before me this 24 day of March, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of March, 19 73, authorizing the joining together as husband and wife Kenneth Ray Herrington and Sandra Kay Caldwell

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

I, Henry E. Hill hereby certify that on the 7 day of April, one thousand nine hundred and 73 at Indianapolis, County of Marion, State of Indiana, Groom Kenneth Ray Herrington of Marion County, State of Indiana, and, Bride Sandra Kay Caldwell of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of April, 19 73.

Signed Henry E. Hill
Official Designation Minister, Ben Davis Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of April, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 110
File ~~Book~~ Book 34
March 26, 1973
Date of Application

MALE
Medical Examination Report Dated 3-19-73
Name of Physician A. D. Scudder

FEMALE
Medical Examination Report Dated 3-19-73
Name of Physician A. D. 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 George Middle M. Last Dixon
Date of Birth: Month Feb. Day 10 Year 1953
Place of Birth (State or foreign country) Ky. Kentucky
Residence Address: Street or R. R. R. #18 Box 155 H, 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 Construction
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) 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 Elmer Dixon Jr.
    Residence of father (if deceased so state) R#18 Box 155 H. Indpls.
    Occupation of father Inspector Race of father
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Louise Mitchell
    Residence of mother (if deceased so state) Same
    Occupation of mother Inspector Race of mother
    Birthplace of mother (State or foreign country) Kentuckey

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed George M. Dixon
New Address Lake O Lantern,
Subscribed and sworn to before me this 26 day of March, 1973.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Elmer Dixon Jr. Father
Signed Mother
Subscribed and sworn to before me this 26 day of March, 1973.
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First ~~Mattie~~ Middle Sue Last Gregory
Date of Birth: Month ~~Feb~~ July Day 2 Year 1953
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address: Street or R. R. 210 N. Jefferson City S. 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 Key Punch
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-53-0487 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 afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Sam K. Gregory
   Residence of father (if deceased so state) 210 N. Jefferson St.
   Occupation of father Wire Setter Race of father
   Birthplace of father (State or foreign country) Manchester Ky.
8. Full maiden name of mother Hester Ruth
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother
   Birthplace of mother (State or foreign country) Bedford, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and st in this applica
Signed Mattie Sue
New Address Lake O Lantern
Subscribed and sworn to before me this 26 day of
Glen M. Harvey Clerk HEND

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this m
signs, state facts which render the consent of the other parent u

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of March, 1973, authorizing the joining together as husband and wife George M. Dixon and Mattie Sue Gregory

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

I, Jerry R. Nash hereby certify that on the 31 day of March, one thousand nine hundred and seventy-three at Brownsburg, County of Hendricks, State of Indiana, Groom George M. Dixon of Hendricks County, State of Indiana, and, Bride Mattie Sue Gregory of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 31 day of March, 1973. Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of April, 1973. Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 110
File ~~Book~~ Book 34
March 26, 1973
Date of Application

MALE
Medical Examination Report Dated 3-19-73
Name of Physician A. D. Scudder

FEMALE
Medical Examination Report Dated 3-19-73
Name of Physician A. D. 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 George Middle M. Last Dixon
Date of Birth: Month Feb. Day 10 Year 1953
Place of Birth (State or foreign country) Ky. Kentucky
Residence Address: Street or R. R. R. #18 Box 155 H. 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 Construction
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) 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 Elmo Dixon Jr.
Residence of father (if deceased so state) R. #18 Box 155 H. Indpls.
Occupation of father
Birthplace of father (State or foreign country)
12. Full maiden name of mother
Residence of mother (if deceased so state)
Occupation of mother
Birthplace of mother (State or foreign country)

State of
County of

Signed Elmo Dixon Jr. Father
Signed Mother
Subscribed and sworn to before me this 26 day of March, 19 73.
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First ~~Mattie~~ Middle Sue Last Gregory
Date of Birth: Month ~~February~~ Day July 2, Year 1953
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address: Street or R. R. 210 N. City Jefferson St. County Brownsburg 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 Key Punch
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-53-0487 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 afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Sam K. Gregory
   Residence of father (if deceased so state) 210 N. Jefferson St.
   Occupation of father Die Setter Race of father
   Birthplace of father (State or foreign country) Manchester Ky.
8. Full maiden name of mother Hester Ruth
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother
   Birthplace of mother (State or foreign country) Bedford, Ind.

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

I, Louise Dixon, hereby give my consent for my Son, George M Dixon to marry M Sue Gregory.

Louise Dixon

subscribed and sworn to before me this 26 day of March 1973

State of Indiana
County of Marion

Enid Yvonne Willits
Notary Public
My commission expires Oct. 20, 1975

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of March, 19 73, authorizing the joining together as husband and wife George M. Dixon and Mattie Sue Gregory

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

I, Jerry R. Nash hereby certify that on the 31 day of March, at Brownsburg, County of Hendricks, one thousand nine hundred and seventy-three at Hendricks County, State of Indiana, State of Indiana, Groom George M. Dixon of Hendricks County, State of Indiana, and, Bride Mattie Sue Gregory of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 31 day of March, 19 73.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of April, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 111
File Book 34
March 26 1973
Date of Application

MALE
Medical Examination Report Dated April 5, 1973
Name of Physician Peter Kelly M.D.

FEMALE
Medical Examination Report Dated March 21, 1973
Name of Physician Robert Kirtley

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

MALE APPLICANT

Name: First Paul Middle Douglas Last Wingler
Date of Birth: Month Oct Day 31 Year 1953
Place of Birth (State or foreign country) Putnam County Hospital Greencastle Ind.
Residence Address: Box 123 Street or R.R. Coatesville 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 Marine Corps.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Armed Forces ID Card # 315504048

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐ (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses — Name / Age / Address
(b) Are you supporting or contributing to their 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 E. Wingler
Residence of father (if deceased so state) Box 123 Coatesville, Ind.
Occupation of father Standard Oil Agent Race of father.....
Birthplace of father (State or foreign country) Clayton, Ind.
12. Full maiden name of mother Marjorie Morgan
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother.....
Birthplace of mother (State or foreign country) Coatesville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Paul Douglas Wingler
New Address Norfolk Virginia
Subscribed and sworn to before me this 12 day of April, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Lorraine Middle K. Last West
Date of Birth: Month Sept. Day 7 Year 1954
Place of Birth (State or foreign country) Brazil Ind.
Residence Address: RR 1 Box 377 Street or R. R. Clayton 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 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 Otis L. West
Residence of father (if deceased so state) same
Occupation of father Sheet Metal Race of father W
Birthplace of father (State or foreign country) Tenn.
8. Full maiden name of mother Lois M. Allen
Residence of mother (if deceased so state) same
Occupation of mother housewife 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 x Lorraine Kay West
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 April, 19 73, authorizing the joining together as husband and wife Paul Douglas Wingler and Lorraine K. West

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

I, David L. Findsay hereby certify that on the 14th day of April, one thousand nine hundred and 73 at Coatsill, County of Hendricks, State of Indiana, Groom Paul Douglas Wingler of Hendricks County, State of Indiana, and, Bride Lorraine K. West of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of April, 19 73.

Signed David L. Findsay
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of April, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 112
File Book 34
March 27, 1973
Date of Application

MALE
Medical Examination Report Dated 3-26-73
Name of Physician Lloyd S. Terry M.D.

FEMALE
Medical Examination Report Dated 3-26-73
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 Joney, Middle Edward, Last Maners
Date of Birth: Month Dec. Day 9. Year 1951
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R.R. #2 Box 302, 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: Brookview Diary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 12726

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☒
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Earl William Maners
    Residence of father (if deceased so state) R.R. #2 Box 302 Danville, Ind
    Occupation of father Ind Farm Bureau Coop Race of father.....
    Birthplace of father (State or foreign country) Ellettsville, Ind
12. Full maiden name of mother Ruth Ellen Greenlee
    Residence of mother (if deceased so state) R.R. #2 Box 302 Danville, Ind.
    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 X Joney Edward Maners
New Address 1156½ S. Wash. Kankakee, Ill.
Subscribed and sworn to before me this 27 day of March, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Sue, Last Schultz
Date of Birth: Month Dec. Day 1 Year 1953
Place of Birth (State or foreign country) Chicago Ill.
Residence Address: Street or R. R. 417 South Dearborn, City Bradley, County, State Ill.
Maiden Name if Different
Previous 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) St James Hospital, Chicago

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 George Schultz
   Residence of father (if deceased so state) 417 S. Dearborn, Bradley Ill.
   Occupation of father Factory Race of father.....
   Birthplace of father (State or foreign country) Clegrfield S. Dak.
8. Full maiden name of mother Maxine Sue Hazel
   Residence of mother (if deceased so state) 417 S. Dearborn, Bradley Ill.
   Occupation of mother Factory Race of mother.....
   Birthplace of mother (State or foreign country) Noble, Illinois

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

Signed X Barbara Sue Schultz
New Address 1156½ S. Wash. Kankakee, Ill.
Subscribed and sworn to before me this 27 day of March, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 31 day of March, 19 73, authorizing the joining together as husband and wife Joney Edward Maners and Barbara Sue Schultz

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 31st day of March, one thousand nine hundred and 73 at Arno, County of Hendricks, State of Indiana, Groom Joney Edward Maners of Hendricks County, State of Illinois, and, Bride Barbara Sue Schultz 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 31st day of March, 19 73.

Signed Rev. Gary R. Kirchoff
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of April, 19 73

Signed Glen M. Harvey 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. 113

File ~~March~~ Book 34

March 1973
Date of Application

MALE
Medical Examination Report Dated 3-26-73

Name of Physician R W Kurtley

FEMALE
Medical Examination Report Dated 3-26-73

Name of Physician R. W. Kurtley

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

Date of Birth: Month October Day 10 Year 1953

Place of Birth (State or foreign country): Lebanon Ind.

Residence Address: Street or R. R. P. O. Box 165 City N Salem 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: Orderly H C Hosp.

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

☐ Other (Specify)

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

Name	Age	Address
Amber Lynn Gossett	3	Oakhurst Tr Pk Brownsburg

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Russell Edwin Gossett
    Residence of father (if deceased so state): Deceased
    Occupation of father: — Race of father: W
    Birthplace of father (State or foreign country): Linton Ind
12. Full maiden name of mother: Nannie Louise Trammel
    Residence of mother (if deceased so state): Same
    Occupation of mother: Co. Extension Office Race of mother: W
    Birthplace of mother (State or foreign country): New Ross Ind.

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

Signed × John David Gossett

New Address 9433 W. 10th Judges In

Subscribed and sworn to before me this 29 day of Mar, 1973.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 Nannie Louise Gossett Mother

Subscribed and sworn to before me this 29 day of March, 1973

Glen M Harvey Clerk

FEMALE APPLICANT

Name: First Sandra Middle Jean Last Burden

Date of Birth: Month Feb. Day 13 Year 1946

Place of Birth (State or foreign country): Indianapolis Marion Ind

Residence Address: Street or R. R. 9433 W. 10th City Indpls County Hend. State Ind.

Maiden Name if Different: Gerth

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: Reg. Nurse

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

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Elmer La Forest Gerth
   Residence of father (if deceased so state): deceased
   Occupation of father: — Race of father: W
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Dorothy Kathryn Stout
   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 × Sandra Jean Birden

New Address 9433 W 10th Judge In

Subscribed and sworn to before me this 29 day of Mar, 1973.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 April, 1973, authorizing the joining together as husband and wife John David Gossett and Sandra Jean Burden

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

I, Earl C. Davis hereby certify that on the 6 day of April, one thousand nine hundred and Seventy-three at North Salem, County of Hendricks, State of Indiana, Groom John David Gossett of Hendricks County, State of Indiana, and, Bride Sandra Jean Birden of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6 day of April, 1973.

Signed Earl C. Davis, B.D.

Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of April, 1973

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 114
File Book 34
March 21, 1973
Date of Application

MALE
Medical Examination Report Dated 3-26-73
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 3-26-73
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 Donald Middle R. Last Hankee
Date of Birth: Month July Day 10 Year 1946
Place of Birth (State or foreign country) Logansport, Ind.
Residence Address: Street or R. R. 215 Welcomeway City Cpt. 306 A County Indpls. 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 Accountant
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service -12-8-46-158

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Edwin Joseph Hankee Sr.
    Residence of father (if deceased so state) 2115 West Gate Dr. Logansport
    Occupation of father Pkg. Aide Race of father.....
    Birthplace of father (State or foreign country) Logansport, Ind.
12. Full maiden name of mother Josephine Dorothy Motsinger
    Residence of mother (if deceased so state) 215 West Gate Dr.
    Occupation of mother Same Race of mother.....
    Birthplace of mother (State or foreign country) Logansport, Ind

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

Signed X Donald R Hankee
New Address 215 Welcomeway Cpt 306 A Indpls.
Subscribed and sworn to before me this 21 day of March, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Jean Last Osborn
Date of Birth: Month December Day 21 Year 1950
Place of Birth (State or foreign country) Methodist Hospital
Residence Address: Street or R. R. R. # 1 Box 261-F City Clayton 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) 12214

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Gene Osborn
   Residence of father (if deceased so state) R #1 Box 261 F Clayton
   Occupation of father Allison Race of father.....
   Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Barbara Ann Gibbs
   Residence of mother (if deceased so state) 357 W. Marion, Danville
   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 X Brenda J. Osborn
New Address.....
Subscribed and sworn to before me this 21 day of March, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* April, 19 73, *authorizing the joining together as husband and wife* Donald R. Hankee *and* Brenda Jean Osborn

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

I, Paul Taylor *hereby certify that on the* 14th *day of* April, *one thousand nine hundred and* 73 *at* Fillmore, *County of* Putnam, *State of* Indiana, *State of Indiana, Groom* Donald R. Hankee *of* Marion *County, State of* Indiana, *and, Bride* Brenda Jean Osborn *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14th *day of* April, 19 73.

Signed Paul Taylor
Official Designation Minister Fillmore United Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* April, 19 73.

Signed Glen M. Harvey 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. 115
File Book 34
March 31 1973
Date of Application

MALE
Medical Examination Report Dated 3-26-73
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 3-26-73
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 John Middle P. Last Spivey
Date of Birth: Month May Day 28 Year 1953
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R.R. #2 Box 145 City Indpls. 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 Painter
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 8761

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 Wendell Spivey
    Residence of father (if deceased so state) R #2 Box 302 Monrovia
    Occupation of father Pipe Fitter Race of father.....
    Birthplace of father (State or foreign country) Rushville, Ind.
    Maiden name of mother Betty Jean Fields
    Race of mother (if deceased so state) R. R. #2 Box 145 Indpls Ind.
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Connersville, Ind

Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed John P. Spivey
New Address 5725 D W. Wilkins St. Indpls.
and sworn to before me this 31 day of March, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

OF PARENTS, PARENT OR GUARDIAN

rents, of this applicant hereby give consent for this marriage. If only one parent
e facts which render the consent of the other parent unnecessary.....
Mother has Legal Custody

ndiana, HENDRICKS } ss:
Signed.....Father
Signed.....Mother
and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Theresa Middle Lee Last Johnson
Date of Birth: Month 8 Day 21 Year 1955
Place of Birth (State or foreign country) Evansville Ind.
Residence Address: Street or R. R. R #1 Box 422 City Plainfield County State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Housewife
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Book 27 p. 98

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Lee Johnson
   Residence of father (if deceased so state) R #1 Box 422 Pfld.
   Occupation of father Self Employed Race of father.....
   Birthplace of father (State or foreign country) Evansville, Ind.
8. Full maiden name of mother Betty Lou Woods.
   Residence of mother (if deceased so state) R #1 Box 422 Pfld.
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Evansville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Theresa Lee Johnson
New Address.....
Subscribed and sworn to before me this 31 day of March, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* April, 19 73, *authorizing the joining together as husband and wife* John P. Spivey *and* Theresa Lee Johnson

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

I, Donald L. Wallace hereby certify that on the 14th day of April, one thousand nine hundred and 73 at Plainfield, County of Hendricks, State of Indiana, Groom John P. Spivey of Hendricks County, State of Indiana, and, Bride Theresa Lee 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 4th day of April, 19 73.

Signed Rev. Donald L. Wallace
Official Designation Pastor, Calvary Baptist Church of Plainfield

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* April, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

422

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 115
File Book 34
March 31 1973
Date of Application

MALE
Medical Examination Report Dated 3-26-73
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 3-26-73
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 John Middle J. Last Spivey
Date of Birth: Month 9 Day 28 Year 1953
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R.R. #2 Box 145. City Indpls. 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 Painter
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 8761

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☑
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Wendell Spivey
    Residence of father (if deceased so state) R.#2 Box 312 Mooresville
    Occupation of father Pipe Fitter Race of father.....
    Birthplace of father (State or foreign country) Cushville, Ind.
    Mother Betty Jean Fields

.....Clerk

FEMALE APPLICANT

Name: First Theresa Middle Lee Last Johnson
Date of Birth: Month 8 Day 21 Year 1955
Place of Birth (State or foreign country) Evansville Ind.
Residence Address: Street or R. R. R#1 Box 422 City Plainfield 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 Housewife
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Book 27 p. 98

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Lee Johnson
   Residence of father (if deceased so state) R#1 Box 422 Plfd.
   Occupation of father Self Employed Race of father.....
   Birthplace of father (State or foreign country) Evansville, Ind.
8. Full maiden name of mother Betty Lou Woods.
   Residence of mother (if deceased so state) R#1 Box 422 Plfd.
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Evansville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Theresa Lee Johnson
..... March, 19 73
.....Circuit Court

William L. Johnson Betty L. Johnson, hereby give my consent for
daughter, Theresa Johnson to
marry John Spivey.
William L. Johnson
Betty L. Johnson
Subscribed and sworn to before me this 4th day of April 1973
Lucile Donovese
Notary Public

. If only one parent
sary.....
.....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* 4th *day of* April, 19 73, *authorizing the joining together as husband and wife* John P. Spivey *and* Theresa Lee Johnson

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

I, Donald L. Wallace hereby certify that on the 14th day of April, one thousand nine hundred and 73 at Plainfield, County of Hendricks, State of Indiana, Groom John P. Spivey of Hendricks County, State of Indiana, and, Bride Theresa Lee 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 4th day of April, 19 73.

Signed Rev. Donald L. Wallace
Official Designation Pastor, Calvary Baptist Church of Plainfield

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* April, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

422

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 115
File Book 34
March 31 1973
Date of Application

MALE
Medical Examination Report Dated 3-26-73
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 3-26-73
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 John Middle T. Last Spivey
Date of Birth: Month 8 Day 28 Year 1953
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R.R. #2 Box 145 City Indpls 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 Painter
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 8761

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Wendell Spivey
    Residence of father (if deceased so state) R#2 Box 302 Mooresville
    Occupation of father Pipe Fitter Race of father.....
    Birthplace of father (State or foreign country) Cushville, Ind.

State of Indiana, County of ..... ss: I depose and state the information given ... is true and correct.
John P. Spivey
..... 19.....
.....Clerk

FEMALE APPLICANT

Name: First Theresa Middle Lee Last Johnson
Date of Birth: Month 8 Day 21 Year 1955
Place of Birth (State or foreign country) Evansville, Ind.
Residence Address: Street or R. R. R#1 Box 422 City Plainfield County State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Housewife
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Book 27 p. 98

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Lee Johnson
   Residence of father (if deceased so state) R#1 Box 422 Plfd.
   Occupation of father Self Employed Race of father.....
   Birthplace of father (State or foreign country) Evansville, Ind.
8. Full maiden name of mother Betty Lou Woods
   Residence of mother (if deceased so state) R#1 Box 422 Plfd.
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Evansville, Ind.

...hnson
...ch, 19 73
.....Circuit Court
. If only one parent
...ary.....
.....Father
.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

I, Betty J Evick, hereby give my consent for my son, John P. Spivey to marry Theresa Lee Johnson.

Betty J Evick

Subscribed and sworn to before me this 3 day of April 1973

Notary Public
JOHN A. MICOS

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 April, 19 73, authorizing the joining together as husband and wife John P. Spivey and Theresa Lee Johnson

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

I, Donald L. Wallace hereby certify that on the 14th day of April, one thousand nine hundred and 73 at Plainfield, County of Hendricks, State of Indiana, Groom John P. Spivey of Hendricks County, State of Indiana, and, Bride Theresa Lee 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 4th day of April, 19 73.

Signed Rev. Donald L. Wallace
Official Designation Pastor, Calvary Baptist Church of Plainfield

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of April, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 116

File Book 34

April 2 1973
Date of Application

MALE
Medical Examination Report Dated 3-30-73
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 3-30-73
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 Billy, Middle Randall, Last Cross

Date of Birth: Month March, Day 23, Year 1951

Place of Birth (State or foreign country): Albany Ky.

Residence Address: Street or R. R. 5428 W. Bertha, City Indpls, County Marion, State Ind

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Spot Welder - Chev.

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 Billy G. Cross
    Residence of father (if deceased so state) Same
    Occupation of father Welder - Chev. Race of father W
    Birthplace of father (State or foreign country) Albany Ky
12. Full maiden name of mother Audra Marie Bennett
    Residence of mother (if deceased so state) same
    Occupation of mother House wife Race of mother W
    Birthplace of mother (State or foreign country) Tennessee

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

Signed x Billy Randall Cross

New Address —

Subscribed and sworn to before me this 2nd day of April, 19....

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed attached Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Ruth, Middle mary, Last Doss Sr.

Date of Birth: Month March, Day 4, Year 1957

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. 1111 Brookside 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 Waitress

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

☐ Other (Specify).....

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

New Address —

Subscribed and sworn to before me this 2nd day of April, 1973.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 is deceased)

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 April, 1973, authorizing the joining together as husband and wife Billy Randall Cross and Ruth Mary Doss Jr.

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

I, James Allen Williams hereby certify that on the 7 day of April one thousand nine hundred and 73 at Brownsburg, County of Hendricks, State of Indiana, Groom Billy Randall Cross of Marion County, State of Indiana, and, Bride Ruth Mary Doss Jr of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of April, 1973.

Signed James Allen Williams

Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of April, 1973

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 116
File Book 34
April 2 1973
Date of Application

MALE
Medical Examination Report Dated 3-30-73
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 3-30-73
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 Billy, Middle Randall, Last Cross
Date of Birth: Month March, Day 23, Year 1951
Place of Birth (State or foreign country) Albany Ky.
Residence Address: Street or R. R. 5428 W. Bertha, City Indpls, County Marion, State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Spot Welder - Chevr.
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 Billy G. Cross
    Residence of father (if deceased so state) Same
    Occupation of father Welder - Chevr. Race of father W
    Birthplace of father (State or foreign country) Albany Ky
12. Full maiden name of mother Audra Marie Bennett
    Residence of mother (if deceased so state) same
    Occupation of mother Housewife Race of mother W
    Birthplace of m

State of Indiana,
County of

Subscribed and swo

CONSENT OF PA
We, the parents, o
signs, state facts

State of Indiana,
County of

Subscribed and swo

FEMALE APPLICANT

Name: First Ruth, Middle Mary, Last Doss Jr.
Date of Birth: Month March, Day 4, Year 1957
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. 1111 Brookside 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 Waitress
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

I, Herschel Doss, hereby give my consent for my daughter, Ruth Mary Doss Jr. to marry William Cross.

x Herschel Doss

Subscribed and sworn to before me this 29 day of March 1973
3.3.74
Wilbur B. Lee
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 6th day of April, 1973, authorizing the joining together as husband and wife Billy Randall Cross and Ruth Mary Doss Jr.

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

I, James Allen Williams hereby certify that on the 7 day of April one thousand nine hundred and 73 at Brownsburg, County of Hendricks, State of Indiana, Groom Billy Randall Cross of Marion County, State of Indiana, and, Bride Ruth Mary Doss Jr of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of April, 1973. Signed James Allen Williams
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of April, 1973. Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 117
File Book 34
April 2 1973
Date of Application

MALE
Medical Examination Report Dated 3-29-73
Name of Physician R. Steven Irwin

FEMALE
Medical Examination Report Dated 3-29-73
Name of Physician R. Steven Irwin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Shirar
Date of Birth: Month Feb Day 10 Year 1944
Place of Birth (State or foreign country) Montgomery Co. Ind.
Residence Address: Street or R. R. Sheets Trucking City Harding St Judges County Marion State In
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Truck Driver
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
Rhonda Renee	7	RR 1 Tilton
Troy Allen	5	RR 1
Trent Emerson	4	Robert Marcella 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 Edgar Allen Shirar
    Residence of father (if deceased so state) RR 5 Crawfordsville
    Occupation of father Farmer Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Margaret McDaniel
    Residence of mother (if deceased so state) Lafayette Ind
    Occupation of mother Laborer 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 James Robert Shirar
New Address RR Ladoga Ind.

Subscribed and sworn to before me this 2 day of April, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Loutresia Last Norman
Date of Birth: Month April Day 2 Year 1946
Place of Birth (State or foreign country) Roachdale Putnam Ind
Residence Address: Street or R. R. Coatesville City Hend. County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation 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 Ommie C. Webb
   Residence of father (if deceased so state) Roachdale Ind
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Helen L. Lacy
   Residence of mother (if deceased so state) RR 1 Roachdale
   Occupation of mother Nurse 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 Loutresia Norman
New Address RR Ladoga Ind
Subscribed and sworn to before me this 2 day of April, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued April 2 1973 and filed in Clerk's authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2nd *day of* April, 19 73., *authorizing the joining together as husband and wife* James Robert Shirar *and* Linda Loutresia Norman.

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

I, Ray Britton hereby certify that on the 2nd day of April, one thousand nine hundred and 73 at Putnam, County of Indiana, State of Indiana, Groom James Robert Shirar of Montgomery County, State of Indiana, and, Bride Linda Loutresia Norman of Hendricks County, State of Indiana, were by me united 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 April, 19 73.

Signed Ray Britton
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of April, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 118
File Book 34
April 2 1973
Date of Application

MALE
Medical Examination Report Dated 3-30-73
Name of Physician Ann Scudder

FEMALE
Medical Examination Report Dated 3-30-73
Name of Physician Ann 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 John Middle Walker Last Sharp
Date of Birth: Month May Day 20 Year 1954
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: Street or R. R. RR 1 Box 9-C1 City Lizton County Hend State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Farming
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Walker Thrift Sharp
    Residence of father (if deceased so state) same
    Occupation of father Farmer - Drug Store Race of father W
    Birthplace of father (State or foreign country) N. Carolina
12. Full maiden name of mother Betty Jeanne Rash
    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 John Walker Sharp
New Address —
Subscribed and sworn to before me this 2 day of April, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Walker T. Sharp Father
Signed Betty J. Sharp Mother
Subscribed and sworn to before me this 2 day of April, 1973
Glen M Harvey Clerk

FEMALE APPLICANT

Name: First Rosemary Middle Alice Last New
Date of Birth: Month July Day 12 Year 1954
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Box 533 Street or R. R. North Salem 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).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Willard E New
   Residence of father (if deceased so state) Same
   Occupation of father Welder Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Ruth A. Neff
   Residence of mother (if deceased so state) same
   Occupation of mother Grocery 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 Rosemary Alice New
New Address —
Subscribed and sworn to before me this 2 day of April, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* April, 1973, *authorizing the joining together as husband and wife* John Walker Sharp *and* Rosemary Alice New.

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

I, Ray Montgomery hereby certify that on the 6th day of April one thousand nine hundred and 73 at Speedway, County of Marion, State of Indiana, Groom John Walker Sharp of Hendricks County, State of Indiana, and, Bride Rosemary Alice New of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6th day of April, 1973. Signed Ray Montgomery, Minister
Official Designation Speedway Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* April, 1973. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 119
File Book 34
April 2, 1973
Date of Application

MALE
Medical Examination Report Dated 3-29-73
Name of Physician Joseph C. Kerlin M.D.

FEMALE
Medical Examination Report Dated 3-29-73
Name of Physician Joseph C. Kerlin M.D.

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

MALE APPLICANT

Name: First Larry Middle — Last Ridenour
Date of Birth: Month Feb Day 13 Year 1951
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R. R. 1047 N. Jefferson 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: Engineer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Selective Service 12-3051-53

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name — Age — Address
    (b) Are you supporting or contributing to their 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 Ridenour
    Residence of father (if deceased so state): 1047 N. Jefferson Brownsburg
    Occupation of father: Allison — Race of father.....
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Freda Louise Bowles
    Residence of mother (if deceased so state): Same
    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: Larry Ridenour
New Address: .....

Subscribed and sworn to before me this 2nd day of April, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Jacquelyn Middle Rosemary Last Frey
Date of Birth: Month Aug Day 28 Year 1954
Place of Birth (State or foreign country): Indianapolis, Ind
Residence Address: Street or R. R. 3 West Tilden 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: Medical Assistant
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) 9325

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Evan Frey
   Residence of father (if deceased so state): 3 West Tilden, Brownsbg.
   Occupation of father: Engineer — Race of father.....
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Anna Theresa Hall
   Residence of mother (if deceased so state): 3 West Tilden
   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: Jacquelyn Rosemary Frey
New Address.....

Subscribed and sworn to before me this 2nd day of April, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of April, 19 73, authorizing the joining together as husband and wife Larry Ridenour and Jacquelyn Rosemary Frey
Be it further remembered, the following marriage certificate was filed in my office, to wit:
I, Joseph Wilson hereby certify that on the 14th day of April, one thousand nine hundred and 73 at Brownsburg, County of Hendricks, State of Indiana, Groom Larry Ridenour of Hendricks County, State of Indiana, and, Bride Jacquelyn Frey of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 14th day of April, 19 73.

Signed Joseph D. Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of April, 19 73.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 120
File Book 34
April 3. 1973
Date of Application

MALE
Medical Examination Report Dated 3-26-73
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated 3-26-73
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 Michael Middle V. Last Vaughn
Date of Birth: Month Feb. Day 7 Year 1954
Place of Birth (State or foreign country): Lebanon Boone Co. Ind.
Residence Address: Street or R. R. 411 Janet Drive 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: Construction 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: Kelly Vernon Vaughn
    Residence of father (if deceased so state): 110 College Brownsburg
    Occupation of father: Welding Race of father: W
    Birthplace of father (State or foreign country): Kentucky
12. Full maiden name of mother: Mary Madeline Lewis
    Residence of mother (if deceased so state): 32 Lincoln Brownsburg
    Occupation of mother: Waitress 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.

X Signed Michael V. Vaughn
New Address 131 William Dr. Apt. B. Brownsburg.
Subscribed and sworn to before me this 3 day of April, 1973
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
Mother has legal custody
attached

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
X Signed Mary Madelene Bishop Mother
Subscribed and sworn to before me this 3 day of April, 1973
..... Clerk

FEMALE APPLICANT

Name: First Ella Middle M. Last McKinney
Date of Birth: Month Oct. Day 10 Year 1954
Place of Birth (State or foreign country): Greencastle Putnam Ind.
Residence Address: Street or R. R. 131 William Drive 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: 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: Isaac McKinney
   Residence of father (if deceased so state): R.R. 3 Box 31A Danville
   Occupation of father: Machine operator Race of father: W
   Birthplace of father (State or foreign country): Knox Co. Kentucky
8. Full maiden name of mother: Grace Trent
   Residence of mother (if deceased so state): R.R. 3 Box 31A. Danville
   Occupation of mother: Housewife Race of mother: W
   Birthplace of mother (State or foreign country): Knox Co. Kentucky

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

X Signed Ella M. McKinney
New Address 131 William Dr. Apt. B. Brownsburg.
Subscribed and sworn to before me this 3 day of April, 73
..... Clerk HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7 day of April, 1973, authorizing the joining together as husband and wife Michael V. Vaughn and Ella M. McKinney

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

I, Jerry R. Nash hereby certify that on the 14th day of April, one thousand nine hundred and seventy-three at Brownsburg, County of Hendricks, State of Indiana, Groom Michael V. Vaughn of Hendricks County, State of Indiana, and, Bride Ella M. McKinney of Hendricks County, State of Indiana, were by me united 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 April, 1973.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of April, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 120
File Book 34
April 3. 1973
Date of Application

MALE
Medical Examination Report Dated 3-26-73
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated 3-26-73
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 Michael Middle V. Last Vaughn
Date of Birth: Month Feb. Day 7 Year 1954
Place of Birth (State or foreign country): Lebanon Boone Co. Ind.
Residence Address: Street or R. R. 411 Janet Drive 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: Construction 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 Kelly Vernon Vaughn
    Residence of father (if deceased so state) 110 College B'Brownsburg
    Occupation of father Welding Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Mary Madeline Lewis
    Residence of mother (if deceased so state) 32 Lincoln Brownsburg
    Occupation of mother ... Race of mother W
    Birthplace of mother (State or foreign country) ...

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

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

Notary Public

FEMALE APPLICANT

Name: First Ella Middle M. Last McKinney
Date of Birth: Month Oct. Day 10 Year 1954
Place of Birth (State or foreign country): Greencastle Putnam Ind.
Residence Address: 121 William Drive Brownsburg Hend. Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: 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 Isaac McKinney
   Residence of father (if deceased so state) R.R. 3 Box 31A Danville
   Occupation of father Machine operator Race of father W
   Birthplace of father (State or foreign country) Knox Co. Kentucky
8. Full maiden name of mother Grace Trent
   Residence of mother (if deceased so state) R.R. 3 Box 31A - Danville
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Knox Co. Kentucky

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

X Signed Ella M. McKinney
New Address 131 Williamson Apt. B Brownsburg

I, Kelly Vaughn, hereby give my consent for my son, Michael Vernon Vaughn to marry Ella M. McKinney.

Kelly Vaughn

Subscribed and sworn to before me this 4th day of April 1973

Jack Blacker
Notary Public

JACK BLACKER NOTARY PUBLIC
MY COMMISSION EXPIRES NOV. 14, 1975
Issued through Indiana Notary Assoc.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7 day of April, 1973, authorizing the joining together as husband and wife Michael V. Vaughn and Ella M. McKinney

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

I, Jerry R. Nash hereby certify that on the 14th day of April one thousand nine hundred and seventy-three at Brownsburg, County of Hendricks, State of Indiana, Groom Michael V. Vaughn of Hendricks County, State of Indiana, and, Bride Ella M. McKinney of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of April, 1973.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of April, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 121
File Book 34
April 4, 1973
Date of Application

MALE
Medical Examination Report Dated 3-26-73
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 3-26-73
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 Charles Middle W. Last Mendenhall
Date of Birth: Month July Day 18 Year 1952
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. R. # 1 Box 298A 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 Maintance
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-52-062984

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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. Mendenhall
    Residence of father (if deceased so state) R # 1 Box 298A Brownsburg.
    Occupation of father Linde Aire Race of father.....
    Birthplace of father (State or foreign country) Nana Indiana
12. Full maiden name of mother Elizabeth Anne Acres
    Residence of mother (if deceased so state) R # 1 Box 298A Brownsburg
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Rockville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Charles Mendenhall
New Address 23 ~~Lin~~ Lincoln
Subscribed and sworn to before me this 3 day of April, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 C Mendenhall Father
Signed Elizabeth Anne Mendenhall Mother
Subscribed and sworn to before me this 3 day of April, 19 73
Glen M Harvey Clerk

FEMALE APPLICANT

Name: First Mary Middle Jo Last Reynolds
Date of Birth: Month Jan Day 26 Year 1954
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address: Street or R. R. Box 205 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 Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Witham Memorial 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 Joseph Reynolds
   Residence of father (if deceased so state) Box 205 Pittsboro Ind.
   Occupation of father Electrician Race of father.....
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Lourvenia Booker
   Residence of mother (if deceased so state) Same
   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 X Mary Jo Reynolds
New Address 23 Lincoln Ave. Brownsburg
Subscribed and sworn to before me this 3rd day of April, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* April, 19 73, *authorizing the joining together as husband and wife* Charles W. Mendenhall *and* Mary Jo Reynolds

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

I, William Charles McGraw hereby certify that on the 19th day of April, one thousand nine hundred and 73 at Pittsboro, County of Hendricks, State of Indiana, Groom Charles William Mendenhall of Hendricks County, State of Indiana, and, Bride Mary Jo Reynolds of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20th day of April, 19 73.

Signed William Charles McGraw
Official Designation Minister Pittsboro Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* April, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 122
File Book 34
4-4-73
Date of Application

MALE
Medical Examination Report Dated 3-28-73
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 3-28-73
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 Clarence Middle B. Last Souder
Date of Birth: Month July Day 28 Year 1918
Place of Birth (State or foreign country) Hagerstown 2nd
Residence Address: Street or R. R. 215 Lelcomeway Blvd City Indpls 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 Store manager
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ino. Polsey

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 T. Souder
    Residence of father (if deceased so state) Deceased
    Occupation of father Salesman Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Edna May Wilson
    Residence of mother (if deceased so state) 1216 Winton Indpls
    Occupation of mother Retired Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Clarence B. Souder
New Address 82 E Clinton Danville
Subscribed and sworn to before me this 4 day of April, 1973.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 L. Last Lambert
Date of Birth: Month June Day 27 Year 1930
Place of Birth (State or foreign country) Morristown 2nd.
Residence Address: Street or R. R. 82 E. Clinton City Danville County Hend State Ind.
Maiden Name if Different Price
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Hairdresser
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ino. Polsey

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 A. Price
   Residence of father (if deceased so state) Deceased
   Occupation of father Truck Driver Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Blanche Marie Wedeging
   Residence of mother (if deceased so state) Hope Ind.
   Occupation of mother Retired Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Wanda L. Lambert
New Address 82 E. Clinton
Subscribed and sworn to before me this 4 day of April, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued Apr 4 1973 and filed in Clerk's authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 4 *day of* April, 19 73, *authorizing the joining together as husband and wife* Clarence B. Souder *and* Wanda Lambert

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

I, Jerry R. Nash hereby certify that on the 7th day of April, one thousand nine hundred and seventy-three at Brownsburg, County of Hendricks, State of Indiana, Groom Clarence B. Souder of Marion County, State of Indiana, and, Bride Wanda L. Lambert of Hendricks County, State of Indiana, were by me united 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 April, 19 73.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* April, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 123
File Book 34
April 4, 1973
Date of Application

MALE
Medical Examination Report Dated 4-2-73
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 4-2-73
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 Dennis Middle D. Last Herrin
Date of Birth: Month July Day 6 Year 1951
Place of Birth (State or foreign country) Shopville Kentucky
Residence Address: Street or R. R. 797 Macky Rd. 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 Machinist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 116-51-3911 9

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Elston Herrin
    Residence of father (if deceased so state) Pt 1 Box 159 AA Coatesville
    Occupation of father Trucker Race of father.....
    Birthplace of father (State or foreign country) Bozeman Montana
12. Full maiden name of mother Lula Ignis Vanhook
    Residence of mother (if deceased so state) Pt 1 Box 159 AA Coatesville
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Bint Kentucky

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

Signed X Dennis D. Herrin
New Address 797 Macky Rd Danville, Ind
Subscribed and sworn to before me this 4 day of April, 19 73.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Jean Middle Ann Last Humphress
Date of Birth: Month August Day 19. Year 1954
Place of Birth (State or foreign country) Tacoma Wisconsin
Residence Address: Street or R. R. 328 S. Washington St. 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 —
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 3518011

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Jonzie Lee Humphress
   Residence of father (if deceased so state) 328 S. Washington St.
   Occupation of father Construction Foreman Race of father.....
   Birthplace of father (State or foreign country) Campbellville, Ky.
8. Full maiden name of mother Katheryn Joyce Stevens
   Residence of mother (if deceased so state) 328 S. Washington
   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 X Jean Ann Humphress
New Address 797 Macky Rd. Danville
Subscribed and sworn to before me this 4 day of April, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9th *day of* April, 19 73, *authorizing the joining together as husband and wife* Dennis D. Herrin *and* Jean Ann Humphress

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

I, The Rev. Joseph D. Stump hereby certify that on the 9th day of April one thousand nine hundred and 73 at Danville, County of Hendricks, State of Indiana, Groom Dennis D. Herrin of Hendricks County, State of Indiana, and, Bride Jean Ann Humphress of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9th day of April, 19 73.

Signed Dr. Joseph D. Stump
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 *day of* April, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. # 124

File Book 34

April 5, 1973
Date of Application

MALE
Medical Examination Report Dated 3-21-73
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 3-21-73
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 Mathew Middle O. Last Withrow

Date of Birth: Month March Day 6. Year 1901

Place of Birth (State or foreign country) Summers County West Virginia

Residence Address: Street or R. R. 619 Simmons, City Plainfield, County, State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

Usual Occupation Retired

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License 303-12-5953

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 George C. Withrow
    Residence of father (if deceased so state) Deceased
    Occupation of father ..... Race of father .....
    Birthplace of father (State or foreign country) Summers Co. W. Virginia
12. Full maiden name of mother Nannie Ellen Shepherd
    Residence of mother (if deceased so state) deceased
    Occupation of mother Housewife Race of mother .....
    Birthplace of mother (State or foreign country) Monroe Co. W. Virginia

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

Signed X Mathew O. Withrow
New Address 623 Simmons St. Plainfield Ind.

Subscribed and sworn to before me this 5 day of April, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Winifred Middle G. Last Mullis

Date of Birth: Month Aug Day 17 Year 1905

Place of Birth (State or foreign country) Shelby County Ind.

Residence Address: Street or R. R. 623 Simmons, City Plfd. County Ind State

Maiden Name if Different Winifred G. Oldham

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ April 1941

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

Usual Occupation Retired

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License # 307-36-5127-06

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 Walter E. Oldham
   Residence of father (if deceased so state) Deceased
   Occupation of father ..... Race of father .....
   Birthplace of father (State or foreign country) Shelby Co. Ind.
8. Full maiden name of mother Nancy Ethel Mikes
   Residence of mother (if deceased so state) deceased
   Occupation of mother ..... Race of mother .....
   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 X Winifred G. Mullis
New Address 623 Simmons, Plainfield Ind.

Subscribed and sworn to before me this 5 day of April, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Please Do Not Publish

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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 11th day of April, 1973, authorizing the joining together as husband and wife Mathew O. Withrow and Winifred G. Mullis

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

I, Warren A. Robbens hereby certify that on the 12th day of April, one thousand nine hundred and 73 at Plainfield, County of Hendricks, State of Indiana, Groom Mathew O. Withrow of Hendricks County, State of Indiana, and, Bride Winifred G. Mullis of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of April, 1973.

Signed Warren A. Robbens
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of April, 19 73

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of Health under Authority Chap. 135, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 125

File Book 34

April 5 1973
Date of Application

MALE
Medical Examination Report Dated 3-30 73
Name of Physician C. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 3-30-73
Name of Physician C. N. Scudder

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

MALE APPLICANT

Name: First Ronald Middle Paul Last Curtis
Date of Birth: Month March Day 4 Year 1953
Place of Birth (State or foreign country) Richmond Ind.
Residence Address: Street or R. R. 1656 Rd 32 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 Mechanic
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ind II p 3 Cert 9623

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

Name — Age — Address

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

Name of father Paul Wise Curtis
Name of father (If deceased so state) Deceased
Name of father Race of father
Name of father (State or foreign country) Richmond, Ind
Maiden name of mother Ruth Irene Wise
Residence of mother (If deceased so state) 208 Mulberry Blvd
Brownsburg, Ind Akron
Race of mother
Birthplace of mother (State or foreign country) Richmond, Ind

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

Signed Ronald Paul Curtis
New Address 15 East Vermont, Brownsburg
Subscribed and sworn to before me this 5 day of April 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Debbie Middle Lee Last Brocker
Date of Birth: Month June Day 1 Year 1952
Place of Birth (State or foreign country) Grand Rapids Michigan
Residence Address: Street or R. R. 329 N. Jefferson 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 Indiana National Bank
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Grand Rapids Michigan

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Donald Lee Brocker
Residence of father (if deceased so state) 329 N. Jefferson.
Occupation of father Western Electric Race of father
Birthplace of father (State or foreign country) Grand Rapids
8. Full maiden name of mother Phyllis Elizabeth Gensler
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother
Birthplace of mother (State or foreign country) Grand Rapids Michigan

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

Signed Debbie Lee Brocker
New Address 115 East Vermont
Subscribed and sworn to before me this 5 day of April 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11 day of April 19 73, authorizing the joining together as husband and wife Ronald Paul Curtis and Debbie Lee Brocker

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

I, Rev. Francis Eckstein hereby certify that on the 14th day of April one thousand nine hundred and 73 at Brownsburg, County of Hendricks, State of Indiana, Groom David P. Curts of Hendricks County, State of Indiana, and, Bride Deborah Brocker of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of April, 19 73.

Signed Rev. Francis Eckstein
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of April, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS 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. 125

File Book 34

April 5, 1973
Date of Application

MALE
Medical Examination Report Dated 3-30 73
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 3-30-73
Name of Physician A. N. Scudder

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 David Middle Paul Last Curts
Date of Birth: Month March Day 4 Year 1953
Place of Birth (State or foreign country) Richmond Ind.
Residence Address: 1656 N. E. Street or R. R. Brownsburg 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 Mechanic
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) I. I. II p 3 Cer 9623

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

Name | Age | Address

We, the parents of this applicant hereby give consent for this marriage, as only one parent signs, state facts which render the consent of the other 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 Lee Last Brocker
Date of Birth: Month June Day 1 Year 1952
Place of Birth (State or foreign country) Grand Rapids Michigan
Residence Address: 329 N. Street or R. R. Jefferson 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 Indiana National Bank
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Grand Rapids Michigan

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Donald Lee Brocker
   Residence of father (if deceased so state) 329 N. Jefferson.
   Occupation of father Western Electric Race of father ... Rapids
   ... Gensler

... of mother ... Rapids
... state the information given ... is true and correct.
... April 19 73
... HENDRICKS Circuit Court
... marriage. If only one 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, Ruth Irene Bloembe, hereby give my consent for my son, David Paul Curts to marry Debra Brocker.

Ruth Irene Bloembe

subscribed and sworn to before me this 2nd day of April 19 73

Ruth F. Edwards
Notary Public MY COMMISSION EXPIRES SEPT. 12, 1973

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11 day of April, 19 73, authorizing the joining together as husband and wife David Paul Curts and Debbie Lee Brocker

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

I, Rev. Francis Eckstein hereby certify that on the 14th day of April one thousand nine hundred and 73 at Brownsburg, County of Hendricks, State of Indiana, Groom David P. Curts of Hendricks County, State of Indiana, and, Bride Deborah Brocker of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of April, 19 73.

Signed Rev. Francis Eckstein
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of April, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 126
File Book 34
April 6, 1973
Date of Application

MALE
Medical Examination Report Dated March 30, 1973
Name of Physician Eric O. Clark, M. D.

FEMALE
Medical Examination Report Dated March 30, 1973
Name of Physician Eric O. 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 Keith Middle Alan Last Surber
Date of Birth: Month July Day 22 Year 1956
Place of Birth (State or foreign country) Methodist Hosp. Indpls. Marion Co. Ind.
Residence Address: Street or R. R. 2745 Earlham 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 Construction work
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hospital Record # 7842

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Frederick Surber
    Residence of father (if deceased so state) 2745 Earlham Lane Indpls.
    Occupation of father Guard - Allison's Race of father W
    Birthplace of father (State or foreign country) Marion Co. Ind.
12. Full maiden name of mother Wilma Joan Davis
    Residence of mother (if deceased so state) 2745 Earlham Lane Indpls.
    Occupation of mother Westside Animal Clinic 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 Keith Surber
New Address 2745 Earlham Lane Indpls.

Subscribed and sworn to before me this ..... day of ....., 19.....
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 Anita Middle Louise Last Grow
Date of Birth: Month Jan. Day 19 Year 1956
Place of Birth (State or foreign country) Beech Grove, Ind.
Residence Address: Street or R. R. R.R. 2 Box 604 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 Unemployed (Student)
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St. Francis Hosp. Beech Grove 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 Willard Alfred Grow
   Residence of father (if deceased so state) R.R. 2 Box 604, Indpls. Ind.
   Occupation of father Retired Race of father W.
   Birthplace of father (State or foreign country) Sipo, Ind.
8. Full maiden name of mother Juliana Gertrude Zoppe
   Residence of mother (if deceased so state) R.R. 2 Box 604, Indpls. Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Germantown, Ill.

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

Signed Anita Grow
New Address 2745 Earlham Lane, Indpls.

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued Waiver Age 3 Day and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. Judge Hilton 4-6-73

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6th day of April, 1973, authorizing the joining together as husband and wife and

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

I, M. L. Crawley hereby certify that on the 7 day of April, at Plainfield, County of Hendricks, one thousand nine hundred and 73 State of Indiana, Groom, Keith Allan Surber of Hendricks County, State of Indiana, and, Bride, Anita Louise Grow of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6th day of April, 1973.

Signed M. L. Crawley
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of April, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 126
File Book 34
April 6, 1973
Date of Application

MALE
Medical Examination Report Dated March 30, 1973
Name of Physician Eric O. Clark, M. D.

FEMALE
Medical Examination Report Dated March 30, 1973
Name of Physician Eric O. 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 Keith Middle Alan Last Surber
Date of Birth: Month July Day 22 Year 1956
Place of Birth (State or foreign country) Methodist Hosp. Indpls. Marion Co. Ind.
Residence Address: Street or R. R. 2745 Earlham 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 Construction work
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hospital Record # 7842

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Frederick Surber
    Residence of father (if deceased so state) 2745 Earlham Lane Indpls.
    Occupation of father Insurance Adjuster Race of father W
    Birthplace of father (State or foreign country) Marion Co. Ind.
12. Full maiden name of mother Wilma Jean Davis
    Residence of mother (if deceased so state) 2745 Earlham Lane Indpls.
    Occupation of mother Wetzel Animal Clinic Race of mother W
    Birthplace of mother (State or foreign country) [illegible]

State of Indiana, County of HENDRICKS } ss:
X Signed.....
New Address.....
Subscribed and sworn to before me

CONSENT OF PARENTS, PARE
We, the parents, of this applicant
signs, state facts which render th

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

FEMALE APPLICANT

Name: First Anita Middle Louise Last Grow
Date of Birth: Month Jan. Day 19 Year 1956
Place of Birth (State or foreign country) Beech Grove, Ind.
Residence Address: Street or R. R. R. R. 2 Box 604 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 Unemployed (Student)
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St. Francis Hosp. Beech Grove 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 Willard Alfred Grow
   Residence of father (if deceased so state) R. R. 2 Box 604, Indpls. Ind.
   Occupation of father Retired Race of father W.
   Birthplace of father (State or foreign country) Ripo, Ind.
8. Full maiden name of mother Juliana Gertrude Zoppe
   Residence of mother (if deceased so state) R. R. 2 Box 604, Indpls. Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Germantown, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Anita Grow
New Address 2745 Earlham Lane, Indpls.

STATE OF INDIANA }
COUNTY OF MARION } ss

WE, JOHN F SURBER JEAN SURBER, hereby give OUR my consent for
OUR my SON, KEITH ALAN SURBER to
marry ANITA GROW.

Jean Surber
John F Surber

Subscribed and sworn to before me this 5th day of APR 1973

M B Smith
Notary Public

MY COMMISSION EXPIRES SEPT 15th 1976

COMPLETE IF MARRIA
HENDRICKS County Superior Court by written order issued Waiver Age 3 Days and filed
in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. Judge Hilton 4-6-73

BY ORDER OF COURT. A marriage license having been refused to the above named parties, th

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 6th day of April, 1973, authorizing the joining together as husband and wife of ..... and .....

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

I, M. L. Crawley hereby certify that on the 7 day of April, one thousand nine hundred and 73 at Plainfield, County of Hendricks, State of Indiana, Groom, Keith Allan Surber of Hendricks County, State of Indiana, and, Bride, Anita Louise Grow of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6th day of April, 1973.

Signed M. L. Crawley
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of April, 1973.

Signed Glen W. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 126
File Book 34
April 6, 1973
Date of Application

MALE
Medical Examination Report Dated March 30, 1973
Name of Physician Eric O. Clark, M. D.

FEMALE
Medical Examination Report Dated March 30, 1973
Name of Physician Eric O. 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 Keith Middle Alan Last Burber
Date of Birth: Month July Day 22 Year 1956
Place of Birth (State or foreign country) Methodist Hosp. Indpls. Marion Co. Ind.
Residence Address: Street or R. R. 2745 Earlham 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 Construction Work
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hospital Record # 7842

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Frederick Burber
    Residence of father (if deceased so state) 2745 Earlham Lane Indpls
    Occupation of father Instr. Allison Race of father W
    Birthplace of father (State or foreign country) Marion Co. Ind.
12. Full maiden name of mother Wilma Jean Davis
    Residence of mother (if deceased so state) 2745 Earlham Lane Indpls.
    Occupation of mother Wetzel Animal Clinic Race of mother W
    Birthplace of mother (State or

State of Indiana, County of HENDRICKS } ss:
Signed X
New Address 2

Subscribed and sworn to before me

CONSENT OF PARENTS, PARE
We, the parents, of this applicant
signs, state facts which render th

State of Indiana, County of HENDRICKS
Signed
Signed
Subscribed and sworn to before m

COMPLETE IF MARRIA
HENDRICKS
in Clerk's Offi

FEMALE APPLICANT

Name: First Anita Middle Louise Last Grow
Date of Birth: Month Jan. Day 19 Year 1956
Place of Birth (State or foreign country) Beech Grove, Ind.
Residence Address: Street or R. R. R.R. 2 Box 604 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 Unemployed (Student)
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St. Francis Hosp. Beech Grove 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 Willard Alfred Grow
   Residence of father (if deceased so state) R.R. 2 Box 604, Indpls Ind
   Occupation of father Retired Race of father W.
   Birthplace of father (State or foreign country) Sipo, Ind.
8. Full maiden name of mother Juliana Gertrude Zoppe
   Residence of mother (if deceased so state) R.R. 2 Box 604, Indpls Ind
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Germantown, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Anita Grow
New Address 2745 Earlham Lane Indpls.

STATE OF INDIANA } ss:
COUNTY OF MARION }

We Parents of Daughter, Anita Louise Grow, hereby give my consent for Keith Burber to marry.
Willard Grow
Juliana Grow

Subscribed and sworn to before me this 4 day of April 1973
Phyllis Clay
Notary Public

and filed
Judge Hilton 4-6-73
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6th day of April, 1973, authorizing the joining together as husband and wife

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

I, M. L. Crawley hereby certify that on the 7 day of April, at Plainfield, County of Hendricks, one thousand nine hundred and 73 at Hendricks County, State of Indiana, State of Indiana, Groom, Keith Allan Burber of Hendricks County, State of Indiana, and, Bride, Anita Louise Grow of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6th day of April, 1973.

Signed M. L. Crawley
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of April, 1973.

Signed Glen W. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 127
File Book 34
April 7, 1973
Date of Application

MALE
Medical Examination Report Dated 4-2-73
Name of Physician James O. Flora, M.D.

FEMALE
Medical Examination Report Dated 4-2-73
Name of Physician James O. Flora M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Eugene Last Baker
Date of Birth: Month March Day 5 Year 1952
Place of Birth (State or foreign country): Coleman Hosp. Indianapolis Marion Ind
Residence Address: Street or R. R. 2825 Holly Park Drive 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: Employee - Booth Fisheries. Indpls.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Coleman Hosp. Cert # 2332

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Orville Edward Baker
    Residence of father (if deceased so state) (Deceased)
    Occupation of father Security Guard Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Grace Virginia Hoagden
    Residence of mother (if deceased so state) 4118 S. Bernard Dr. Indpls
    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.

X Signed James Eugene Baker
New Address 2825 Holly Park Dr. Indpls Ind.

Subscribed and sworn to before me this 7 day of April, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Ann Last Comer
Date of Birth: Month Jan. Day 1 Year 1954
Place of Birth (State or foreign country): Little Rock, Arkansas
Residence Address: Street or R. R. 121 William Dr. Apt B., City Brownsburg (Hend.) 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: Factory Work
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Ark. State Bd of Health # 2052

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Carroll Comer
   Residence of father (if deceased so state) 652 Alpha Ave. Brownsburg
   Occupation of father Truck Driver Race of father W
   Birthplace of father (State or foreign country) Arkansas
8. Full maiden name of mother Mary Ann Truesdell
   Residence of mother (if deceased so state) 410 South B Street Brownsburg
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Arkansas

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

X Signed Carol Ann Comer
New Address 2825 Holly Park Rd. Indpls.

Subscribed and sworn to before me this 7 day of April, 19.....
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 April, 1973, authorizing the joining together as husband and wife James Eugene Baker and Carol Ann Comer

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

I, Ronald J. Humes hereby certify that on the 21st day of April, one thousand nine hundred and 73 at Brownsburg, County of Hendricks, State of Indiana, Groom James E. Baker of Marion County, State of Indiana, and, Bride Carol Ann Comer of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of April, 1973.

Signed Ronald J. Humes
Official Designation Pastor First Baptist Church Brownsburg, Indiana

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of April, 1973.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 128
File Book 3X
April 7, 1973
Date of Application

MALE
Medical Examination Report Dated 3-20-73
Name of Physician Paul Stanley Lewis M.D.

FEMALE
Medical Examination Report Dated 3-20-73
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 John Middle William Last Scott
Date of Birth: Month Feb. Day 11 Year 1927
Place of Birth (State or foreign country) Urbana, Champaign Co., Ill.
Residence Address: Street or R. R. RR#3, Box 77J City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages ....
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Aug. 1972 Hend. Circuit
Color or Race: White ☒ Negro ☐ Other ☐ (specify) ....
Usual Occupation Tool & Die Maker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree File No 77
☐ Other (Specify) State of Ill. Dept. of Public Health

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

Name	Age	Address
Christopher John Scott	12	353 Glenmore Lane, Long Lake Trail
Kimberly Sue Scott	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 Cloyd E. Scott
    Residence of father (if deceased so state) 1126 N. Winfield, Indpls.
    Occupation of father Retired Race of father W
    Birthplace of father (State or foreign country) Urbana, Ill.
12. Full maiden name of mother Emily J. Schofield
    Residence of mother (if deceased so state) 1126 N. Winfield
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Marshall Ill.

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

✓Signed John W. Scott
New Address RR# 3, Box 77J Danville, Ind.

Subscribed and sworn to before me this 7 day of April, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Elva Middle Jeanne Last Evans
Date of Birth: Month March Day 20 Year 1930
Place of Birth (State or foreign country) Montgomery Co. Ind.
Residence Address: Street or R. R. 613 Harvey City Indianapolis County Marion State Ind.
Maiden Name if Different Elva Jeanne Welsh
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Putnam Co. 1970
Color or Race: White ☒ Negro ☐ Other ☐ (specify) ....
Usual Occupation Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Cert. No. 113-
☐ Other (Specify) Ind. St. Bd. of Health 30-013253

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Marshal A. Welch
   Residence of father (if deceased so state) deceased
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Rose Zilla Creed
   Residence of mother (if deceased so state) Waveland, Ind.
   Occupation of mother Homemaker 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 Elva Jeanne Evans
New Address RR#3 Box 77J Danville, Ind.

Subscribed and sworn to before me this 7 day of April, 19....
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 April, 19 73, authorizing the joining together as husband and wife John William Scott and Elva Jeanne Evans.

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

I, Henry E. Hill hereby certify that on the 21 day of April, one thousand nine hundred and 73 at Danville, County of Hendricks, State of Indiana, Groom John William Scott of Marion County, State of Indiana, and, Bride Elva Jeanne Evans of Hendricks County, State of Indiana, were by me united 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 April, 19 73.

Signed Henry E. Hill
Official Designation Minister, Ben Davis Christian Church, Indianapolis

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of April, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 129
File Book 34
April 7 1973
Date of Application

MALE
Medical Examination Report Dated 3-28-73
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 3-28-73
Name of Physician Joseph Kerlin

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

MALE APPLICANT

Name: First Franklin Middle Earl Last Hanson
Date of Birth: Month August Day 26 Year 1953
Place of Birth (State or foreign country) Marion Co Ind
Residence Address: Street or R. R. 304 W. Marion 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 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 Franklin Lee Hanson
    Residence of father (if deceased so state) Same
    Occupation of father Mgr. Mfg Eng. Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Evelyn Mae Dawson
    Residence of mother (if deceased so state) Same
    Occupation of mother Hend Co Hosp. 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 ✕ Franklin Earl Hanson
New Address 105 Beachway Dr Judges Ind
Subscribed and sworn to before me this 7 day of Apr, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Franklin L Hanson Father
Signed Evelyn Mae Hanson Mother
Subscribed and sworn to before me this 7 day of April, 1973
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Denise Middle Lorie Last Lewis
Date of Birth: Month April Day 7 Year 1955
Place of Birth (State or foreign country) Ladd AFB Alaska
Residence Address: Street or R. R. R 2 Box 184A 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 Rodney W Lewis
   Residence of father (if deceased so state) —
   Occupation of father — Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Rosemarie M. Barattè
   Residence of mother (if deceased so state) Same
   Occupation of mother House wife Race of mother W
   Birthplace of mother (State or foreign country) Algeria

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

Signed ✕ Denise Lorie Lewis
New Address 105 Beachway Dr Judges Ind
Subscribed and sworn to before me this 7 day of April, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13th day of April, 1973, authorizing the joining together as husband and wife Franklin Earl Hanson and Denise Lorie Lewis

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 14th day of April, one thousand nine hundred and 73 at Danville, County of Hendricks, State of Indiana, Groom Franklin E. Hanson of Hendricks County, State of Indiana, and, Bride Denise L. Lewis of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of April, 1973.

Signed Rev. Herman G. Lutz
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of April, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 130

File Bundle 34

April 7 1973
Date of Application

MALE
Medical Examination Report Dated 3-29-73

Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 3-29-73

Name of Physician Joseph Kerlin

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

MALE APPLICANT

Name: First James Middle — Last Fore

Date of Birth: Month Sept. Day 15 Year 1925

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

Residence Address: Street or R. R. 1409 S. Bailey Dr City Judges 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 Tool + Die maker

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 Robert Willie Fore
    Residence of father (if deceased so state) Deceased
    Occupation of father Tool + Die Maker Race of father W
    Birthplace of father (State or foreign country) Tenn.
12. Full maiden name of mother Alma Louella Fawcett
    Residence of mother (if deceased so state) Deceased
    Occupation of mother — 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 James A Fore

New Address 243 S. Rd. 300 E. Danville

Subscribed and sworn to before me this 7 day of April, 1973

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Helen Middle V. Last Quinn

Date of Birth: Month Feb. Day 2 Year 1924

Place of Birth (State or foreign country) Sparta Ky.

Residence Address: Street or R. R. 243 S. Rd 300 E. City Danville County Hend. State Ind.

Maiden Name if Different Grant

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

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

Usual Occupation Cashier

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 James Grant
   Residence of father (if deceased so state) Deceased
   Occupation of father Gen. Store Owner Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Rose Cecelia Kaufer
   Residence of mother (if deceased so state) 2617 Foltz Indpls.
   Occupation of mother Nurse 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 Helen V. Quinn

New Address Same

Subscribed and sworn to before me this 7 day of April, 1973

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the....., 19.73., authorizing the joining together as husband and wife of Indiana dated the 14 day of April and James Fore Helen V. Quinn

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

I, John P. Modesitt hereby certify that on the 14th day of April, one thousand nine hundred and 73 at Avon United Methodist Church, County of Hendricks, State of Indiana, Groom James Arnold Fore of Marion County, State of Indiana, and, Bride Helen Virginia Quinn of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of April, 19.73.

Signed John P. Modesitt

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of April, 19.73.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 131
File Book 34
April 9, 1973
Date of Application

MALE
Medical Examination Report Dated 4/4/73
Name of Physician Carl L. Heenlein

FEMALE
Medical Examination Report Dated 4/4/73
Name of Physician Carl L. Heinlein

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

MALE APPLICANT

Name: First Danny Middle R. Last Honey
Date of Birth: Month 2 Day 23 Year 1948
Place of Birth (State or foreign country) St. Vincent Hosp. Indpls, Ind.
Residence Address: Street or R. R. 419 N. Center St. City 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 Inspector
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Jesse R. Honey
    Residence of father (if deceased so state) Same
    Occupation of father Truck driver Race of father W
    Birthplace of father (State or foreign country) Ky.
12. Full maiden name of mother Ida M. Arnold
    Residence of mother (if deceased so state) Same
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Ky.

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

Signed X Danny R Honey
New Address County Village Apts
Subscribed and sworn to before me this 9 day of April, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 L. Last Bean
Date of Birth: Month 7 Day 30 Year 51
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R. R. R 3 Box 345 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 Aid. Co. Hosp.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Bobby E. Bean
   Melvin R. McNew
   Residence of father (if deceased so state) Same
   Occupation of father Linda Aire Race of father W
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Edna J. Wilder
   Florence E. McNew
   Residence of mother (if deceased so state) Same
   Occupation of mother housewife Race of mother W.
   Birthplace of mother (State or foreign country) Ky.

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

Signed X Betty L. Bean
New Address Country Village Apts
Subscribed and sworn to before me this 9 day of April, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* April, 19 73, *authorizing the joining together as husband and wife* Danny R. Honey *and* Betty L. Bean

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

I, Sonny H. Hays *hereby certify that on the* 14th *day of* April, *one thousand nine hundred and* 73 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Danny R. Honey *of* Hendricks *County, State of* Indiana, *and, Bride* Betty L. Bean *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14th *day of* April, 19 73.

Signed Sonny H. Hays
Official Designation Baptist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* April, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 132
File Book 34
4/9/73 Date of Application

MALE
Medical Examination Report Dated 4/6/73
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated 4/6/73
Name of Physician L.H. Ellis

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

MALE APPLICANT

Name: First Gary Middle K. Last Isaacs
Date of Birth: Month 4 Day 2 Year 43
Place of Birth (State or foreign country) Ind
Residence Address: Street or R. R. Box 123 City Liston County Ind. State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Truck Driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License 5307403059

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

Name	Age	Address
Bradley A Isaacs	10	Anderson
Cynthia A. Isaacs	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 Burl E. Isaacs
    Residence of father (if deceased so state) Chesterfield, Ind.
    Occupation of father Sears Race of father W
    Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Eva M. Walmack
    Residence of mother (if deceased so state) Anderson, Ind.
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Maine

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Gary K. Isaacs
New Address Same
Subscribed and sworn to before me this 9 day of April, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Joan Middle L. Last Taylor
Date of Birth: Month 6 Day 19 Year 46
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. Box 123 City Liston County Ind. State
Maiden Name if Different Joan Viehe
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 operator
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License 314-46-470701

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Dallas W. Viehe
   Residence of father (if deceased so state) 2070 6th Sheridan Ind
   Occupation of father Insurance agent Race of father W
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Eva F. Norman
   Residence of mother (if deceased so state) same
   Occupation of mother housewife 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 Joan L. Taylor
New Address Same
Subscribed and sworn to before me this 9 day of April, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13th day of April, 1973, authorizing the joining together as husband and wife Gary K. Isaacs and Joan L Taylor
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dallas W. Viehe hereby certify that on the 14th day of April, one thousand nine hundred and 73 at Liston, County of Hendricks, State of Indiana, Groom Gary K. Isaacs of Marion County, State of Indiana, and, Bride Joan L. Taylor of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 14th day of April, 1973. Signed Dallas W. Viehe
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 17 day of April, 1973
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 133

File Book 34

April 10, 1973
Date of Application

MALE
Medical Examination Report Dated 4/10/73
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 4/10/73
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 Steven Middle E. Last Bean

Date of Birth: Month 12 Day 5 Year 53

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. R 3 Box 345 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 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 Bobby E. Bean Melvin R. McNew
    Residence of father (if deceased so state).....
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) Ky.
12. Full maiden name of mother Selena J. Wilder Florence E. McNew
    Residence of mother (if deceased so state).....
    Occupation of mother — Race of mother W
    Birthplace of mother (State or foreign country) Ky.

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

Signed X Steven E. Bean
New Address Home Mobile Park

Subscribed and sworn to before me this 10 day of April, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

X Signed Florence E. McNew Mother

Subscribed and sworn to before me this 10 day of April, 1973
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Helen Middle S. Last Collins

Date of Birth: Month 4 Day 16 Year 54

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. R 1 Box 409 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 Nurse Aid.

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

☐ Other (Specify).....

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

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

Signed X Helen Sue Collins
New Address Home Mobile Park

Subscribed and sworn to before me this 10 day of April, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* April, 1973, *authorizing the joining together as husband and wife* Steven E. Bean *and* Helen S. Collins

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

I, James I. Shockley hereby certify that on the 14 day of April, one thousand nine hundred and Seventy three at Danville, County of Hendricks, State of Indiana, Groom Steven E. Bean of Hendricks County, State of Indiana, and, Bride Helen S. Collins of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of April, 1973.

Signed James I. Shockley
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of April, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 133
File Book 34
April 10, 1973
Date of Application

MALE
Medical Examination Report Dated 4/10/73
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 4/10/73
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 Steven | Middle E. | Last Bean
Date of Birth: Month 12 | Day 5 | Year 53
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R. R. R 3 Box 345 | 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 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 Bobby E. Bean / Melvin R. McNew
    Residence of father (if deceased so state).....
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) Ky.
12. Full maiden name of mother Selena J. Wilder / Florence E. McNew
    Residence of mother (if deceased so state).....
    Occupation of mother — Race of mother W
    Birthplace [illegible]

FEMALE APPLICANT

Name: First Helen | Middle S. | Last Collins
Date of Birth: Month 4 | Day 16 | Year 54
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R. R. R 1 Box 409 | 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 Nurse Aid.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

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

Signed Helen Sue Collins
New Address [illegible] Park
[illegible], 1973.
[illegible] Circuit Court

. If only one parent
ary.....

Father
Mother
....., 19.....
Clerk

I, Melvin R. McNew, hereby give my consent for my son, Steven E. Bean to marry Helen S. Collins.

Melvin R. McNew

Subscribed and sworn to before me this 11th day of April 1973

Lucy V. Duncan
Notary Public
My commission expires 9-24-75

HENDRICKS 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* 14 *day of* April, 19 73, *authorizing the joining together as husband and wife* Steven E. Bean *and* Helen S. Collins

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

I, James D Shockley *hereby certify that on the* 14 *day of* April, *one thousand nine hundred and* Seventy Three *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Steven E. Bean *of* Hendricks *County, State of* Indiana, *and, Bride* Helen S. Collins *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14 *day of* April, 19 73.

Signed James D. Shockley
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* April, 19 73.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 134

File Book 34

April 12 1973
Date of Application

MALE
Medical Examination Report Dated 3-16-73
Name of Physician Glen W. Baker

FEMALE
Medical Examination Report Dated 3-16-73
Name of Physician Glen W Baker

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

MALE APPLICANT

Name: First Louis Middle — Last Szabo

Date of Birth: Month Sept Day 8 Year 1954

Place of Birth (State or foreign country) Hungary

Residence Address: Street or R. R. R3 Box 620D 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 Gas Station 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 Louis A. Szabo
    Residence of father (if deceased so state) Same
    Occupation of father Paper Pkg Co Race of father W
    Birthplace of father (State or foreign country) Hungary
12. Full maiden name of mother Elisabeth J ?
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Hungary

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

Signed x Louis Szabo

New Address.....

Subscribed and sworn to before me this 12 day of April, 1973.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month August Day 27 Year 1954

Place of Birth (State or foreign country) Hamilton Co. 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 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 Ralph F. Jeffers
   Residence of father (if deceased so state) Same
   Occupation of father Water C. Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Catherine Manning
   Residence of mother (if deceased so state) Deceased
   Occupation of mother — 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 Paula Jean Jeffers

New Address.....

Subscribed and sworn to before me this 12 day of April, 19..

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 Deceased Mother

Subscribed and sworn to before me this 12 day of Apr, 19..

Glen M Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued April 12 1973 and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* April, 1973., *authorizing the joining together as husband and wife* Louis Szabo *and* Paula Jean Jeffers

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

I, Robert D. Baum hereby certify that on the 14th day of April, one thousand nine hundred and 73 at Brownsburg, County of Hendricks, State of Indiana, Groom Louis Szabo of Hendricks County, State of Indiana, and, Bride Paula Jean Jeffers of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of April, 1973.

Signed Robert D. Baum

Official Designation Presbyterian Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of April, 1973.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 134
File Book 34
April 12 1973
Date of Application

MALE
Medical Examination Report Dated 3-16-73
Name of Physician Glen W. Baker

FEMALE
Medical Examination Report Dated 3-16-73
Name of Physician Glen W Baker

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

MALE APPLICANT

Name: First Louis Middle [illegible] Last Szabo
Date of Birth: Month Sept Day 8 Year 1954
Place of Birth (State or foreign country) Hungary
Residence Address: Street or R. R. R3 Box 620D 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 Gas Station 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 Louis A. Szabo
    Residence of father (if deceased so state) Same
    Occupation of father Paper Pkg Co Race of father W
    Birthplace of father (State or foreign country) Hungary
12. Full maiden nam
    Residence of mot
    Occupation of mo
    Birthplace of mot

State of Indiana, HE
County of

New

Subscribed and sworn
Glen

CONSENT OF PAREN
We, the parents, of thi
signs, state facts which

State of Indiana, HEN
County of

Signe
Signe

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

FEMALE APPLICANT

Name: First Paula Middle Jean Last Jeffers
Date of Birth: Month August Day 27 Year 1954
Place of Birth (State or foreign country) Hamilton Co. 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 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 Ralph F. Jeffers
   Residence of father (if deceased so state) Same
   Occupation of father Water C. Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Catherine Manning
   Residence of mother (if deceased so state) Deceased
   Occupation of mother — Race of mother W
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana,

Subscribed and sworn to before me this 12 day of Apr 19 7
Glen W Harvey Cle

I, Ralph F. Jeffers, hereby give my consent for my daughter, Paula Jean Jeffers to marry Louis A. Szabo.

Ralph F. Jeffers

Subscribed and sworn to before me this 12th day of June 19 73

Janet Geier
Notary Public
My Commission Expires June 8, 1975

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, th
HENDRICKS County Superior Court by written order issued April 12 1973 and file
in Clerk's authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Cour*
of Indiana dated the 13 *day of* April, 1973., *authorizing the joining together as husband and wif*
Louis Szabo *and* Paula Jean Jeffers
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert D. Baum *hereby certify that on the* 14th *day of* April,
one thousand nine hundred and 73 *at* Brownsburg, *County of* Hendricks,
State of Indiana, Groom Louis Szabo *of* Hendricks *County, State of* Indiana,
and, Bride Paula Jean Jeffers *of* Hendricks *County, State of* Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 21st *day of* April, 19 73.

Signed Robert D. Baum
Official Designation Presbyterian Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* April, 1973
Signed Glen M. Harvey *Clerk*
HENDRICKS *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. 134

HENDRICKS County

File Book 34

April 12 1973
Date of Application

MALE
Medical Examination Report Dated 3-16-73
Name of Physician Glen W. Baker

FEMALE
Medical Examination Report Dated 3-16-73
Name of Physician Glen W Baker

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

MALE APPLICANT

Name: First Louis Middle [illegible] Last Szabo

Date of Birth: Month Sept Day 8 Year 1954

Place of Birth (State or foreign country) Hungary

Residence Address: Street or R. R. R3 Box 620D 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 Gas Station 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 Louis A. Szabo
    Residence of father (if deceased so state) Same
    Occupation of father Paper Pkg Co Race of father W
    Birthplace of father [illegible]
12. Full maiden name of mother [illegible]
    Residence of mother [illegible]
    Occupation of mother [illegible]
    Birthplace of mother [illegible]

State of Indiana, HENDRICKS County of.....

Subscribed and sworn to before me this [illegible] day of [illegible] 19[illegible]

[illegible]

CONSENT OF PARENT

We, the parents, of the [illegible] signs, state facts which [illegible]

State of Indiana, HENDRICKS County of.....

Signed [illegible]

Signed [illegible]

Subscribed and sworn to before me this [illegible] day of [illegible] 19[illegible]

[illegible]

COMPLETE IF MARRIED OUTSIDE HENDRICKS COUNTY

[illegible] in [illegible]

FEMALE APPLICANT

Name: First Paula Middle Jean Last Jeffers

Date of Birth: Month August Day 27 Year 1955

Place of Birth (State or foreign country) Hamilton Co. 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 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 Ralph F. Jeffers
   Residence of father (if deceased so state) Same
   Occupation of father Water C. Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Catherine Manning
   Residence of mother (if deceased so state) Deceased
   Occupation of mother — Race of mother W
   Birthplace of mother (State or foreign country) Kentucky

I, Ralph F. Jeffers, hereby give my consent for my daughter, Paula Jean Jeffers to marry Louis A Szabo.

Elizabeth Szabo

I, Louis A Szabo, hereby give my consent for my Son Louis Szabo to marry Paula Jeffers.

Elizabeth Szabo

Louis A Szabo

Subscribed and sworn to before me this 12th day of April 1973

Janet Geier
Notary Public
My Commission Expires June 8, 1976

Be It Remembered, there was filed in my office a marriage license issued by [illegible] of Indiana dated the 13 day of April, 1973., authorizing the joining together in marriage [illegible] Louis Szabo and Paula Jean Jeffers

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

I, Robert D. Baum hereby certify that on the 14th day of April, one thousand nine hundred and 73 at Brownsburg, County of Hendricks, State of Indiana, Groom Louis Szabo of Hendricks County, State of Indiana, and, Bride Paula Jean Jeffers of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of April, 1973.

Signed Robert D. Baum
Official Designation Presbyterian Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of April, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 135

File Apr 13 1973

Book 34

Date of Application

MALE
Medical Examination Report Dated 4-6-73
Name of Physician James Black

FEMALE
Medical Examination Report Dated 4-6-73
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 Ronald Middle Wayne Last Johnson

Date of Birth: Month May Day 17 Year 1953

Place of Birth (State or foreign country) Lebanon Boone Ind

Residence Address: Street or R. R. RR 18 Box 341 A City Judds 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 Inspector

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

☐ Other (Specify).....

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

New Address 122 Williams Dr Brownsburg

Subscribed and sworn to before me this 13 day of April, 1973

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only 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. Virian Johnson Mother

Subscribed and sworn to before me this 13 day of April, 1973.

Glen M Harvey Clerk

FEMALE APPLICANT

Name: First Linda Middle Kaye Last Jones

Date of Birth: Month Feb Day 8 Year 1954

Place of Birth (State or foreign country) Phoenix Arizona

Residence Address: Street or R. R. 123 Williams Dr apt B 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 Sales Clerk - Sears

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father D. Duane Jones
   Residence of father (if deceased so state) 121 Oakhurst Tr. Ct. Brownsburg
   Occupation of father Electrician Race of father W
   Birthplace of father (State or foreign country) Medill Okla.
8. Full maiden name of mother Pearl Ellen Annie Lou Elizabeth La Strenz
   Residence of mother (if deceased so state) Same
   Occupation of mother Dress mkr Sears Race of mother W
   Birthplace of mother (State or foreign country) Phoenix Ariz

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

Signed x Linda Kaye Jones

New Address Same

Subscribed and sworn to before me this 13 day of April, 1973

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 18 *day of* April, 19 73, *authorizing the joining together as husband and wife* Ronald Wayne Johnson *and* Linda Kaye Jones

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

I, Rev. Bill L. Burbrink hereby certify that on the 21st day of April, one thousand nine hundred and 73 at Clermont, Ind., County of Hendricks, State of Indiana, Groom Ronald Wayne Johnson of Hendricks County, State of Indiana, and, Bride Linda Kaye Jones of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of April, 19 73.

Signed Rev. Bill L. Burbrink

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of April, 19 73.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 159, Ind. Acts 1941

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 135

File Apr 13 1973

Book 34

Date of Application

MALE
Medical Examination Report Dated 4-6-73

Name of Physician James Black

FEMALE
Medical Examination Report Dated 4-6-73

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 profession shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald Middle Wayne Last Johnson

Date of Birth: Month May Day 17 Year 1953

Place of Birth (State or foreign country) Lebanon Boone Ind

Residence Address: Street or R. R. RR 2 Box 341 A City Indpls County Marion State Ind

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Inspector

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

☐ Other (Specify)

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

Name	Age	Address

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

11. Full name of father Homer Lee Johnson
    Residence of father (if deceased so state) Same
    Occupation of father Lathe Operator Race of father W
    Birthplace of father (State or foreign country) Donaldsonville Kentucky
12. Full maiden name of mother Dorcas Eileen Owen
    Residence of mother (if deceased so state) Same
    Occupation of mother Homemaker Race of mother W
    Birthplace of mother (State or foreign country) Newcastle Ind

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

FEMALE APPLICANT

Name: First Linda Middle Kaye Last Jones

Date of Birth: Month Feb Day 9 Year 1954

Place of Birth (State or foreign country) Phoenix Arizona

Residence Address: Street or R. R. 122 Williams Dr apt B 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 Sales Clerk - Sears

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

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father D. Duane Jones
   Residence of father (if deceased so state) 121 Oakhurst Trl Ft. Brownsburg
   Occupation of father Electrician Race of father W
   Birthplace of father (State or foreign country) Medill Okla.
8. Full maiden name of mother Pearl Ellen Anning Son Elizabeth La Breng
   Residence of mother (if deceased so state) Same
   Occupation of mother Dress mfg Sears Race of mother W
   Birthplace of mother (State or foreign country) Phoenix Ariz

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

Signed X Linda Kaye Jones

New Address Same

Subscribed and sworn to before me this 13 day of April, 19 73

Glen M Harvey Clerk HENDRICKS Circuit Court

I, Ho Lee Johnson, hereby give my consent for my Son, Ronald Wayne Johnson to marry Lda Kaye Jones.

X Homer L. Johnson

Subscribd sworn to before me this 14 day of April 1973

George Johnson
Notary Public
1-17-76

RETURN OF MARRIAGE LICENSE AND

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Circuit Court of Indiana dated the 18 day of April, 1973, authorizing the joining together as husband and wife Ronald Wayne Johnson and Linda Kaye Jones

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

I, Rev. Bill L. Burbrink hereby certify that on the 21st day of April one thousand nine hundred and 73 at Clermont, Ind., County of Hendricks, State of Indiana, Groom Ronald Wayne Johnson of Hendricks County, State of Indiana, and, Bride Linda Kaye Jones of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of April, 1973.

Signed Rev. Bill L. Burbrink

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of April, 1973.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 136

File Apr. 13, 1973

Book 34

Date of Application

MALE
Medical Examination Report Dated 4/9/73
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 4/9/73
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 Michael Middle L. Last Maraldo

Date of Birth: Month 10 Day 4 Year 52

Place of Birth (State or foreign country) Indiana, Beech Grove

Residence Address: Street or R. R. 85 Hope Dr. R 3 City 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 Link Belt

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

☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Lino D. Maraldo
    Residence of father (if deceased so state) Same
    Occupation of father Citizens Gas Race of father W
    Birthplace of father (State or foreign country) Fla.
12. Full maiden name of mother Betty Lou Rosa
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife 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 ✕ Michael L. Maraldo
New Address 6029 Apt C Rockshire Indpls

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 ✕ Lino D. Maraldo Father
Signed ✕ Betty Maraldo Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Debra Middle L. Last Decker

Date of Birth: Month 9 Day 7 Year 53

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

Residence Address: Street or R. R. R2 Box 413 City Indpls. 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 Office Worker

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father George W. Decker
   Residence of father (if deceased so state) Same
   Occupation of father Painting Cont. Race of father W
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Connie C. White
   Residence of mother (if deceased so state) Same
   Occupation of mother Link Belt 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 ✕ Debra L Decker
New Address 6029 Apt C Rockshire Indpls

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

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 18th day of April, 1973, authorizing the joining together as husband and wife Michael L Maraldo and Debra L Decker

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

I, Teal O Younce hereby certify that on the 28 day of April one thousand nine hundred and 73 at Asso Christian Church, County of Hendricks, State of Indiana, Groom Michael L. Maraldo of Hendricks County, State of Indiana, and, Bride Debra L. Decker of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of April, 1973. Signed Teal O Younce
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of May, 1973. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 137
File Ap Book 34
April 13, 1973
Date of Application

MALE
Medical Examination Report Dated 4-13-73
Name of Physician Lloyd D. Terry

FEMALE
Medical Examination Report Dated 4-13-73
Name of Physician Lloyd D. 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 Dennis Middle Lawrence Last Brown
Date of Birth: Month May Day 11 Year 1952
Place of Birth (State or foreign country) Methodist Hosp. Indpls. Marion Co. Ind.
Residence Address: Box 114 Street or R. R. Carlesburg 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 Ind. State Highway Comsn.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Serv. # 12-30-52-177

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

Name	Age	Address

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

Name of father Herman Lawrence Brown
Residence of father (if deceased so state) Box 114, Cartersburg
Occupation of father Bridgeport Brass Race of father W
Birthplace of father (State or foreign country) Kentucky
Maiden name of mother Beulah Renner
Residence of mother (if deceased so state) Box 114, Cartersburg
Occupation of mother Nurses 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 Dennis Lawrence Brown
New Address Box 119 40 R R 2 Lapelsville Ind

Subscribed and sworn to before me this 13 day of April, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Cynthia Middle Susan Last Reel
Date of Birth: Month July Day 18 Year 1954
Place of Birth (State or foreign country) USAF Hosp. Luke AFB, Glendale Maricopa Ariz.
Residence Address: 861 Highlander Drive Street or R. R. Plainfield 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 U S Agree (Agri-Way) Stock Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree 102-
☐ Other (Specify) Ariz. Dept. of Health - 54-013547

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Randall Reel
   Residence of father (if deceased so state) 861 Highlander Dr.
   Occupation of father Air Traffic Controller Race of father W
   Birthplace of father (State or foreign country) Sullivan Ind.
8. Full maiden name of mother Carolyn Sue Moss
   Residence of mother (if deceased so state) 861 Highlander Dr.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Sullivan, Ind.

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

Signed Cynthia Susan Reel
New Address Same

Subscribed and sworn to before me this 13 day of April, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17 day of April, 19 73, authorizing the joining together as husband and wife Dennis Lawrence Brown and Cynthia Susan Reel

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

I, C. David Hancock hereby certify that on the sixth day of May, one thousand nine hundred and seventy three, at Plainfield, County of Hendricks, State of Indiana, Groom Dennis Lawrence Brown of Hendricks County, State of Indiana, and, Bride Cynthia Susan Reel of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17th day of April, 19 73.

Signed C. David Hancock
Official Designation Pastor U. Meth. Church Plainfield

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of May, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 137
File Ap Book 34
April 13, 1973
Date of Application

MALE
Medical Examination Report Dated 4-13-73
Name of Physician Lloyd B. Terry

FEMALE
Medical Examination Report Dated 4-13-73
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 Dennis | Middle Lawrence | Last Brown
Date of Birth: Month May | Day 11 | Year 1952
Place of Birth (State or foreign country) Methodist Hosp. Indpls. | Marion Co. | Ind.
Residence Address: Street or R. R. Box 114 | City Carlos burg | 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 Ind. State Highway Comm.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Serv. # 12-30-52-177

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

Name | Age | Address

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

Mr Sherman Laurence and
Beulah Brown Parents
of Dennis Laurence Brown
give our permission for
Dennis Laurence Brown
and Cynthia Susan Reel
to be married

Beulah Brown
Sherman L Brown

Hilden Sharp
Notary Public
Hendricks Co. 10-14-76

FEMALE APPLICANT

Name: First Cynthia | Middle Susan | Last Reel
Date of Birth: Month July | Day 18 | Year 1954
Place of Birth (State or foreign country) USAF Hosp. Luke AFB, | Glendale Maricopa Ariz.
Residence Address: Street or R. R. 861 Highlander Drive | 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 L S Ayres (Ayr-Way) Stock Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree 102-
☐ Other (Specify) Ariz. Dept. of Health - 54-013547

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Randall Reel
   Residence of father (if deceased so state) 861 Highlander Dr.
   Occupation of father Air Traffic Controller Race of father W
   Birthplace of father (State or foreign country) Baldwin Ind.
8. Full maiden name of mother Carolyn Sue Moss
   Residence of mother (if deceased so state) 861 Highlander Dr.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Baldwin, Ind.

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

Signed Cynthia Susan Reel
New Address Same

Subscribed and sworn to before me this 13 day of April, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COURT. A marriage license having been refused to the above named parties, the .....Court by written order issued.....and filed ance of a marriage license to the above named parties.

CENSE AND MARRIAGE CERTIFICATE

e license issued by the clerk of the HENDRICKS Circuit Court ril ....., 19 73, authorizing the joining together as husband and wife of Indiana dated the ..... Dennis Laurence Brown and Cynthia Susan Reel

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

I, C. David Hancock hereby certify that on the sixth day of May, one thousand nine hundred and Seventy three at Plainfield, County of Hendricks, State of Indiana, Groom Dennis Laurence Brown of Hendricks County, State of Indiana, and, Bride Cynthia Susan Reel of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17th day of April, 19 73.

Signed C. David Hancock
Official Designation Pastor U. Meth. Church Plainfield

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of May, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 138
File Book 34
April 13, 1973
Date of Application

MALE
Medical Examination Report Dated 4-11-73
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 4-11-73
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 Michael Middle Alan Last Jackson
Date of Birth: Month Nov. Day 11 Year 1950
Place of Birth (State or foreign country) Greencastle Putnam Co. Ind.
Residence Address: Street or R. R. 58 Port O'Call Dr. 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 Indpls. Police Dept.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Putnam Co. Hospital # 35154 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 Harold Eugene Jackson
    Residence of father (if deceased so state) 3095 S. Jefferson St. Brown. Co.
    Occupation of father Ind. State Police Race of father W
    Birthplace of father (State or foreign country) Putnam Co. Ind.
12. Full maiden name of mother Lillian Faith Davis
    Residence of mother (if deceased so state) 3095 S. Jefferson St.
    Occupation of mother Housewife 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 Michael Alan Jackson
New Address 58 Port O'Call Dr. Indpls.

Subscribed and sworn to before me this 13 day of April, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Helena Last Jaynes
Date of Birth: Month July Day 25 Year 1951
Place of Birth (State or foreign country) Crawfordsville Mont. Co. Ind.
Residence Address: Street or R. R. # 333 Odell St. City Brownsburg County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation College Student (teacher)
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Cert. No. 054454
☒ Other (Specify) Bd. of Hlth. of Vital Statistics 113-51-

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Kenneth Jayne
   Residence of father (if deceased so state) 333 Odell St. Brownsburg.
   Occupation of father Educational T.V Technician Race of father W
   Birthplace of father (State or foreign country) Marion Co. Ind.
8. Full maiden name of mother Betty Jean Francis
   Residence of mother (if deceased so state) 333 Odell St. B'burg.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Blackford 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 Jaynes
New Address 58 Port O'Call Dr. Indpls.

Subscribed and sworn to before me this 13 day of April, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* April, 1973, *authorizing the joining together as husband and wife* Michael Alan Jackson *and* Vicki Helena Jaynes

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

I, S. Howard Davidson *hereby certify that on the* 11th *day of* May, *one thousand nine hundred and* 73 *at* Calvary United Methodist Church, Brownsburg, *County of* Hendricks, *State of Indiana,* Groom Michael Alan Jackson *of* Marion *County, State of* Indiana, *and,* Bride Vicki Helena Jaynes *of* Hendricks *County, State of* Indiana, *were by me united 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* May, 1973. *Signed* S. Howard Davidson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* May, 1973.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 139
File Book 34
April 14, 1973
Date of Application

MALE
Medical Examination Report Dated 4-4-73
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 4-4-73
Name of Physician Eric D. Clark

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

MALE APPLICANT

Name: First Richard Middle Arthur Last Cummins
Date of Birth: Month Sept. Day 22 Year 1952
Place of Birth (State or foreign country) Indianapolis, Ind
Residence Address: Street or R. R. R. #1 Box 368, City Plainfield, 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 Public Service
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-52-073310

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Arthur Cummins Jr.
    Residence of father (if deceased so state) R#1 Box 368 Plfd.
    Occupation of father Allison Race of father.....
    Birthplace of father (State or foreign country) Indianapolis Ind
12. Full maiden name of mother Mabel Willene Scott
    Residence of mother (if deceased so state) R#1 Box 368 Plfd.
    Occupation of mother Books Race of mother.....
    Birthplace of mother (State or foreign country) Eubank Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Richard A Cummins
New Address.....
Subscribed and sworn to before me this 14 day of April, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Loretta Middle J. Last Harris
Date of Birth: Month Nov. Day 12 Year 1954
Place of Birth (State or foreign country) Bedford Ind
Residence Address: Street or R. R. 160 Lawndale Dr. City Plfd. 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) # 5804

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 E. Harris
   Residence of father (if deceased so state) 160 Lawndale, Plfd.
   Occupation of father Preacher Race of father.....
   Birthplace of father (State or foreign country) Bedford
8. Full maiden name of mother Phyllis Jean Quigley
   Residence of mother (if deceased so state) 160 Lawndale.
   Occupation of mother Payroll Clerk 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 Loretta Harris
New Address.....
Subscribed and sworn to before me this 14th day of April, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 April, 19 73, authorizing the joining together as husband and wife Richard Arthur Cummins and Loretta J. Harris
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Raymond E. Harris hereby certify that on the 5th day of May, one thousand nine hundred and 73 at Plainfield, County of Hendricks, State of Indiana, Groom Richard Arthur Cummins of Hendricks County, State of Indiana, and, Bride Loretta J. 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 May, 19 73.
Signed Raymond E. Harris
Official Designation Preacher

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of May, 19 73.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. # 140

File Book 34

April 14, 1973
Date of Application

MALE
Medical Examination Report Dated 4-14-73
Name of Physician Joseph C. Kerlin M. D.

FEMALE
Medical Examination Report Dated 4-14-73
Name of Physician Joseph C. Kerlin M.D.

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

MALE APPLICANT

Name: First Jimmy Middle Wayne Last Gallent

Date of Birth: Month 2 Day 17 Year 1942

Place of Birth (State or foreign country) Athens Louisanna

Residence Address: Street or R. R. 713 W. Main St. City Plfd. County Hnd. 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 L L Schutt

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers Licenses # S 315464 F 83

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Buster L. Gallent
    Residence of father (if deceased so state) 713 W. Main Plfd.
    Occupation of father School Bus Race of father
    Birthplace of father (State or foreign country) Missouri
12. Full maiden name of mother Mattie White
    Residence of mother (if deceased so state) Deceased
    Occupation of mother Race of mother
    Birthplace of mother (State or foreign country) Louisana

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

Signed X Jimmy W. Gallent

New Address R # 4 Box 294 Mooresville

Subscribed and sworn to before me this 14 day of April, 19 73

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Judith Middle Ann Last Miller

Date of Birth: Month March Day 4 Year 1946

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

Residence Address: Street or R. R. R # 4 Box 294 City Mooresville, County Ind. State

Maiden Name if Different Judith Ann Gibbs

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1972 Hnd.

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

Usual Occupation Secretary

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 1539

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Willard Gibbs
   Residence of father (if deceased so state) R # 4 Box 294 Mooresville
   Occupation of father Gibbs Implement Sales Race of father
   Birthplace of father (State or foreign country) Danville, Ind.
8. Full maiden name of mother Ellajean Harlan
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother
   Birthplace of mother (State or foreign country) Danville

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

Signed X Judith Ann Miller

New Address .....

Subscribed and sworn to before me this 14 day of April, 19 73

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 13rd day of April, 19 73, authorizing the joining together as husband and wife Jimmy Wayne Gallent and Judith Ann Miller

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

I, B. L. Gallent hereby certify that on the 28 day of April at 1528 S. Tacoma Indianapolis County of Marion, one thousand nine hundred and 73 State of Indiana, Groom Jimmy Wayne Gallent of Hendricks County, State of Indiana, and, Bride Judy Ann Miller of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of April, 19 73.

Signed B. L. Gallent

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of April, 19 73.

Signed Glen M. Harvey 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. 141
File Book 34
April 14, 1973
Date of Application

MALE
Medical Examination Report Dated A. N. Scudder
Name of Physician 4-10-73

FEMALE
Medical Examination Report Dated 4-10-73
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 Roy Middle D. Last Bunch
Date of Birth: Month Nov. Day 28 Year 1948
Place of Birth (State or foreign country) Jamestown Ky.
Residence Address: Street or R. R. 111 Lincoln St. City Brownsburg County State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1971 Marion Co.
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Truck Driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service # 12-52-48-236

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

Name	Age	Address
Vicky Bunch	4	Rockville Rd. Indpls.

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Murvil Bunch
    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 Bonnie Stringer
    Residence of mother (if deceased so state) 807 S. Hancock, Indpls.
    Occupation of mother R.C.A. 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 Roy Bunch
New Address 111 Lincoln St. Brownsburg

Subscribed and sworn to before me this 14 day of April, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Diane Last Johnston
Date of Birth: Month June Day 16 Year 1973
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. 309 S. Grant 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 Secretary
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 Leo John Johnston
   Residence of father (if deceased so state) 309 S. Grant Brownsburg
   Occupation of father Factory Worker Race of father ____
   Birthplace of father (State or foreign country) Terre Haute
8. Full maiden name of mother Charmaine Waddell
   Residence of mother (if deceased so state) 309 S. Grant
   Occupation of mother File Clerk 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 Christina Johnston
New Address 111 Lincoln St. Brownsburg

Subscribed and sworn to before me this 14 day of April, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 19th *day of* April, 19 73, *authorizing the joining together as husband and wife* Roy Bunch *and* Christine Diane Johnston

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

I, Ralph Combs *hereby certify that on the* 19th *day of* April, *one thousand nine hundred and* Seventy-three *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Roy Dale Bunch *of* Marion *County, State of* Indiana, *and, Bride* Christina Diane Johnston *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19th *day of* April, 19 73.

Signed Ralph Combs
Official Designation Pastor, S.D.A. Church

Filed and recorded in accordance with the laws of the State of Indiana this 16th *day of* May, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 142

File Book 34

April 16, 1973
Date of Application

MALE
Medical Examination Report Dated 4-13-73
Name of Physician R. W. Kirtley M. D.

FEMALE
Medical Examination Report Dated 4-13-73
Name of Physician R. W. Kirtley M. D.

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

MALE APPLICANT

Name: First Tommy Middle Wayne Last Tyler

Date of Birth: Month Jan Day 24 Year 1948

Place of Birth (State or foreign country): Milan Ind

Residence Address: Street or R. R. P.O. Box 254 City Plainfield County State Ind

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Aug 1971 Illinois

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

Usual Occupation: Sales

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service - 12-30-48-32

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name / Age / Address
    (b) Are you supporting or contributing to their 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 Russell Tyler
    Residence of father (if deceased so state): 241 N. Jefferson Bldg.
    Occupation of father: Carpenter Race of father:
    Birthplace of father (State or foreign country): Switzerland Co. Ind.
12. Full maiden name of mother: Ethel Mae Cole
    Residence of mother (if deceased so state): Same
    Occupation of mother: Western Electric Race of mother:
    Birthplace of mother (State or foreign country): Switzerland County Ind.

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

Signed X Tommy W. Tyler
New Address P.O. Box 254 Plainfield, Ind
Subscribed and sworn to before me this 16 day of April, 19 73.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month April Day 10 Year 1951

Place of Birth (State or foreign country): Indianapolis Ind

Residence Address: Street or R. R. P.O. Box 254 City Plainfield County Ind.

Maiden Name if Different: Rebecca Lee Adamson

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1971 Georgia

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

Usual Occupation: —

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #3630

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Billy Gordon Adamson
   Residence of father (if deceased so state): 161 S R 150 E Danville, Ind
   Occupation of father: Chrysler Race of father:
   Birthplace of father (State or foreign country): Indianapolis
8. Full maiden name of mother: Shirley Lee Stephenson
   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 X Rebecca Lee Hardman
New Address P.O. Box 254 Plfd. Ind.
Subscribed and sworn to before me this 16 day of April, 19 73.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 20th day of April 19 73, authorizing the joining together as husband and wife [redacted] Tommy Wayne Tyler and Rebecca Lee Hardman

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

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. 143
File Book 34
April 16, 1973
Date of Application

MALE
Medical Examination Report Dated 4-13-73
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 4-13-73
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 William Middle Earl Last Brandenburg
Date of Birth: Month Jan. Day 6 Year 1954
Place of Birth (State or foreign country): Methodist Hosp. Indianapolis Marion Co. Ind.
Residence Address: Street or R.R. R. R. 3 Box 430 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: Packer. Bridgeport Brass
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Serv. No. 12-30-54-14

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 Thomas Brandenburg
    Residence of father (if deceased so state): R.R. 3 Box 430 Plainfield
    Occupation of father: Heavy Equip Opr. Race of father: W
    Birthplace of father (State or foreign country): Crops. Marion Co.
12. Full maiden name of mother: Shirley Jewell Gammon
    Residence of mother (if deceased so state): R.R. 3 Box 430 Plfd.
    Occupation of mother: Housewife Race of mother: W
    Birthplace of mother (State or foreign country): Crops. Marion Co.

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

× Signed William Brandenburg
New Address.....

Subscribed and sworn to before me this 16 day of April, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 Brandenburg Father
× Signed Shirley Brandenburg Mother
Subscribed and sworn to before me this 16 day of April, 1973
.....Clerk

FEMALE APPLICANT

Name: First Angela Middle Sue Last Emge
Date of Birth: Month Aug. Day 8. Year 1954
Place of Birth (State or foreign country): Terre Haute Vigo Ind.
Residence Address: Street or R.R. R.R. 3 Box 431 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 —
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree 113-54
☐ Other (Specify) St Bd of Health Cert # 070395

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Gene Emge
   Residence of father (if deceased so state): R.R. 3 Box 431
   Occupation of father: Bus. agent Race of father: W
   Birthplace of father (State or foreign country): Des Citywidont
8. Full maiden name of mother: Rita Irene White
   Residence of mother (if deceased so state): R.R. 3 Box 431
   Occupation of mother: Housewife Race of mother: W
   Birthplace of mother (State or foreign country): Dayton, Ohio

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

× Signed Angela Sue Emge
× New Address.....

Subscribed and sworn to before me this 16 day of April, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 authorizes and directs the issuance of a marriage license to the above named parties. Judge V. Helton April 16, 1973

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16 *day of* April, 19 73, *authorizing the joining together as husband and wife* Brandenburg *and* Emge

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

I, James Allen Williams *hereby certify that on the* 21 *day of* April, *one thousand nine hundred and* 73 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* William Carl Brandenburg *of* Hendricks *County, State of* Indiana, *and, Bride* Angela Sue Emge *of* Hendricks *County, State of* Indiana, *were by me united 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* April, 19 73.

Signed James Allen Williams
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* April, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 144
File Book 34
April 17, 1913
Date of Application

MALE
Medical Examination Report Dated 4-16-73
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 4-16-73
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 James Middle E. Last Hession
Date of Birth: Month Dec. Day 14 Year 1948
Place of Birth (State or foreign country): Indianapolis, Ind.
Residence Address: Street or R. R. R. # 2 Box 68 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: United Parcel.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service # 12-30-48-415

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Martin Jr Hession
    Residence of father (if deceased so state): R # 2 Box 68 Danville
    Occupation of father: Farmer Race of father.....
    Birthplace of father (State or foreign country): Indiana (Brownsburg)
12. Full maiden name of mother: Betty L. Hoppes
    Residence of mother (if deceased so state): Same
    Occupation of mother: Housewife Race of mother.....
    Birthplace of mother (State or foreign country): Summitville Ind.

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

Signed: James E Hession
New Address: H 63 Apt 2 - Valley View Ped Ind.
Subscribed and sworn to before me this 17 day of April, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Patricia Middle M. Last Carter
Date of Birth: Month 8 Day 2 Year 1953
Place of Birth (State or foreign country): Scottsville Ky.
Residence Address: Street or R. R. 3562 W. Perry City Indpls. County State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☐ — Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation: Clerk - Typist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Allen Co. Mem. Hospital. Scottsville Ky.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Loy D. Carter
   Residence of father (if deceased so state): 3562 W. Perry, Indpls. Ind
   Occupation of father: Fork Lift Driver Race of father.....
   Birthplace of father (State or foreign country): Kentucky
8. Full maiden name of mother: Ruby Katherine Colson
   Residence of mother (if deceased so state): Same
   Occupation of mother: Housewife Race of mother.....
   Birthplace of mother (State or foreign country): Kentucky

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

Signed: Patricia M. Carter
New Address.....
Subscribed and sworn to before me this 17 day of April, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of April, 19 73, authorizing the joining together as husband and wife James E Hession and Patricia M. Carter

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

I, Wilbur M Bohanon hereby certify that on the 28th day of April, one thousand nine hundred and Seventy-Three at Indianapolis, County of Marion, State of Indiana, Groom James E. Hession of Hendricks County, State of Indiana, and, Bride Patricia M. Carter of Marion HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24th day of April, 19 73. Signed Wilbur M. Bohanon
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of June, 19 73.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 145
File Book 34
April 1973
Date of Application

MALE
Medical Examination Report Dated 4-18-73
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 4-18-73
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 William Middle — Last Penman

Date of Birth: Month April Day 20 Year 1931

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

Residence Address: Street or R. R. 203 E. Ridge St. City Brazil County Clay 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: Factory – Anaconda

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
Lisa	7	Selma N.C.

    (b) Are you supporting or contributing to their 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 Penman
    Residence of father (if deceased so state): Deceased
    Occupation of father: Miner Race of father: W
    Birthplace of father (State or foreign country): Kentucky
12. Full maiden name of mother: Ruth Dellie McCullough
    Residence of mother (if deceased so state): Brazil Ind
    Occupation of mother: Retired 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 × William Penman
New Address 402 ½ Harlan Plainfield

Subscribed and sworn to before me this 19 day of April 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month Aug Day 22 Year 1932

Place of Birth (State or foreign country)

Residence Address: Street or R. R. 402 ½ Harlan St. City Plainfield County Hend State Ind

Maiden Name if Different Hayes

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: Status Shop Owner

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Hayes
   Residence of father (if deceased so state): Deceased
   Occupation of father: Factory Race of father: W
   Birthplace of father (State or foreign country): Clay Co Ind
8. Full maiden name of mother: Lucinda May Cornwell
   Residence of mother (if deceased so state): Brazil
   Occupation of mother: Retired Race of mother: W
   Birthplace of mother (State or foreign country): Clay Co Ind

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

Signed × Catherine J. Robison
New Address Farmer

Subscribed and sworn to before me this 19 day of April, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* April, 1973, *authorizing the joining together as husband and wife* William Penman *and* Catherine Josephine Robinson

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

I, Rev. Louis A. Dreher *hereby certify that on the* 27th *day of* April, *one thousand nine hundred and* 73 *at* Cloverland, *County of* Clay, *State of Indiana, Groom* William Penman *of* Clay *County, State of* Indiana, *and, Bride* Catherine Robison *of* Hendricks *County, State of* Indiana, *were by me united 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* April, 1973.

Signed Louis A Dreher
Official Designation Minister, Cloverland Gospel Church

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* May, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 146
File Book 34
April 19, 1973
Date of Application

MALE
Medical Examination Report Dated ~~1973~~ April 6, 1973
Name of Physician M.O. Saamaker M. D.

FEMALE
Medical Examination Report Dated 4-11-73
Name of Physician John H. Ellerman M. D.

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

MALE APPLICANT

Name: First Lawrence Middle Dean Last Gibbons
Date of Birth: Month Aug Day 9 Year 1950
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address: Street or R. R. City Pittsboro 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 Restuarant Manager
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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Eugene Gibbons
    Residence of father (if deceased so state) 514 Poplar, Pittsboro
    Occupation of father Supervisor Race of father.....
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Lois Ann Propst
    Residence of mother (if deceased so state) 514 Poplar, Pittsboro
    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 X Lawrence Dean Gibbons
New Address 6920 Shawnedale Dr. Florence Ky.

Subscribed and sworn to before me this 19 day of April, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Kaye Middle Eileen Last Christian
Date of Birth: Month June Day 30 Year 1948
Place of Birth (State or foreign country) Springfield Ohio
Residence Address: 504 Street or R. R. Casswell Rd. City Kokomo 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 Desk Clerk.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Springfield City 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 Elmer Elrod Christian
   Residence of father (if deceased so state) 625 Lee DeChateau Kokomo
   Occupation of father Press Room Supervisor Race of father.....
   Birthplace of father (State or foreign country) Springfield Ohio
8. Full maiden name of mother Anna Laura Barndart
   Residence of mother (if deceased so state) Deceased
   Occupation of mother..... Race of mother.....
   Birthplace of mother (State or foreign country) Springfield Ohio

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

Signed X Kaye Christian
New Address Same

Subscribed and sworn to before me this 19 day of April, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* April, 19 73, *authorizing the joining together as husband and wife* Lawrence Dean Gibbons *and* Kaye Eileen Christian
Be it further remembered, the following marriage certificate was filed in my office, to-wit
I, William Charles McGraw *hereby certify that on the* 5th *day of* May, *at* Pittsboro, *County of* Hendricks, *one thousand nine hundred and* 73, *State of Indiana, Groom* Lawrence Dean Gibbons *of* Hendricks *County, State of* Indiana, *and, Bride* Kaye Eileen Christian *of* Howard *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 8th *day of* May, 19 73. Signed William Charles McGraw
Official Designation Minister - Pittsboro Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* May, 19 73
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 141
File Book 34
April 23 1973
Date of Application

MALE
Medical Examination Report Dated 4-17-73
Name of Physician Thomas Walker, M.D.

FEMALE
Medical Examination Report Dated 4-17-73
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 Christopher Middle Allen Last Rainey
Date of Birth: Month Sept. Day 14 Year 1953
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: Street or R. R. R.R. #3 Box 180K 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 Epicanator
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-53-6733?8

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Elmer Byrl Rainey
    Residence of father (if deceased so state) R.R. #3 Box 108K Brownsburg
    Occupation of father Machinist Race of father.....
    Birthplace of father (State or foreign country) Shelby County Ind.
12. Full maiden name of mother Kathleen Wilcox Phelps
    Residence of mother (if deceased so state) Same
    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 ☒ Christopher Allen Rainey
New Address 25 Green Acre Dr. Brownsburg

Subscribed and sworn to before me this 23 day of April, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Elmer Byrl Rainey Father
Signed..... Mother

Subscribed and sworn to before me this 23 day of April, 1973
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Deborah Middle Lynn Last Brower
Date of Birth: Month April Day 14 Year 1954
Place of Birth (State or foreign country) Lebanon Ind
Residence Address: Street or R. R. R.R. #3 Box 90 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 Sales Clerk
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 Robert Eugene Brower
   Residence of father (if deceased so state) R.R. #3 Box 90 Brownsburg
   Occupation of father Engineer Race of father.....
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Thelma Muriel Preston
   Residence of mother (if deceased so state) Same
   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 ☒ Deborah Lynn Brower
New Address 25 Green Acre Dr. Brownsburg

Subscribed and sworn to before me this 23 day of April, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 April, 1973, authorizing the joining together as husband and wife Christopher Allen Rainey and Deborah Lynn Brower

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

I, Elder Forrest L. Judd hereby certify that on the 28th day of April, one thousand nine hundred and 73 at Indianapolis, County of Marion, State of Indiana, Groom Christopher Allen Rainey of Hendricks County, State of Indiana, and, Bride Deborah Lynn Brower of Hendricks County, State of Indiana, were by me united 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 May, 1973.

Signed Forrest L. Judd Pastor
Official Designation Pastor - Westbrook New Testement Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of May, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 141
File Book 34
April 23 1973
Date of Application

MALE
Medical Examination Report Dated 4-17-73
Name of Physician Thomas Walker, M.D.

FEMALE
Medical Examination Report Dated 4-17-73
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 Christopher Middle Allen Last Rainey
Date of Birth: Month Sept. Day 14 Year 1953
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: Street or R. R. R.R. #3 Box 180K 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 Excavator
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-53-173378

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Elmer Byrl Rainey
    Residence of father (if deceased so state) R.R. #3 Box 108K Brownsburg
    Occupation of father Machinist Race of father.....
    Birthplace of father (State or foreign country) Shelby County Ind.
12. Full maiden name of mother Kathleen Wilcox Phelps
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife

FEMALE APPLICANT

Name: First Deborah Middle Lynn Last Brower
Date of Birth: Month April Day 14 Year 1954
Place of Birth (State or foreign country) Lebanon Ind
Residence Address: Street or R. R. R.R. #3 Box 90 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 Sales Clerk
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 Robert Eugene Brower
   Residence of father (if deceased so state) R.R. #3 Box 90 Brownsburg
   Occupation of father Engineer Race of father.....
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Thelma Muriel Preston
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Indiana

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

Signed ✗ Deborah Lynn Brower
25 Mercal Dr. R.R. Brownsburg

...e ....., 19 73
.....Circuit Court

I, Kathleen Rainey, hereby give my consent for my son, Christopher Allen Rainey to marry Deborah Lynn Brower.

Kathleen Rainey

Subscribed and sworn to before me this 24 day of April 1973

Harold Reynolds
Notary Public

Hendricks Co. Indiana My commission expires Aug. 9, 1974

If only one parent
ary.....
.....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* 27 *day of* April, 19 73, *authorizing the joining together as husband and wife* Christopher Allen Rainey *and* Deborah Lynn Brower

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

I, Elder Forrest L. Judd hereby certify that on the 28th day of April, one thousand nine hundred and 73 at Indianapolis, County of Marion, State of Indiana, Groom Christopher Allen Rainey of Hendricks County, State of Indiana, and, Bride Deborah Lynn Brower of Hendricks County, State of Indiana, were by me united 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 May, 19 73.

Signed Forrest L. Judd Pastor
Official Designation Pastor - Westbrook New Testement Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* May, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 148
File Book 34
April 23 1973
Date of Application

MALE
Medical Examination Report Dated 4-19-73
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 4-19-73
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 Donald Middle R. Last Setty
Date of Birth: Month 6 Day 26 Year 48
Place of Birth (State or foreign country) Terre Haute Ind.
Residence Address: Street or R. R. R1 Box 36 City Clayton County Ind. State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Metal polisher
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selec. Serv. 12-30-48-196

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

Name	Age	Address
Tonya L Setty	2 mo.	Plainfield

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

11. Full name of father Andrew Setty
    Residence of father (if deceased so state) Same
    Occupation of father Truck Driver Race of father W
    Birthplace of father (State or foreign country) Terre Haute Ind.
12. Full maiden name of mother Wilma L. James
    Residence of mother (if deceased so state) Same
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Terre Haute Ind.

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

Signed x Donald R Setty
New Address RR1 Box 252 Plainfield Ind

Subscribed and sworn to before me this 23 day of April, 1973.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 D. Last Proffitt
Date of Birth: Month 12 Day 26 Year 48
Place of Birth (State or foreign country) Beech Grove, Ind.
Residence Address: Street or R. R. R 1 Box 36 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 Drill Press oper.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 W. Proffitt
   Residence of father (if deceased so state) Calf.
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Ky.
8. Full maiden name of mother Flora O. Engleking
   Residence of mother (if deceased so state) Calf.
   Occupation of mother housewife 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 x Linda D. Proffitt
New Address R.R. #1 Box 252 Plainfield

Subscribed and sworn to before me this 23 day of April, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 April, 1973, authorizing the joining together as husband and wife Donald R Setty and Linda D Proffitt
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Keith Purcell hereby certify that on the 27th day of April, one thousand nine hundred and Seventy Three at Bellemlle, County of Hendricks, State of Indiana, Groom, Donald R. Setty of Hendricks County, State of Indiana, and, Bride Linda D. Proffitt of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 27 day of April, 1973. Signed Keith Purcell
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of May, 1973.
Signed Glen M. Harvey 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. 149
File Book 34
April 23 1973
Date of Application

MALE
Medical Examination Report Dated 3-29-73
Name of Physician Paul Stanley Lewis

FEMALE
Medical Examination Report Dated 3-29-73
Name of Physician Paul Stanley Lewis

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

MALE APPLICANT

Name: First Charles Middle William Last Cain
Date of Birth: Month October Day 21 Year 1938
Place of Birth (State or foreign country): Jennings Co Ind.
Residence Address: Street or R. R. RR 2 Box 250 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: Machine Operator - Link Belt
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: Wm. Arvine Cain
    Residence of father (if deceased so state): R.R.2 Box 257 Ludlow
    Occupation of father: Machine Oper. Race of father: W
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Wilhitta Boggs
    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 x Charles William Cain
New Address RR 2 Box 250 Plainfield
Subscribed and sworn to before me this 23 day of Apr, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Jane Last Skiles
Date of Birth: Month November Day 2 Year 1936
Place of Birth (State or foreign country): Marion Co. Ind.
Residence Address: Street or R. R. 6615 Beech Dr City Indpls County Marion State Ind
Maiden Name if Different: McMahel
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: Assembly
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: Judio Theodore McMahel
   Residence of father (if deceased so state): deceased
   Occupation of father: Painter Race of father: W
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Loraine Frances Stroud
   Residence of mother (if deceased so state): 6615 Beech Dr Indpls
   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 Martha Jane Skiles
New Address RR 2 Plainfield
Subscribed and sworn to before me this 23 day of Apr, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* April, 19 73., *authorizing the joining together as husband and wife* Charles William Cain *and* Martha Jane Skiles
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Teal O Younce *hereby certify that on the* 21 *day of* June, *one thousand nine hundred and* 73 *at* Avon Christian Church, *County of* Hendricks, *State of Indiana, Groom* Charles William Cain *of* Hendricks *County, State of* Indiana *and, Bride* Martha Jane Skiles *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 21 *day of* June, 19 73.

Signed Teal O. Younce
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 *day of* June, 19 73.
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 150
File Book 34
April 24, 1973
Date of Application

MALE
Medical Examination Report Dated 4/17/73
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 4/17/73
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 Bill Middle R. Last Adkins
Date of Birth: Month 4 Day 13 Year 1941
Place of Birth (State or foreign country) Ky.
Residence Address: Street or R. R. R3 Box 260 City Brownsburg 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 Coordinator
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

Name	Age	Address
Dennis Adkins	13	5369 W Harcourt Indpls.
Dana Adkins	10	" "

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Lonzo M. Adkins
    Residence of father (if deceased so state) Same
    Occupation of father machinist Race of father W
    Birthplace of father (State or foreign country) Ky.
12. Full maiden name of mother Lyda Stacy
    Residence of mother (if deceased so state) Same
    Occupation of mother Waitress Race of mother W.
    Birthplace of mother (State or foreign country) Ky.

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

Signed X Bill R. Adkins
New Address 622 Turtle Creek Dr. #1
Subscribed and sworn to before me this 24 day of April, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 D. Last Jackson
Date of Birth: Month 8 Day 6 Year 1945
Place of Birth (State or foreign country) Fla.
Residence Address: Street or R. R. 622 Turtle Creek apt. 1 City Indpls. County Marion State Ind.
Maiden Name if Different Cheryl D Tell
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 William D. Tell
   Residence of father (if deceased so state) Fla.
   Occupation of father Dec. Race of father W
   Birthplace of father (State or foreign country) Bloomington Ind.
8. Full maiden name of mother Florence A. G. Anderson
   Residence of mother (if deceased so state) 1657½ Central Sarasota, Fla.
   Occupation of mother housekeeper Race of mother W
   Birthplace of mother (State or foreign country) Fla

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

Signed X Cheryl D. Jackson
New Address 622 Turtle Creek No. Dr. #1
Subscribed and sworn to before me this 24 day of April, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* April, 1973, *authorizing the joining together as husband and wife* Bill R. Adkins *and* Cheryl D. Jackson.

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

I, Rev. Donald Tyler *hereby certify that on the* 11 *day of* May, *one thousand nine hundred and* 73 *at* Bethesda Baptist Church, Brownsburg Ind., *County of* Hendricks, *State of* Indiana, Groom Bill R. Adkins *of* Hendricks *County, State of* Indiana, *and, Bride* Cheryl D. Jackson *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 11 day of May, 1973. Signed Rev. Donald Tyler
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* May, 1973.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 151

File Book 34

April 24, 1973
Date of Application

MALE
Medical Examination Report Dated 4-18-73
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 4-18-73
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 Billy Middle G. Last Stokes Jr.
Date of Birth: Month Nov. Day 28 Year 1951
Place of Birth (State or foreign country): Coleman Hospital Indianapolis
Residence Address: Street or R. R. R. # 1 Box 177A City Danville County Ind State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation: Computer Opt.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree # 12538
☐ Other (Specify) ~~Computer Opt.~~

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name / Age / Address
    (b) Are you supporting or contributing to their 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 Gene Stokes Sr.
    Residence of father (if deceased so state) R # 1 Box 177A Danville
    Occupation of father Plumber Race of father
    Birthplace of father (State or foreign country) Indianapolis
12. Full maiden name of mother Lula Carroll Minton
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife - Maintance 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 Billy G Stokes Jr.
New Address 929 H Winding Brook Parkway Indpls Ind.
Subscribed and sworn to before me this 24 day of April, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Patricia Middle Ann Last Miskowiec
Date of Birth: Month May Day 25 Year 19 54
Place of Birth (State or foreign country) Methodist Indianapolis Ind.
Residence Address: Street or R. R. 1714 Desoto Ln. City Speedway 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 Receptionist
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 6050

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Anthony Miskowiec
   Residence of father (if deceased so state) 1714 Desoto Ln.
   Occupation of father Conductor, Railroad Race of father
   Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Florence Kazasoff
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother
   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 Patricia A. Miskowiec
New Address 929 H Winding Brook Parkway
Subscribed and sworn to before me this 24 day of April, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* April, 19 73, *authorizing the joining together as husband and wife* Billy Gene Stokes Jr *and* Patricia Ann Miskowiec

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

I, Rev. John E. Smith hereby certify that on the 5th day of May, one thousand nine hundred and seventy three at Indianapolis, County of Marion, State of Indiana, Groom Billy Gene Stokes Jr. of Hendricks County, State of Indiana, and, Bride Patricia Ann Miskowiec 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 5th day of May, 19 73.

Signed Rev. John E. Smith
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* May, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 152

File April 24, 1973
Book 34
Date of Application

MALE
Medical Examination Report Dated 4-14-73
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 4-18-73
Name of Physician Nathan Goldstein - M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 L. Last Medsker
Date of Birth: Month Apr Day 28 Year 1950
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: Street or R. R. P.O. Box 31 City Pittsboro 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 Electronic Technician
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 1039

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

Name	Age	Address

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

11. Full name of father Mack Edwin Medsker
    Residence of father (if deceased so state) R#1 Box 18 Brownsburg
    Occupation of father General Contractor Race of father
    Birthplace of father (State or foreign country) Indianapolis
12. Full maiden name of mother Patty Lucille Callahan
    Residence of mother (if deceased so state) Same
    Occupation of mother Kitchen Aid 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 Larry L Medsker
New Address P.O. Box 31 Pittsboro
Subscribed and sworn to before me this 24 day of April, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Krista Middle Kay Last Collins
Date of Birth: Month Aug Day 2 Year 1951
Place of Birth (State or foreign country) Flint Michigan
Residence Address: Street or R. R. 5646 Meadowood Dr. City Speedway 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 Respitory Therapist
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #4750

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 H. Collins
   Residence of father (if deceased so state) 5646 Meadowood Dr. Speedway
   Occupation of father Chemical Salesman Race of father
   Birthplace of father (State or foreign country) Michigan
8. Full maiden name of mother Rhea Jean Fox
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother
   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 Krista Kay Collins
New Address Same
Subscribed and sworn to before me this 24 day of April, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of April, 1973, authorizing the joining together as husband and wife Larry L. Medsker and Krista Kay Collins

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

I, The Rev. George L. Evans hereby certify that on the fourth day of May, one thousand nine hundred and seventy three at Speedway, County of Marion, State of Indiana, Groom Larry Lynn Medskers of Hendricks County, State of Indiana, and, Bride Krista Kay Collins 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 fourth day of May, 1973.

Signed The Rev. George L. Evans
Official Designation Vicar, St. John's Episcopal Church Speedway, Indiana, 19 73.

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of May, 1973.

Signed Glen M Harvey 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. 153
File Book 34
April 24, 1973
Date of Application

MALE
Medical Examination Report Dated 4/20/73
Name of Physician Walter McMannis

FEMALE
Medical Examination Report Dated 4/20/73
Name of Physician Walter McMannis

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

MALE APPLICANT

Name: First James Middle D. Last Penter
Date of Birth: Month 11 Day 8 Year 44
Place of Birth (State or foreign country) Lake City, Ark.
Residence Address: Street or R. R. R1 Box 99 City North Salem, Ind. County Hend. 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 Construction
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License 530646941

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

Name	Age	Address
Elias L. Penter	8 yrs.	Beech Grove, 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 Henry Boyd
    Residence of father (if deceased so state) North Salem, Ind.
    Occupation of father Retired Race of father W.
    Birthplace of father (State or foreign country) Ark.
12. Full maiden name of mother Alice G. Henry
    Residence of mother (if deceased so state) Calif.
    Occupation of mother Beautician Teacher 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 James D. Penter
New Address 1456 Hoyt Ave.

Subscribed and sworn to before me this ..... day of ....., 19.....
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 Deanna Middle Last Eleanor
Date of Birth: Month 2 Day 3 Year 50
Place of Birth (State or foreign country) W. Virginia
Residence Address: Street or R. R. 1456 Hoyt St. City Indpls. County Marion State
Maiden Name if Different Deanna Pennington
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 Labor
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License 5228-70-4407 08

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Jess Pennington
   Residence of father (if deceased so state) Virginia
   Occupation of father miner Race of father W
   Birthplace of father (State or foreign country) Virginia
8. Full maiden name of mother Edith M. Jones
   Residence of mother (if deceased so state) Virginia
   Occupation of mother housewife 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 Deanna Eleanor
New Address 1456 Hoyt

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* 28 *day of* April, 1973, *authorizing the joining together as husband and wife* James D. Penter *and* Diana Eleanor

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

I, Keith Purcell *hereby certify that on the* 2nd *day of* May, *one thousand nine hundred and* 73 *at* Bellville, *County of* Hendricks, *State of Indiana, Groom* James D. Penter *of* Hendricks *County, State of* Indiana *and, Bride* Diana Eleanor *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 2 *day of* May, 1973.

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* May, 1973.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 154
File Book 34
April 25, 1973
Date of Application

MALE
Medical Examination Report Dated 4-13-73
Name of Physician E. Kourey. M.D.

FEMALE
Medical Examination Report Dated 4-13-73
Name of Physician E. Kourey. M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 H. Last Hillerman
Date of Birth: Month Jan. Day 19 Year 1943
Place of Birth (State or foreign country): Bloomington Monroe Co. Ind.
Residence Address: Street or R. R. 120 Price Rd, Rt. #3 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: Store Manager - Kroger Co.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Bd of Health - Cert No. 113-43-236333

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

Name	Age	Address
Karra Jane Hillerman	6	120 Price Rd - Rt #3 Plainfield Ind.

    (b) Are you supporting or contributing to their support? Yes ☒ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father: Ernest Isaac Hillerman
    Residence of father (if deceased so state): R.R.1, Edletsville, Ind
    Occupation of father: Retired Race of father: W
    Birthplace of father (State or foreign country): Monroe Co. Ind.
12. Full maiden name of mother: Josephine Ella Kelly
    Residence of mother (if deceased so state): R.R. 1 Edletsville
    Occupation of mother: Housewife Race of mother: W
    Birthplace of mother (State or foreign country): Monroe Co. Ind.

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

Signed Stanley H. Hillerman
New Address 700 Concord St, Edletsville
Subscribed and sworn to before me this 25 day of April, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Joan Middle Marie Last Konzen
Date of Birth: Month Dec. Day 20 Year 1949
Place of Birth (State or foreign country): Grand Forks Co. North Dakota
Residence Address: 4524 Street or R. R. Bellingham City Terrace Subdiv. County Marion State Ind.
Maiden Name if Different: Joan Marie Keogh
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Morgan Co. June 4, 1970
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Dept of Commerce Cert Office Registrar Bismarck N. Dak.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Patrick Keogh
   Residence of father (if deceased so state): 1812 1st Ave. N. Grand Forks N. Dak
   Occupation of father: Milkman Race of father: W
   Birthplace of father (State or foreign country): Starkweather N. Dak.
8. Full maiden name of mother: Mary Anne Berger
   Residence of mother (if deceased so state): 1812 1st Ave N. Grand Forks N. Dak.
   Occupation of mother: Housewife Race of mother: W
   Birthplace of mother (State or foreign country): Grand Forks, N. Dak

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

Signed Joan Marie Konzen
New Address 700 Concord St. Edletsville
Subscribed and sworn to before me this 25 day of April, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 30 day of April, 19....., authorizing the joining together as husband and wife Stanley H. Hillerman and Joan Marie Konzen

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

I, Richard L. Jackson hereby certify that on the 2nd day of May, one thousand nine hundred and 73 at Bloomington, County of Monroe, State of Indiana, Groom Stanley H. Hillerman of Monroe County, State of Indiana, and, Bride Joan Marie Konzen of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of May, 19 73. Signed Richard L. Jackson
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of May, 19 73.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

462

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 155
File Book 34
April 28 1973
Date of Application

MALE
Medical Examination Report Dated 4-26-73
Name of Physician Wm B Kriel

FEMALE
Medical Examination Report Dated 4-26-73
Name of Physician Wm B Kriel

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

MALE APPLICANT

Name: First George Middle J. Last Higgins Jr.
Date of Birth: Month April Day 25 Year 1942
Place of Birth (State or foreign country): Louisville Ky.
Residence Address: Street or R. R. 7777 W. Wash City Indpls County Marion State In.
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 Plater
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
Rebecca Sue	3	3920 S. Merid Indpls
Julie Ann	7 mo.	"

    (b) Are you supporting or contributing to their 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 J. Higgins Sr.
    Residence of father (if deceased so state) —
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Eddie Elizabeth Monica
    Residence of mother (if deceased so state) 9 Locust Dr Bainfield
    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 Gary J Higgins Jr.
New Address 7777 W. Wash.

Subscribed and sworn to before me this 28 day of Apr, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 — Last Duke (Shelburne name)
Date of Birth: Month March Day 23 1943
Place of Birth (State or foreign country): Granite City Ill.
Residence Address: Street or R. R. R3 Box 276 City Danville County Hend State Ind.
Maiden Name if Different Clutts
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation House wife
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree 3416-163-43-803-31 ☐ Other (Specify) Florida Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Charles Carl Clutts
   Residence of father (if deceased so state) Deceased
   Occupation of father — Race of father W
   Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Katherine Marie Matson
   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 Doris Duke
New Address 7777 W. Wash.

Subscribed and sworn to before me this 28 day of Apr, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* May, 19 73, *authorizing the joining together as husband and wife* George J. Higgins Jr. *and* Doris Duke

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

No. 156
File Book 34

HENDRICKS County

April 30, 1973
Date of Application

MALE
Medical Examination Report Dated 4-24-73
Name of Physician David M. Hadley, M.D.

FEMALE
Medical Examination Report Dated 4-28-73
Name of Physician Joseph W. Young M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Victor Last Arden
Date of Birth: Month March Day 30 Year 1909
Place of Birth (State or foreign country) Athens Co. Ohio
Residence Address: Street or R. R. R.R.#2 Box 174 City Trafalgar County Johnson 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 Retired (Eli Lilly Co)
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree No. 1,013,189
☒ Other (Specify) New England Mutual Life 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

    (b) Are you supporting or contributing to their 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 Arden
    Residence of father (if deceased so state) dec. Athens Co Ohio
    Occupation of father Farmer Race of father W
    Birthplace of father (State or foreign country) West Virginia
12. Full maiden name of mother Adeline Wires
    Residence of mother (if deceased so state) Dec. Athens Co. Ohio
    Occupation of mother Farmers Wife 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 Robert V. Arden
New Address R.R.#2 Box 174 Trafalgar Ind.

Subscribed and sworn to before me this 30 day of April, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Agnes Middle Last Ferguson
Date of Birth: Month Dec. Day 19 Year 1927
Place of Birth (State or foreign country) Dry Fork Berren Kentucky
Residence Address: Street or R. R. R.R.7 Box 537 City Greenwood County Johnson State Ind.
Maiden Name if Different Agnes Hunt
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Columbus Ind. Bartholomew Co. 1968
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Cashier
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree 61670
☐ Other (Specify) St of Ky. - File No. 78

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

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

Signed Agnes Ferguson
New Address R.R.2 Box 174 Trafalgar Ind.

Subscribed and sworn to before me this 30 day of April, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT O

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County of

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Please do not
Publish

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marri
HENDRICKS County Court by writ
in authorizes and directs the issuance of a marriag

RETURN OF MARRIAGE LICENSE AND MA

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ....., 19.73, *authorizing the joining together as husband and wife of Indiana dated the* 4th *day of* May *and* Agnes Ferguson Robert Victor Arden

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

I, Earl E. Robertson *hereby certify that on the* 5th *day of* May, *one thousand nine hundred and* 73 *at* Greenwood, *County of* Johnson, *State of Indiana, Groom* Robert Victor Arden *of* Hendricks *County, State of* Indiana, *and, Bride* Agnes Ferguson *of* Johnson *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5th *day of* May, 19 73. *Signed* Earl E. Robertson
Official Designation Evangelist

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* May, 19 73
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 157
File Book 34
April 30, 1973
Date of Application

MALE
Medical Examination Report Dated 4-30-73
Name of Physician Nelson D. Gaddy

FEMALE
Medical Examination Report Dated 4-30-73
Name of Physician Nelson D. Gaddy

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 A. Last Jackson
Date of Birth: Month Jan. Day 8 Year 1932
Place of Birth (State or foreign country) Marion Co. Indiana
Residence Address: Street or R. R. El. Ray Motel City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Morgan Co. 1973
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Data Processing
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree C17-749-059
☒ Other (Specify) V.A. Registration 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 Amos Irvin Jackson
    Residence of father (if deceased so state) Deceased - Joseph, Ind.
    Occupation of father Tool & Die Maker Race of father W
    Birthplace of father (State or foreign country) Anderson, Ind
12. Full maiden name of mother Cressy Muncie
    Residence of mother (if deceased so state) Indianapolis Ind.
    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 Jerry A. Jackson
New Address 7368 E 54th St. Lawrence Ind.
Subscribed and sworn to before me this 30 day of April, 1973
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 Ethel Middle Elginia Last Wyatt
Date of Birth: Month Oct. Day 18 Year 19XX
Place of Birth (State or foreign country) Lookout Fayette W. Virginia
Residence Address: Street or R. R. 139½ High St. City Mooresville County Morgan State Ind.
Maiden Name if Different Ethel E. Richmond
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Morgan Co. 1972
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Key Punch operator
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) W. Va. State Dept. of Health

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Paul Ford Richmond
   Residence of father (if deceased so state) Deceased - Bayley Bridge
   Occupation of father Alloy Union Carbide Race of father W. Va.
   Birthplace of father (State or foreign country) Bandstone, W. Va
8. Full maiden name of mother Zelma Pauline Bowles
   Residence of mother (if deceased so state) Bayley Bridge W. VA
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Bandstone W. VA.

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

Signed Ethel E. Wyatt
New Address 7368 E 54th St. Lawrence
Subscribed and sworn to before me this 30 day of April, 1973
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* 4th *day of* May, 19....., *authorizing the joining together as husband and wife* Jerry A. Jackson *and* Ethel Elginia Wyatt

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

I, Henry E. Hill hereby certify that on the 4 day of May, one thousand nine hundred and 73 at Indianapolis, County of Marion, State of Indiana, Groom Jerry A. Jackson of Hendricks County County, State of Indiana, and, Bride Ethel Elginia Wyatt 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 4 day of May, 19 73.

Signed Henry E. Hill
Official Designation Minister Ben Davis Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* May, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 158
File Book 34
May 3, 1973
Date of Application

MALE
Medical Examination Report Dated 5-2-73
Name of Physician David Hadley M.D.

FEMALE
Medical Examination Report Dated 5-2-73
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 Douglas Middle C. Last Graham
Date of Birth: Month March Day 15 Year 1951
Place of Birth (State or foreign country) Anderson Madison Ind.
Residence Address: Street or R. R. 2934 Marlon St. City Anderson County (Madison Co.) 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 - Store Salesman
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Cert. of Baptism + Birth Rev. Donald Barnes Pastor. Lapel Meth. Church Lapel 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 George Herman Graham
    Residence of father (if deceased so state) 2934 Morton St Anderson
    Occupation of father Sales Representative Race of father W
    Birthplace of father (State or foreign country) Lapel, Ind.
12. Full maiden name of mother Evelyn Gertrude Russell
    Residence of mother (if deceased so state) 2934 Morton St. Anderson
    Occupation of mother Asst. Rec. - Women Pres. Race of mother W
    Birthplace of mother (State or foreign country) Franklin Pa.

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

×Signed Douglas C. Graham
New Address 320 S. 4th St. Apt. 19. Terre Haute Ind.

Subscribed and sworn to before me this 3 day of May, 19.....
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 ann Last Parsley
Date of Birth: Month June Day 20 Year 1952
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. 1575 Harding Ct. 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 Ernest B. Parsley Jr.
   Residence of father (if deceased so state) 1575 Harding Ct. Plainfield
   Occupation of father Sales Rep. Eli Lilly Race of father W
   Birthplace of father (State or foreign country) Peoples, Marion Co. Ind.
8. Full maiden name of mother Clair Helen Abell
   Residence of mother (if deceased so state) 1575 Harding Ct. Plainfield
   Occupation of mother Eli Lilly Race of mother W
   Birthplace of mother (State or foreign country) Bullivan Co. Ind.

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

×Signed Julie A. Parsley
New Address 320 S. 4th St. Apt 19, Terre Haute Ind.

Subscribed and sworn to before me this 3 day of May, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 7th day of May, 1973, authorizing the joining together as husband and wife Douglas C. Graham and Julie Ann Parsley

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

I, ... hereby certify that on the 12th day of May, one thousand nine hundred and Seventy-Three at Plainfield, County of Hendricks, State of Indiana, Groom Douglas C. Graham of Madison County, State of Indiana, and, Bride Julie Ann Parsley of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of May, 1973. Signed William T. Mathys
Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of May, 19 73. Signed Glenn M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 159
File Book 34
May 5, 1973
Date of Application

MALE
Medical Examination Report Dated 5-3-73
Name of Physician David M. Hadley, M.D.

FEMALE
Medical Examination Report Dated 5-3-73
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 Lynn Middle T. Last La Fave
Date of Birth: Month Aug. Day 9 Year 1921
Place of Birth (State or foreign country) Indianapolis Marion Co. Ind.
Residence Address: Street or R. R. 1644 N. Goodlet City Indianapolis County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Michigan 1973
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Residential Home Builder
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver License #S 309-18-9666

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

Name	Age	Address
Lori Lynn La Fave	16	3450 Waverly Milford Mich.
Chris S. La Fave	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 Thomas La Fave
    Residence of father (if deceased so state) deceased - Indianapolis
    Occupation of father Auto Mechanic Race of father W
    Birthplace of father (State or foreign country) Manitowish, Wisc.
12. Full maiden name of mother Lettie L. Tobin
    Residence of mother (if deceased so state) Indianapolis, Ind.
    Occupation of mother Retired Race of mother W
    Birthplace of mother (State or foreign country) Pleasantville Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Lynn T La Fave
New Address 9907 Medallion Dr. Indpls Ind.
Subscribed and sworn to before me this 5 day of May, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Dorothy Middle C. Last La Fave
Date of Birth: Month September Day 4 Year 1923
Place of Birth (State or foreign country) Indianapolis Marion Co. Ind.
Residence Address: Street or R. R. 9907 Medallion Dr. City Indpls. County Hendricks State Ind.
Maiden Name if Different Dorothy C. Peters
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Hendricks 1964
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Legal Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) S3161 63221

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Henry Jr. Peters
   Residence of father (if deceased so state) deceased Indpls.
   Occupation of father Butcher Race of father W
   Birthplace of father (State or foreign country) Connersville Ind.
8. Full maiden name of mother Delia A. Feeney
   Residence of mother (if deceased so state) Indianapolis Ind. (Retired)
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indpls

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Dorothy C. LaFave
New Address 9907 Medallion Dr. Indpls.
Subscribed and sworn to before me this 5 day of May, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* May, 19 73, *authorizing the joining together as husband and wife* Lynn T. La Fave *and* Dorothy C. La Fave

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

I, Rev. James A. Moriarty *hereby certify that on the* 20th *day of* May, *one thousand nine hundred and* Seventy-Three *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Lynn T La Fave *of* Marion *County, State of* Indiana *and, Bride* Dorothy C. La Fave *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 20th *day of* May, 19 73.

Signed Rev. James A. Moriarty
Official Designation Pastor, St Susanna Church

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* May, 19 73.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 160
File Bk # 34
May 7, 1973
Date of Application

MALE
Medical Examination Report Dated 4-23-73
Name of Physician Zosimo A. De Castro

FEMALE
Medical Examination Report Dated 4/23/73
Name of Physician Zosimo A. De Castro

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 P. Last Smith
Date of Birth: Month Sept. Day 18 Year 1913
Place of Birth (State or foreign country) Loretto Kentucky
Residence Address: Street or R. R. 823 River Ave. City Indpls. 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 Set up Man Astroline
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License 5303-14-2475 01

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Thomas Smith
    Residence of father (if deceased so state) Kentucky
    Occupation of father Retired Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Naxxie Ellen Warren
    Residence of mother (if deceased so state) Deceased
    Occupation of mother — 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 Herbert P. Smith
New Address X 2422 Tansel Rd. Indpls.

Subscribed and sworn to before me this 7th day of May, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Ethel Middle J. Last Burke
Date of Birth: Month April Day 3 Year 1899
Place of Birth (State or foreign country) Arcola Illinois
Residence Address: Street or R. R. R# 2 Box 138 City Indpls. County Hendricks State Ind.
Maiden Name if Different Ethel Guy
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) Report from Social Security Office

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 L Guy
   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 Rose Evelyn Doheny
   Residence of mother (if deceased so state) Deceased
   Occupation of mother — Race of mother W
   Birthplace of mother (State or foreign country) Illinois

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

Signed X Ethel J Burke
New Address X 2422 Tansel Rd

Subscribed and sworn to before me this 7th day of May, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 7th day of May, 1973, authorizing the joining together as husband and wife Herbert P. Smith and Ethel J. Burke

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

I, M. L. Crawley hereby certify that on the 7th day of May, one thousand nine hundred and 73 at Hendricks, County of Hendricks, State of Indiana, Groom Herbert P. Smith of Marion County, State of Indiana, and, Bride Ethel J. Burke of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7th day of May, 1973.

Signed M. L. Crawley
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of May, 1973.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 161
File # B2 # 34
May 7, 1973
Date of Application

MALE
Medical Examination Report Dated 5-3-73
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 5-3-73
Name of Physician Glenn Baker

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

MALE APPLICANT

Name: First John Middle C. Last O' Connor
Date of Birth: Month March Day 14 Year 1953
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: 218 Parthenia Street or R. R. B'Burg 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 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 Thomas C. O'Connor
    Residence of father (if deceased so state) Pittsboro, Ind.
    Occupation of father Painter Race of father W
    Birthplace of father (State or foreign country) Montgomery Ind.
    Full maiden name of mother Lucy Strange
    Residence of mother (if deceased so state) Pittsboro, Ind.
    Occupation of mother Telephone Operator Race of mother W
    Birthplace of mother (State or foreign country) Longrotee, Ind.

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

Signed John O' Connor
New Address 218 Parthenia, Brownsburg

Subscribed and sworn to before me this 7th day of May, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

F PARENTS, PARENT OR GUARDIAN

ts, of this applicant hereby give consent for this marriage. If only one parent
cts which render the consent of the other parent unnecessary.....

HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Carol Middle Jo Last Bullock
Date of Birth: Month July Day 19 Year 1952
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: 960 Locke Street or R. R. Box 151 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 Nurse
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Carroll Joseph Bullock
   Residence of father (if deceased so state) 638 Maple St. B'Burg Ind.
   Occupation of father Manager Race of father W
   Birthplace of father (State or foreign country) Indpls. Ind.
8. Full maiden name of mother LaVern Marietta
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Stamford, Ind.

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

Signed Carol J. Bullock
New Address 218 Parthenia B'burg.

Subscribed and sworn to before me this 7th day of May, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS County of } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* May, 19 73, *authorizing the joining together as husband and wife* John C. O'Connor *and* Carol Jo Bullock

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

I, Rev. Lawrence J. Moran *hereby certify that on the* 12th *day of* May, *one thousand nine hundred and* 73 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* John Charles O'Connor *of* Hendricks *County, State of* Indiana *and, Bride* Carol Jo Bullock *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* May, 19 73.

Signed Rev. L. J. Moran
Official Designation Pastor S-1 Joseph Parish Rockville, Ind

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* May, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 161
File # Bk # 34
May 7, 1973
Date of Application

MALE
Medical Examination Report Dated 5-3-73
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 5-3-73
Name of Physician Glenn Baker

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

MALE APPLICANT

Name: First John; Middle C.; Last O' Connor
Date of Birth: Month March; Day 16; Year 1953
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: 218 Parthenia; Street or R. R. B'Burg; City; County Hendricks; State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation 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 Thomas E. O'Connor
    Residence of father (if deceased so state) Pittsboro, Ind.

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

FEMALE APPLICANT

Name: First Carol; Middle Jo; Last Bullock
Date of Birth: Month July; Day 19; Year 1952
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: 960 Locke; Street or R. R. Bx 151; 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 Nurse
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Carroll Joseph Bullock
   Residence of father (if deceased so state) 638 Maple St. B'Burg Ind.
   Occupation of father Manager Race of father W
   Birthplace of father (State or foreign country) Indpls. Ind.
8. Full maiden name of mother LaVerne Marietta
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Stanford, Ind.

nd state the information given
plication is true and correct.
leock
thenia B'burg.
May, 19 73
HENDRICKS
.....Circuit Court

marriage. If only one parent
t unnecessary.....

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

I, THOMAS E. O'CONNOR, hereby give my consent for my ____, ____ to marry ____.

Mrs Thomas E. O'Connor
Thomas E. O'Connor

Subscribed and sworn to before me this 9th day of May 1973

Pearl Neal
Notary Public

12-16-76

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* May, 19 73, *authorizing the joining together as husband and wife* John C. O'Connor *and* Carol Jo Bullock

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

I, Rev. Lawrence J. Moran *hereby certify that on the* 12th *day of* May, *one thousand nine hundred and* 73 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* John Charles O'Connor *of* Hendricks *County, State of* Indiana *and, Bride* Carol Jo Bullock *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* May, 19 73.

Signed Rev. L. J. Moran
Official Designation Pastor S-1 Joseph Parish Rockville, Ind

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* May, 19 73.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 162

File Book 34

May 8 1973
Date of Application

MALE
Medical Examination Report Dated 5-2-73
Name of Physician James Black

FEMALE
Medical Examination Report Dated 5-2-73
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 Robert Middle Lewis Last Davis

Date of Birth: Month November Day 23 Year 1949

Place of Birth (State or foreign country) Lebanon Boone Ind

Residence Address: Street or R. R. 518 Simmons 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 Sanitary Engineer

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

☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Perry Ceayton Davis
    Residence of father (if deceased so state) Same
    Occupation of father Transport Driver Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Ida Pauline
    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 Robert Lewis Davis

New Address 1013 Valleyview Dr Apt 2 Plainfield

Subscribed and sworn to before me this 8 day of May, 1973

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month November Day 26 Year 1951

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

Residence Address: Street or R. R. 1013 Valleyview Apt 2 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 Bank Teller

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Allen Smith
   Residence of father (if deceased so state) R R 1 Box 195 Danville
   Occupation of father Mechanic Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Elizabeth Ann Lynch
   Residence of mother (if deceased so state) Same as father
   Occupation of mother Home 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 Susan Kathleen Smith

New Address 1013 Valleyview

Subscribed and sworn to before me this 8 day of May, 1973

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 May, 1973, authorizing the joining together as husband and wife Robert Lewis Davis and Susan Kathleen Smith

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

I, Rev Glenn Clark hereby certify that on the 12th day of May, one thousand nine hundred and Seventy-Three at Danville, County of Hendricks, State of Indiana, Groom Robert Lewis Davis of Hendricks County, State of Indiana, and, Bride Susan Kathleen 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 12th day of May, 1973.

Signed Rev. Glenn E. Clark

Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of May, 1973.

Signed Glenn M Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 163
File Book 34
May 8, 1973
Date of Application

MALE
Medical Examination Report Dated 5/2/73
Name of Physician D. M. Jones

FEMALE
Medical Examination Report Dated 5/2/73
Name of Physician 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 Michael Middle L. Last Squires
Date of Birth: Month 12 Day 17 Year 19 50
Place of Birth (State or foreign country) Wis.
Residence Address: Street or R. R. 614 N. 7th St. City Lafayette 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).....

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Michael Lee Squires
New Address 614 N. 7th St., Lafayette
Subscribed and sworn to before me this 8 day of May, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 K Last Temple
Date of Birth: Month 4 Day 1 Year 51
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. R 3 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).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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. Temple
   Residence of father (if deceased so state) Same
   Occupation of father Businessman Race of father W
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Ella E. Army
   Residence of mother (if deceased so state) Same
   Occupation of mother housewife 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 X Karen K Temple
New Address 614 N. 7th St., Lafayette
Subscribed and sworn to before me this 8 day of May, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* May, 1973, *authorizing the joining together as husband and wife* Michael L. Squires *and* Karen K. Temple
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Charles W. Ballard *hereby certify that on the* 12th *day of* May, *one thousand nine hundred and* Seventy-three *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Michael Lee Squires *of* Tippecanoe *County, State of* Indiana, *and, Bride* Karen K. Temple *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 12th *day of* May, 19 73.

Signed Charles W. Ballard
Official Designation Pastor, Irvington United Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* May, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 164
File Book 34
May 9 1973
Date of Application

MALE
Medical Examination Report Dated 5-2-73
Name of Physician Wesley C. Ward. M.D.

FEMALE
Medical Examination Report Dated 5-2-73
Name of Physician Wesley C. Ward. M.D.

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

MALE APPLICANT

Name: First James Middle Edward Last Johnson
Date of Birth: Month 7/10. Day 17 Year 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 1128 Adirondack 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 Heating & Air Conditioner
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Service Discharge - 312-48-3904

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

Name	Age	Address

(b) Are you supporting or contributing to their 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 Edward Johnson
    Residence of father (if deceased so state) 5839 Gardens Dr. Indpls.
    Occupation of father Perry Twp. School Board Race of father.....
    Birthplace of father (State or foreign country) Linton Ind.
12. Full maiden name of mother Dorothy West
    Residence of mother (if deceased so state) Same
    Occupation of mother Perry Twp School Board Race of mother.....
    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 James Edward Johnson
New Address 1128 Adirondack Ct.

Subscribed and sworn to before me this 9 day of May, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Susan Middle Elaine Last Smith
Date of Birth: Month Apr Day 21 Year 1950
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: Street or R. R. R.R. #2 Box 443 B. 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 Indiana National Bank.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) D 742

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father John Thomas Smith
   Residence of father (if deceased so state) R.R. #2 Box 443 B. Indpls Ind.
   Occupation of father Allison Race of father.....
   Birthplace of father (State or foreign country) Washington Co. Ky.
8. Full maiden name of mother Dorothy Willette Stumph
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Washington 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 Susan E. Smith
New Address 1128 Adirondack Ct.

Subscribed and sworn to before me this 9 day of May, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... on the 14 day of May, 19 73, authorizing the joining together as husband and wife of Indiana dated the ..... and James Edward Johnson and Susan Elaine Smith

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

I, Henry L. Hill hereby certify that on the 19th day of May, at Indianapolis, County of Marion, one thousand nine hundred and Seventy-Three, State of Indiana, Groom James Edward Johnson of Marion County, State of Indiana, and, Bride Susan Elaine 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 ~~19th~~ 19th day of May, 19 73.

Signed Henry L Hill Minister
Official Designation Ben Davis Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of May, 19 73.

Signed Glen M Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 165
File Book 34
May 10, 1973
Date of Application

MALE
Medical Examination Report Dated 5-9-73
Name of Physician David B. Haggard.

FEMALE
Medical Examination Report Dated 5-9-73
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 Terry Middle Lee Last Long
Date of Birth: Month Aug Day 5 Year 1953
Place of Birth (State or foreign country) Warlington South Carolina
Residence Address: Street or R. R. R.R. #4 Box 118A City Mooresville 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 Army
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service 31605093

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 V. Long
    Residence of father (if deceased so state) R#4 Box 118A Mooresville
    Occupation of father Mechanic Race of father.....
    Birthplace of father (State or foreign country) Virginia
12. Full maiden name of mother Jeanette Audrey Casteel
    Residence of mother (if deceased so state) Same
    Occupation of mother Factory Race of mother.....
    Birthplace of father (State or foreign country) Virginia

State of Indiana, HENDRICKS County of..... } ss: I depose and state the information given in this application is true and correct.
Signed Terry Lee Long
New Address Lizard Cr. Indiana
Subscribed and sworn to before me this 10 day of May, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Shirlee Middle M. Last Honey
Date of Birth: Month July Day 20 Year 1953
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 419 North Center City Plainfield 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 Cashier - Welfare Finance
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 7259

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Jesse L. Honey
   Residence of father (if deceased so state) Same
   Occupation of father Truck Driver Race of father.....
   Birthplace of father (State or foreign country) Monticello Ky.
8. Full maiden name of mother Ida M. Arnold
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS County of..... } ss: I depose and state the information given in this application is true and correct.
Signed Shirlee M. Honey
New Address Lizard, Indiana
Subscribed and sworn to before me this 10 day of May, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 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* 10 *day of* May, 19 73, *authorizing the joining together as husband and wife* Terry Lee Long *and* Shirlee M. Honey

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

I, Sonny D. Hays *hereby certify that on the* 12 *day of* May, *one thousand nine hundred and* Seventy Three *at* Plainfield, *County of* Hendricks, *State of Indiana; Groom* Terry Lee Long *of* Hendricks *County, State of* Indiana *and, Bride* Shirlee Marie Honey *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12th *day of* May, 19 73.

Signed Sonny D. Hays
Official Designation Baptist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* May, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

472

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 165
File Book 34
May 10, 1973
Date of Application

MALE
Medical Examination Report Dated 5-9-73
Name of Physician David B. Haggard.

FEMALE
Medical Examination Report Dated 5-9-73
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 Terry Middle Lee Last Long
Date of Birth: Month Aug Day 5 Year 1953
Place of Birth (State or foreign country) Warlington South Carolina
Residence Address: Street or R. R. R.R. #4. Box 118A City Mooresville 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 Army
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service 31605093

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 V. Long
    Residence of father (if deceased so state) R#4 Box 118A Mooresville
    Occupation of father Mechanic Race of father.....
    Birthplace of father (State or foreign country) Virginia
12. Full maiden name of mother Jeanette Audrey Casteel
    Residence of mother (if deceased so state) Same
    Occupation of mother Factory Race of mother.....

FEMALE APPLICANT

Name: First Shirlee Middle M. Last Honey
Date of Birth: Month July Day 20 Year 1953
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 419 North Center City Plainfield 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 Cashier - Welfare Finance
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 7259

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Jesse L. Honey
   Residence of father (if deceased so state) Same
   Occupation of father Truck Driver Race of father.....
   Birthplace of father (State or foreign country) Monticello Ky.
8. Full maiden name of mother Ida M. Arnold.
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Kentucky

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

Signed (Shirlee M Honey)
New Address Seale, Alabama
10 May, 19 73

.....Circuit Court

I, William V. Long & Janette A. Long, hereby give my consent for my son, Terry Lee Long to marry Shirlee Marie Honey.

Janette A. Long William V. Long

Subscribed and sworn to before me this 10 day of May 19 73

Janette Walling
Notary Public
My Commission Expires May 31, 1974

If only one parent
.....ry
.....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.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* May, 19 73, *authorizing the joining together as husband and wife* Terry Lee Long *and* Shirlee M. Honey

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

I, Sonny N. Hays hereby certify that on the 12 day of May, one thousand nine hundred and Seventy Three at Plainfield, County of Hendricks, State of Indiana; Groom Terry Lee Long of Hendricks County, State of Indiana and, Bride Shirlee Marie Honey of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of May, 19 73.

Signed Sonny N. Hays
Official Designation Baptist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* May, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 166
File Book 34
May 12, 1973
Date of Application

MALE
Medical Examination Report Dated 5-7-73
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 5-7-73
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 Richard Middle Dean Last Holmes
Date of Birth: Month Sept Day 30 Year 1952
Place of Birth (State or foreign country) Lafayette, Ind.
Residence Address: Street or R. R. 112 Diana 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 Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St. Elizabeth's Hospital

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☑
5. Are you related to the bride closer than second cousin? No ☐ Yes ☑
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Billie J. Holmes
    Residence of father (if deceased so state) U. S. Army
    Occupation of father 112 Diana Dr. Brownsburg Race of father.....
    Birthplace of father (State or foreign country) Lynsellay, Ind.
12. Full maiden name of mother Wilma Lee Stinson
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Watseka, Ill.

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

Signed Richard Dean Holmes
New Address 601 Maple Lane, Brownsburg

Subscribed and sworn to before me this 12 day of May, 1973.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Billie J Holmes Father
Signed ..... Mother
Subscribed and sworn to before me this 12 day of May, 1973.
Glen M Harvey Clerk

FEMALE APPLICANT

Name: First Janice Middle Marie Last Snowball
Date of Birth: Month Nov. Day 2 Year 1951
Place of Birth (State or foreign country) Indianapolis, Ind
Residence Address: Street or R. R. 601 Maple Ln. 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 Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Vol. 70 - p. 398 # 11424

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Gene Le Roy Snowball
   Residence of father (if deceased so state) 601 Maple Ln Brownsburg
   Occupation of father Sheet Metal Race of father.....
   Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Joyce Jane Phillips
   Residence of mother (if deceased so state) Same
   Occupation of mother Warehouse - Block's Race of mother.....
   Birthplace of mother (State or foreign country) Brownsburg, Ind.

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

Signed Janice Marie Snow
New Address 601 Maple Lane, Brow

Subscribed and sworn to before me this 12 day of May
Glen M. Harvey Clerk HENDRICKS C

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1973, authorizing the joining together as husband and wife Richard Dean Holmes and Janice Marie Snowball

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

I, Joseph H. Wilson hereby certify that on the 19th day of May, at Brownsburg, County of Hendricks, one thousand nine hundred and Seventy-three State of Indiana, Groom Richard Dean Holmes of Hendricks County, State of Indiana, and, Bride Janice Marie Snowball of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19th day of May, 1973.

Signed Joseph H Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of May, 1973.

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 166
File Book 34
May 12, 1973
Date of Application

MALE
Medical Examination Report Dated 5-7-73
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 5-7-73
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 Richard, Middle Dean, Last Holmes
Date of Birth: Month Sept, Day 30, Year 1952
Place of Birth (State or foreign country) Lafayette, Ind.
Residence Address: Street or R. R. 112 Diana 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: Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St. Elizabeth's Hospital

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Billie J. Holmes
    Residence of father (if deceased so state) U. S. Army
    Occupation of father 112 Diana Dr. Brownsburg Race of father
    Birthplace of father (State or foreign country) Lynnville, Ind.
12. Full maiden name of mother
    Residence of mother
    Occupation of mother
    Birthplace of mother

State of Indiana,
County of
Subscribed and sworn to before me this 12 day of May, 19 73
Glen M Harvey Clerk

Signed Father
Signed Mother

CONSENT OF PARENTS
We, the parents, of
signs, state facts
State of Indiana,
County of

FEMALE APPLICANT

Name: First Janice, Middle Marie, Last Snowball
Date of Birth: Month Nov., Day 2, Year 1951
Place of Birth (State or foreign country) Indianapolis, Ind
Residence Address: Street or R. R. 601 Maple Ln., 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: Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Vol. 70 - p. 398 # 11424

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Gene Le Roy Snowball
   Residence of father (if deceased so state) 601 Maple Ln Brownsburg
   Occupation of father Sheet Metal Race of father
   Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Joyce Jane Phillips
   Residence of mother (if deceased so state) Same
   Occupation of mother Warehouse - Block's Race of mother
   Birthplace of mother (State or foreign country) Brownsburg, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed
Subscribed and sworn to before me this day of, 19
Clerk

I, WILMA L. HOLMES, hereby give my consent for my SON, RICHARD DEAN HOLMES to marry JANICE MARIE SNOWBALL.
Wilma L. Holmes
Subscribed and sworn to before me this 12th day of May 1973
My Commission Expires Aug. 29, 1976
Wilma Jane Boatmen
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 18th day of May, 19 73, authorizing the joining together as husband and wife Richard Dean Holmes and Janice Marie Snowball
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph H Wilson hereby certify that on the 19th day of May, one thousand nine hundred and Seventy-three at Brownsburg, County of Hendricks, State of Indiana, Groom Richard Dean Holmes of Hendricks County, State of Indiana, and, Bride Janice Marie Snowball of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 19th day of May, 19 73.
Signed Joseph H Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of May, 19 73.
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 167
File Book 34
May 12 1973
Date of Application

MALE
Medical Examination Report Dated 5-11-73
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 5-11-73
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 Wayne Last Wilmer
Date of Birth: Month 12 Day 13 Year 1953
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: Street or R. R. 2023 Danbury 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 Arc. Welder
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 13005

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 I. Wilmer
    Residence of father (if deceased so state) Same
    Occupation of father Bridgeport Brass Race of father.....
    Birthplace of father (State or foreign country) Indianapolis
12. Full maiden name of mother Patricia Ann Ellis
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother.....
    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 Charles Wayne Wilmer
New Address 7777 W. Wash St. F19
Subscribed and sworn to before me this 12 day of May, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

PARENTS, PARENT OR GUARDIAN

...ts, of this applicant hereby give consent for this marriage. If only one parent
...ts which render the consent of the other parent unnecessary.....

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

FEMALE APPLICANT

Name: First Violet Middle Rose Last Barker
Date of Birth: Month Nov Day 6 Year 1949
Place of Birth (State or foreign country) St. Louis Missouri
Residence Address: Street or R. R. 2302 First Street City Pefs. County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Sales Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 22884

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Tilmon Barker
   Residence of father (if deceased so state) 36 Boles Ave Wentzville Missouri
   Occupation of father State Race of father.....
   Birthplace of father (State or foreign country) Benton, Ky.
8. Full maiden name of mother Juanita May Amos
   Residence of mother (if deceased so state) 2302 First St. Pefs.
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Paducah Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Violet Rose Barker
New Address 7777 W. Wash. F19
Subscribed and sworn to before me this 12 day of May, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* May, 19 73, *authorizing the joining together as husband and wife* Charles Wayne Wilmer *and* Violet Rose Barker

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

I, The Reverend Richard Smith *hereby certify that on the* 2nd *day of* June, *one thousand nine hundred and* 73 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Charles Wayne Wilmer *of* Marion *County, State of* Indiana *and, Bride* Violet Rose Barker *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 2nd *day of* June, 19 73.

Signed Rev. Richard M. Smith
Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* July, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 167
File Book 34
May 12, 1973
Date of Application

MALE
Medical Examination Report Dated 5-11-73
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 5-11-73
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 Wayne Last Wilmer
Date of Birth: Month 12 Day 13 Year 1953
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: 2023 Danbury Dr. Street or R. R. Indianapolis City, 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: Arc. Welder
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 13005

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

FEMALE APPLICANT

Name: First Violet Middle Rose Last Barker
Date of Birth: Month Nov Day 6 Year 1949
Place of Birth (State or foreign country) St. Louis Missouri
Residence Address: 2302 First Street Street or R. R. Pfd. 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 Sales Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 22884

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Silmon Barker
   Residence of father (if deceased so state) 36 Boles Ave. Wentzville Missouri
   Occupation of father State Race of father.....
   Birthplace of father (State or foreign country) Benton, Ky.
8. Full maiden name of mother Juanita May Amos
   Residence of mother (if deceased so state) 2302 First St. Pfd.
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Paducah Ky.

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

Barker
E19
....., 1973
.....Circuit Court

only one parent

.....Father
.....Mother
....., 19.....
.....Clerk

PATRICIA ANN WILMER, hereby give my consent for
SON, CHARLES W. WILMER to
marry VIOLET ROSE BARKER.
Patricia Ann Wilmer
bscribed and sworn to before me this 10th day of MAY 1973
Alfred E. Carson
Notary Public
Comm EXPIRES 4/18/77

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 19 73 authorizing the joining together as husband and wife Charles Wayne Wilmer and Violet Rose Barker
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, The Reverend Richard Smith hereby certify that on the 2nd day of June, one thousand nine hundred and 73 at Indianapolis, County of Marion, State of Indiana, Groom Charles Wayne Wilmer of Marion County, State of Indiana, and, Bride Violet Rose Barker of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 2nd day of June, 19 73.

Signed Rev. Richard M. Smith
Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of July, 19 73.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

474

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 167
File Book 34
May 12, 1973
Date of Application

MALE
Medical Examination Report Dated 5-11-73
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 5-11-73
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 Wayne Last Wilmer
Date of Birth: Month 12 Day 13 Year 1953
Place of Birth (State or foreign country): Indianapolis Ind
Residence Address: Street or R. R. 2023 Danbury 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: Arc. Welder
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 13005

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

FEMALE APPLICANT

Name: First Violet Middle Rose Last Barker
Date of Birth: Month Nov Day 6 Year 1949
Place of Birth (State or foreign country): St. Louis Missouri
Residence Address: Street or R. R. 2302 First Street City Pfd. County Ind State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation: Sales Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 22884

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Silmon Barker
   Residence of father (if deceased so state): 36 Boles Ave Wentzville Missouri
   Occupation of father: State Race of father:
   Birthplace of father (State or foreign country): Benton, Ky.
8. Full maiden name of mother: Juanita May Amos
   Residence of mother (if deceased so state): 2302 First St. Pfd.
   Occupation of mother: Housewife Race of mother:
   Birthplace of mother (State or foreign country): Paducah Ky.

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

...der
...19
...19 73
...Circuit Court

I, CHARLES T. WILMER, hereby give my consent for my SON, CHARLES W. WILMER to marry VIOLET ROSE BARKER
Charles T Wilmer
Subscribed and sworn to before me this 10th day of MAY 1973
Alfred E. Carson
Notary Public
My Comm Expires 4/18/77

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7 day of May, 19 73, authorizing the joining together as husband and wife Charles Wayne Wilmer and Violet Rose Barker
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, The Reverend Richard Smith hereby certify that on the 2nd day of June, one thousand nine hundred and 73 at Indianapolis, County of Marion, State of Indiana, Groom Charles Wayne Wilmer of Marion County, State of Indiana, and, Bride Violet Rose Barker of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 2nd day of June, 19 73.
Signed Rev. Richard M. Smith
Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of July, 19 73.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 168

File Book 34

May 12, 1973
Date of Application

MALE
Medical Examination Report Dated 5-7-73
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 5-7-73
Name of Physician Eric D. Clark

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

MALE APPLICANT

Name: First Larry Middle Dale Last Litcock

Date of Birth: Month Oct. Day 25 Year 1951

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

Residence Address: Street or R. R. R # 2 Box 41 City Danville 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 Factory

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

☐ Other (Specify) # 243

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

Name	Age	Address

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

11. Full name of father Vermon Litcock
    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 Gladys Hammer
    Residence of mother (if deceased so state) Danville, Ind.
    Occupation of mother Cleaners 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 Larry D Litcock
New Address 820 S. Ingomar

Subscribed and sworn to before me this 12 day of May, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month March Day 1 Year 1952

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

Residence Address: Street or R. R. 7853 Milhous City Indianapolis County State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Office Work.

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

☐ Other (Specify) # 2029

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Archie Kennett Firkins
   Residence of father (if deceased so state) Same
   Occupation of father Carpenter Race of father.....
   Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Helen Frances Kernodle
   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 Connie K Firkins
New Address 820 S. Ingomar

Subscribed and sworn to before me this 12 day of May, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 19 day of May, 19 73, authorizing the joining together as husband and wife Larry Dale Litcock and Connie Kay Firkins

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

I, Rev. Ralph L. Wade hereby certify that on the 25th day of May, one thousand nine hundred and seventy-three at Friendswood, County of Marion, State of Indiana, Groom Larry Dale Litcock of Hendricks County, State of Indiana, and, Bride Connie Kay Firkins of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25th day of May, 19 73. Signed Rev. Ralph L. Wade, Pastor
Friendswood Baptist Church
Official Designation 19 73

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of May, 19 73. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 169
File Book 34
May 14, 1973
Date of Application

MALE
Medical Examination Report Dated 5-11-73
Name of Physician W. A. Caldwood M.D.

FEMALE
Medical Examination Report Dated 5/7/73
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 Gary Middle C. Last Hostetter
Date of Birth: Month April Day 9 Year 1954
Place of Birth (State or foreign country): Methodist Hosp. Indianapolis Marion Ind.
Residence Address: Street or R. R. P.O. Box 168 City Solomon County Dickinson State Ka.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Restaurant Asst. Mgr.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dept Public Health Local No. 04335

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Curtis Hostetter
    Residence of father (if deceased so state) R.R. 2, Clayton Ind
    Occupation of father Rural Mail Carrier Race of father W
    Birthplace of father (State or foreign country) Putnam Co. Ind
12. Full maiden name of mother Ethel May Hart
    Residence of mother (if deceased so state) R. R. 2, Clayton Ind
    Occupation of mother Bank Teller Race of mother W
    Birthplace of mother (State or foreign country) Fedora Ind

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

Signed X Gary C. Hostetter
Address Solomon, Kansas

Subscribed and sworn to before me this 19 day of May, 1973
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 L. Last Rushton
Date of Birth: Month 6 Day 3 Year 55
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. R1 Box 405 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
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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. Rushton
   Residence of father (if deceased so state) Same
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Patricia L. Roberts
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife 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 X Linda Rushton
New Address Solomon, Kansas

Subscribed and sworn to before me this 11 day of May, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only 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 Patricia L. Rushton Mother
Subscribed and sworn to before me this 10 day of May, 1973
Glen M. Harvey Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of May, 1973, authorizing the joining together as husband and wife Hostetter and Rushton

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

I, Robert D. Norton hereby certify that on the 23rd day of May, one thousand nine hundred and Seventy-three at Hazelwood, County of Hendricks, State of Indiana, Groom Gary C. Hostetter of Dickinson County, State of Kansas, and, Bride Linda L. Rushton of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of May, 1973.

Signed Robert D Norton
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of May, 1973.

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 169
File Book 34
May 14, 1973
Date of Application

MALE
Medical Examination Report Dated 5-11-73
Name of Physician W.A. Caldwood M.D.

FEMALE
Medical Examination Report Dated 5/7/73
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 Gary Middle C. Last Hostetter
Date of Birth: Month April Day 9 Year 1954
Place of Birth (State or foreign country): Methodist Hosp. Indianapolis Marion Ind.
Residence Address: Street or R. R. P.O. Box 168 City Solomon Dickinson Co. County State Ks.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Restaurant Asst. Mgr.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dept. Public Health Local No. 04335

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Curtis Hostetter
    Residence of father (if deceased so state) R.R. 2, Clayton Ind
    Occupation of father Rural Mail Carrier Race of father W
    Birthplace of father (State or foreign country) Putnam Co. Ind.
12. Full maiden name of mother Ethel May Hart
    Residence of mother (if deceased so state) R.R. 2. Clayton Ind
    Occupation of mother Bank Teller Race of mother W
    Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Linda Middle L. Last Rushton
Date of Birth: Month 6 Day 3 Year 55
Place of Birth (State or foreign country): Indpls. Ind.
Residence Address: Street or R. R. RI Box 405 City Clayton, 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 Robert E. Rushton
   Residence of father (if deceased so state) Same
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Patricia L. Roberts
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife 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 X Linda Rushton

, 1973
Circuit Court

I, Ethel M Hostetter, hereby give my consent for
my son, Gary C Hostetter to
marry Linda Rushton.

Ethel M Hostetter

Subscribed and sworn to before me this 14 day of May 1973

Jean W Engler
Notary Public
1-25-75

If only one parent
Father
Mother
, 1973
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of May, 1973, authorizing the joining together as husband and wife Hostetter and Rushton

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

I, Robert G. Norton hereby certify that on the 23rd day of May, one thousand nine hundred and Seventy-three at Hazelwood, County of Hendricks, State of Indiana, Groom Gary C. Hostetter of Dickinson County, State of Kansas and, Bride Linda L. Rushton of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of May, 1973.

Signed Robert G Norton
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of May, 1973.

Signed Glen M. Harvey 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. 169
File Book 34
May 14, 1973
Date of Application

MALE
Medical Examination Report Dated 5-11-73
Name of Physician W.A. Caldwood M.D.

FEMALE
Medical Examination Report Dated 5/7/73
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 Gary Middle C. Last Hostetter
Date of Birth: Month April Day 9 Year 1954
Place of Birth (State or foreign country): Methodist Hosp. Indianapolis Marion Ind.
Residence Address: Street or R. R. R.R. Box 168 City Solomon County Dickinson State Ka.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Restaurant Asst. Mgr.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dept Public Health Local No. 04335

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Curtis Hostetter
    Residence of father (if deceased so state) R.R. 2, Clayton Ind
    Occupation of father Rural Mail Carrier Race of father W
    Birthplace of father (State or foreign country) Putnam Co. Ind.
12. Full maiden name of mother Ethel May Hart
    Residence of mother (if deceased so state) R.R. 2. Clayton Ind
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Ind.

FEMALE APPLICANT

Name: First Linda Middle L. Last Rushton
Date of Birth: Month 6 Day 3 Year 55
Place of Birth (State or foreign country): Indpls. Ind.
Residence Address: Street or R. R. R1 Box 405 City Clayton, 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 Robert E. Rushton
   Residence of father (if deceased so state) Same
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Patricia L. Roberts
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Ind.

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

, 1973
Circuit Court

I, Eugene C. Hostetter, hereby give my consent for
my Son, GARY C. HOSTETTER to
marry LINDA RUSHTON.

Eugene C. Hostetter

Subscribed and sworn to before me this 14 day of May 1973

Jean Wingler
Notary Public
1-25-75

If only one parent

Father
Mother
, 1973
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of May, 1973, authorizing the joining together as husband and wife Hostetter and Rushton

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

I, Robert G. Norton hereby certify that on the 23rd day of May, one thousand nine hundred and Seventy-three at Hazelwood, County of Hendricks, State of Indiana, Groom Gary C. Hostetter of Dickenson County, State of Kansas and, Bride Linda L. Rushton of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of May, 1973.

Signed Robert G Norton
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of May, 1973.

Signed Alex M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 169
File Book 34
May 14 1973
Date of Application

MALE
Medical Examination Report Dated 5-11-73
Name of Physician W.A. Calkinwood M.D.

FEMALE
Medical Examination Report Dated 5/7/73
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 Gary Middle C. Last Hostetter
Date of Birth: Month April Day 9 Year 1954
Place of Birth (State or foreign country): Methodist Hosp. Indianapolis Marion Ind.
Residence Address: Street or R. R. P.O. Box 168 City Solomon County Dickinson State Ka.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Restaurant Asst. Mgr.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dept Public Health Local No. 04335

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Curtis Hostetter
    Residence of father (if deceased so state): R.R. 2, Clayton Ind.
    Occupation of father: Rural Mail Carrier Race of father: W
    Birthplace of father (State or foreign country): Putnam Co. Ind.
12. Full malden name of mother: Ethel May Hart
    Residence of mother (if deceased so state): R.R. 2, Clayton Ind.

FEMALE APPLICANT

Name: First Linda Middle L. Last Rushton
Date of Birth: Month 6 Day 3 Year 55
Place of Birth (State or foreign country): Ind. Co. Ind.
Residence Address: Street or R. R. R1 Box 405 City Clayton County Hend. State Ind.
Malden Name if Different
Previous 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 C. Rushton
   Residence of father (if deceased so state): Same
   Occupation of father: Farmer Race of father: W
   Birthplace of father (State or foreign country): Ind.
8. Full malden name of mother: Patricia L. Roberts
   Residence of mother (if deceased so state): Same
   Occupation of mother: Housewife 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 X Linda Rushton

, 1973
Circuit Court

If only one parent
Father
Mother
, 1973
Clerk

I, Robert Rushton, hereby give my consent for my daughter, Linda Rushton to marry Gary Hostetter.

Robert Rushton

Subscribed and sworn to before me this 18 day of May 1973

Jean Wengler
Notary Public
1-25-75

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of May, 1973, authorizing the joining together as husband and wife Hostetter and Rushton.

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

I, Robert G. Norton hereby certify that on the 23rd day of May, one thousand nine hundred and Seventy-three at Hazelwood, County of Hendricks, State of Indiana, Groom Gary C. Hostetter of Dickenson County, State of Kansas and, Bride Linda L. Rushton of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of May, 1973.

Signed Robert G Norton
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of May, 1973.

Signed Glen M. Hendy Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 170
File Book 34
May 16, 1973
Date of Application

MALE
Medical Examination Report Dated 5-7-73
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 5-7-73
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 Alan Middle Dale Last deLashmit
Date of Birth: Month March Day 2 Year 1955
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. 8512 W. Banta Rd. City Cartwright 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 Iron Worker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 5073

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father John Thomas DeLashmit
    Residence of father (if deceased so state) 8512 W. Banta Rd Cartwright
    Occupation of father Carpenter Race of father W
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Betty Jane Rybolt
    Residence of mother (if deceased so state) 8512 W. Banta Rd.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Cambridge City Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Alan Dale DeLashmit
New Address ?
Subscribed and sworn to before me this 16 day of May, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Jeanine Middle Ruth Last Watts
Date of Birth: Month July Day 30, Year 1955
Place of Birth (State or foreign country) Indianapolis Marion Co. Ind.
Residence Address: Street or R. R. 3 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 Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 8253

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Edward William Watts, Jr.
   Residence of father (if deceased so state) 3 Wedding Lane Plainfield
   Occupation of father Electronics Technician Race of father W.
   Birthplace of father (State or foreign country) Indianapolis Ind.
8. Full maiden name of mother Jean - Allyn Houston
   Residence of mother (if deceased so state) 3 Wedding Lane
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) St. Paul, Minn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information in this application is true and c
Signed Janine Ruth Watts
New Address ?
Subscribed and sworn to before me this 16 day of May,
Glen M. Harvey Clerk HENDRICKS Circui

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Edward William Watts Jr. Father
Signed Jean-Allyn Watts Mother
Subscribed and sworn to before me this 16 day of May, 1973
Glen M. Harvey Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1973, authorizing the joining together as husband and wife Alan Dale DeLashmit and Jeanine Ruth Watts

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

I, C. Raymond Earle hereby certify that on the 27th day of May, at Plainfield, County of Hendricks, one thousand nine hundred and Seventy-three, State of Indiana, Groom Alan Dale DeLashmit of Marion County, State of Indiana, and, Bride Jeanine Ruth Watts of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27th day of May, 1973. Signed C. Raymond Earle
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of May, 1973. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 170
File Book 34
May 16, 1973
Date of Application

MALE
Medical Examination Report Dated 5-7-73
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 5-7-73
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 Alan Middle Dale Last DeLashmit
Date of Birth: Month March Day 2 Year 1955
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. 8512 W. Banta Rd. City Cartby 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 Iron Worker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 5073

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

Name	Age	Address

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

11. Full name of father John Thomas DeLashmit
    Residence of father (if deceased so state) 8512 W. Banta Rd Cartby
    Occupation of father Carpenter
    Birthplace of father (State o
12. Full maiden name of mother
    Residence of mother (if decea
    Occupation of mother Ho
    Birthplace of mother (State or

State of Indiana, HENDRICKS
County of
Signed
New Address
Subscribed and sworn to before me th
Glen M. Har

CONSENT OF PARENTS, PARENT

We, the parents, of this applicant her
signs, state facts which render the con

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

FEMALE APPLICANT

Name: First Jeanine Middle Ruth Last Watts
Date of Birth: Month July Day 30, Year 1955
Place of Birth (State or foreign country) Indianapolis Marion Co. Ind.
Residence Address: Street or R. R. 3 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 Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) H 8253

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Edward William Watts Jr.
   Residence of father (if deceased so state) 3 Wedding Lane Plainfield Ind.
   Occupation of father Electronics Technician Race of father W.
   Birthplace of father (State or foreign country) Indianapolis Ind.
8. Full maiden name of mother Jean-Allyn Houston
   Residence of mother (if deceased so state) 3 Wedding Lane
   Occupation of mother Housewife

X Signed Edward William Watts Jr. Father
X Signed Jean-Allyn Watts Mother
Subscribed and sworn to before me this 16 day of May 19 73
Glen M. Harvey Clerk

(I, We) J. Thomas Delashmit & Betty J. Delashmit, (Our) hereby give my consent for
(my) son, Alan Dale Delashmit
to marry Jeanine Ruth Watts.

J. Thomas DeLashmit
Betty J. DeLashmit

Subscribed and sworn to before me this 19th day of May 1973

George A Dedic
Notary Public

My Commission expires July 2, 1974

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1973, authorizing the joining together as husband and wife Alan Dale DeLashmit and Jeanine Ruth Watts

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

I, C. Raymond Carle hereby certify that on the 27th day of May, at Plainfield, County of Hendricks, one thousand nine hundred and Seventy-three Alan Dale DeLashmit of Marion County, State of Indiana, State of Indiana, Groom, and, Bride Jeanine Ruth Watts of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27th day of May, 1973. Signed C. Raymond Carle
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of May, 1973. Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 171
File Book 34
May 19 1973
Date of Application

MALE
Medical Examination Report Dated 5-14-73
Name of Physician Dr David Haggard

FEMALE
Medical Examination Report Dated 5-14-73
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 Kenneth Middle E. Last Rader
Date of Birth: Month Jan. Day 30 Year 1937
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 332 Kane St. 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 Laborer
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
no - adopted		

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Noble Rader
    Residence of father (if deceased so state) Deceased
    Occupation of father Ind Boys School Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Leota Brady
    Residence of mother (if deceased so state) Same
    Occupation of mother Retired Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed x Kenneth E Rader
New Address R R 1 Box 62 Plainfield
Subscribed and sworn to before me this 19 day of May, 1973.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 E. Last Brickert
Date of Birth: Month May Day 18 Year 1944
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. RR1 Box 62 City Plainfield County Hend. State Ind.
Maiden Name if Different Same
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify):
Usual Occupation Factory Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Charles Leroy Brickert
   Residence of father (if deceased so state) RR 2 Clayton
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Marie Fisher
   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 Mary E. Brickert
New Address R R 1 Box 62 Plainfield
Subscribed and sworn to before me this 19 day of May, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* May, 1973., *authorizing the joining together as husband and wife* Kenneth E. Rader *and* Mary E Brickert

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

I, Cliff Burchyett hereby certify that on the 25th day of May, one thousand nine hundred and Seventy-Three at Plainfield, County of Hendricks, State of Indiana, Groom Kenneth E Rader of Hendricks County, State of Indiana, and, Bride Mary E Brickart of Hendricks County, State of Indiana, were by me united 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 May, 1973.

Signed Cliff Burchyett, Pastor
Official Designation Plainfield Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of May, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 172

File Book 34

May 19 1973
Date of Application

MALE
Medical Examination Report Dated 5-14-73
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 5-14-73
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 Robert Middle Eugene Last Curtis

Date of Birth: Month June Day 18 Year 1930

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

Residence Address: Street or R. R. 7521 Bentley Dr City Judyes County Marion State Ind

Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Auto Salesman

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

☐ Other (Specify)

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

Name	Age	Address
Terri Jean	16	RR1 Box 99
Kenneth S.	12	

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Murl Kenneth Curtis
    Residence of father (if deceased so state) Sacramento Cal.
    Occupation of father Retired Air Force Race of father W
    Birthplace of father (State or foreign country) N. Salem Indiana
12. Full maiden name of mother Vivian O. Manors
    Residence of mother (if deceased so state) 7521 Bentley Judyes
    Occupation of mother Asst Cashier-Bank Race of mother W
    Birthplace of mother (State or foreign country) Ladoga 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 Eugene Curtis

New Address RR 1 Box 99 Clayton

Subscribed and sworn to before me this 19 day of May, 19 73

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month March Day 9 Year 1934

Place of Birth (State or foreign country) Cincinnati Ohio

Residence Address: Street or R. R. RR 1 Box 99 City Clayton County Hend State Ind

Maiden Name if Different Tucker

Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Clerk

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

☐ Other (Specify) Darwin Lucas

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Forrest L. Tucker
   Residence of father (if deceased so state) Clayton
   Occupation of father Fireman Race of father W
   Birthplace of father (State or foreign country) Greensburg Ind.
8. Full maiden name of mother Gladys V. Baker
   Residence of mother (if deceased so state) Winter Haven Fla
   Occupation of mother Retired Race of mother W
   Birthplace of mother (State or foreign country) Cincinnati O

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

Signed Ann M. Curtis

New Address Same

Subscribed and sworn to before me this 19 day of May, 19 73

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 23 day of May, 19 73, authorizing the joining together as husband and wife Robert Eugene Curtis and Ann M. Curtis

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

I, Keith Purcell hereby certify that on the 25th day of May, at Bellemile, County of Hendricks, one thousand nine hundred and Seventy-Three at Marion County, State of Indiana, State of Indiana, Groom Robert Eugene Curtis of Hendricks County, State of Indiana, and, Bride Ann M. Curtis of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25th day of May, 19 73. Signed Keith Purcell

Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 31st day of May, 19 73

Signed Glen M Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 173
File Book 34
May 19, 1973
Date of Application

MALE
Medical Examination Report Dated May 14, 1973
Name of Physician Arthur D. Knabb

FEMALE
Medical Examination Report Dated May 18, 1973
Name of Physician Laurence A. Reitz, M.D.

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

MALE APPLICANT

Name: First Jeffrey; Middle A.; Last Darnofall
Date of Birth: Month August; Day 15; Year 1950
Place of Birth (State or foreign country) Penn.
Residence Address: Street or R. R. 628 E. Kearney; City Springfield; County —; State Mo.
Previous 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) 835 50 1091

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name / Age / Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father George A. Darnofall
    Residence of father (if deceased so state) 5060 Master Ln. W. Melbourne, Fla.
    Occupation of father Supv. Race of father W
    Birthplace of father (State or foreign country) Penn.
12. Full maiden name of mother Grace E. Zuendal
    Residence of mother (if deceased so state) 5060 Master Ln., W. Melbourne, Fla.
    Occupation of mother Assembler Race of mother W
    Birthplace of mother (State or foreign country) Penn.

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

Signed X Jeffrey A. Darnofall
New Address
Subscribed and sworn to before me this 1st day of June, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Michelle; Middle Ann; Last Mears
Date of Birth: Month ~~February~~; Day 21; Year 1954
Place of Birth (State or foreign country) Indianapolis Marion Co. Ind.
Residence Address: Street or R. R. R.R. 1 Box 79; City Danville; County Hend Co.; 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 Villa Baptist Church
☒ Other (Specify) Baptismal Record - Brent Brown 8/3/69

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father William H. Mears
   Residence of father (if deceased so state) Indianapolis Ind.
   Occupation of father Link Belt Co. Race of father W
   Birthplace of father (State or foreign country) Indpls. Marion Co.
8. Full maiden name of mother Elfrieda Mae Breed
   Residence of mother (if deceased so state) R.R. 1, Danville Ind.
   Occupation of mother Western Electric 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 Michelle Ann Mears
New Address Melbourne, Florida
Subscribed and sworn to before me this 19 day of May, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 19 73., *authorizing the joining together as husband and wife* Jeffrey A. Darnofall *and* Michelle Ann Mears
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clinton O. Hale *hereby certify that on the* 3rd *day of* June, *one thousand nine hundred and* Seventy-Three *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Jeffrey A. Darnofall *of* Brevard *County, State of* Florida *and, Bride* Michell A. Mears *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 3rd *day of* June, 19 73.

Signed Clinton O. Hale
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* June, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 174
File Book 34
May 19 1973
Date of Application

MALE
Medical Examination Report Dated 5-14-73
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 5-14-73
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 Lonnie Middle M. Last Schauwecker
Date of Birth: Month May Day 24 Year 1946
Place of Birth (State or foreign country): Clay City Clay Ind
Residence Address: Street or R. R. RR1 Box 136-24 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: Employment Counselor
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: Gordon mac Schauwecker
    Residence of father (if deceased so state): R 3 Box 137 Plainfield
    Occupation of father: Truck Supv-RR Race of father: W
    Birthplace of father (State or foreign country): Clay City Ind.
12. Full maiden name of mother: Cletha mae Craig
    Residence of mother (if deceased so state): Same
    Occupation of mother: Housewife Race of mother: W
    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 × Lonnie M Schauwecker
New Address RR1 Box 136-24 Danville

Subscribed and sworn to before me this 19 day of May, 1973.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Feeney
Date of Birth: Month November Day 7 Year 1946
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R. R. 2249 Admiral City Indpls County Marion State Ind
Maiden Name if Different: Ablitt
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: Waitress
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Beginners Permit # 11158

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Orville Addison Ablitt
   Residence of father (if deceased so state): 1671 Dellridge N. Carlisle Ind.
   Occupation of father: Postal Employee Race of father: W
   Birthplace of father (State or foreign country): Kentucky
8. Full maiden name of mother: Margaret Mary Winings
   Residence of mother (if deceased so state): 3612 E. Wash. Indpls
   Occupation of mother: Waitress Race of mother: W
   Birthplace of mother (State or foreign country): West Va.

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

Signed × Barbara Feeney
New Address RI Danville

Subscribed and sworn to before me this 19 day of May, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 May, 19 73, authorizing the joining together as husband and wife Lonnie M. Schauwecker and Barbara Feeney

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

I, John P. Madesitt hereby certify that on the 3rd day of June, one thousand nine hundred and 73 at Avon United Methodist Church, County of Hendricks, State of Indiana, Groom Lonnie Mac Schauwecker of Hendricks County, State of Indiana, and, Bride Barbara Lee Feeney of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3rd day of June, 19 73 Signed John P. Madesitt
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of June, 19 73
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 175
File Book 34
May 19, 1973
Date of Application

MALE
Medical Examination Report Dated May 12, 1973
Name of Physician E. Z. Kopecky

FEMALE
Medical Examination Report Dated May 9, 1973
Name of Physician Irving Rossdawn Jr.

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

MALE APPLICANT

Name: First James Middle Joseph Last Andrews
Date of Birth: Month June Day 11 Year 1950
Place of Birth (State or foreign country): Peoria Co. Ill.
Residence Address: Street or R. R. 1833 First Ave. S.E. City Cedar Rapids County — State Iowa
Previous 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 Representative
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) St. of Ill. Dept of Pub. Safety # 75 93 44

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Francis Joseph Andrews
    Residence of father (if deceased so state): 904 Elbridge, Wash. Ill.
    Occupation of father: Draftsman Race of father: W
    Birthplace of father (State or foreign country): Illinois
12. Full maiden name of mother: Edwina Anne DeGrott
    Residence of mother (if deceased so state): 904 Elbridge, Wash. Ill.
    Occupation of mother: Secretary Race of mother: W.
    Birthplace of mother (State or foreign country): Decatur, Ill.

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

☒ Signed James Andrews
New Address 820 - 27th St., Marion, Iowa

Subscribed and sworn to before me this 19 day of May, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Carol Last Smith
Date of Birth: Month August Day 4 Year 1948
Place of Birth (State or foreign country): Jacksonville — Florida
Residence Address: Street or R. R. 1049 Rogers Drive, City Plainfield County Hendricks State Ind.
Maiden Name if Different: Linda Carol Harris
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Hancock Co. June 1972
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Cert. No. DN 98863A
☒ Other (Specify) D.O. Card St. Benj. Harrison

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Manford K. Harris
   Residence of father (if deceased so state): 203 Hobbs St. Plainfield
   Occupation of father: Retired Naval Officer Race of father: W
   Birthplace of father (State or foreign country): Greencastle, Ind.
8. Full maiden name of mother: Lillian Betty Peters
   Residence of mother (if deceased so state): 203 Hobbs St. Plainfield
   Occupation of mother: Sales Clerk - Mary Carter Paint Co. Race of mother: W.
   Birthplace of mother (State or foreign country): Philadelphia Pa.

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

☒ Signed Linda C. Smith
New Address 820 - 27th St - Marion Iowa

Subscribed and sworn to before me this 19 day of May, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 19 73, *authorizing the joining together as husband and wife* James Joseph Andrews *and* Linda Carol Smith

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

I, Posey A. Curtis *hereby certify that on the* 2nd *day of* June, *one thousand nine hundred and* Seventy - Three *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* James Joseph Andrews *of* Peoria Co., Illinois *County, State of* Indiana *and, Bride* Linda 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 2nd *day of* June, 19 73.

Signed Rev. Posey A. Curtis
Official Designation Methodist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* June, 19 73.

Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 176

File Book 34

May 19 1973
Date of Application

MALE
Medical Examination Report Dated 5-12-73
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 5-12-73
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 A. Last Petty

Date of Birth: Month Sept Day 14 Year 1950

Place of Birth (State or foreign country) Hackensack N. J.

Residence Address: 139 ½ Street or R. R. Duffy 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 Teacher

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

☐ Other (Specify) .....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Leslie A. Petty
    Residence of father (if deceased so state) 1536 Wardmt. Ct.
    Occupation of father Salesman Race of father W
    Birthplace of father (State or foreign country) Kansas
12. Full maiden name of mother Alice Irene Deboms
    Residence of mother (if deceased so state) Same
    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 David A. Petty

New Address Same as above

Subscribed and sworn to before me this 19 day of May, 19 73.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Janis Middle K. Last Arnold

Date of Birth: Month May Day 14 Year 1951

Place of Birth (State or foreign country) Lorain Ohio

Residence Address: 236 Avon Ave. 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 Francis D. Arnold
   Residence of father (if deceased so state) deceased
   Occupation of father Salesman Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Kathryn L. Klingner
   Residence of mother (if deceased so state) Same
   Occupation of mother R E Mgr 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 Janis K. Arnold

New Address 139 ½ Duffy

Subscribed and sworn to before me this 19 day of May, 19 73

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* May, 19 73, *authorizing the joining together as husband and wife* David A. Petty *and* Janis K. Arnold.

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* 9th *day of* June, *one thousand nine hundred and* Seventy-three *at* Lake Maxfield, *County of* Lake, *State of* Indiana, *State of Indiana, Groom* David A. Petty *of* Hendricks *County, State of* Indiana, *and, Bride* Janis K. Arnold *of* Hendricks *County, State of* Indiana, HENDRICKS *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 9th *day of* June, 19 73. *Signed* Glenn R. Ramsey, Jr.

Official Designation Presbyterian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* June, 19 73.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 177
File Book 34
5-22-73
Date of Application

MALE
Medical Examination Report Dated 5-16-73
Name of Physician Donald D. Cheeseman

FEMALE
Medical Examination Report Dated 5-16-73
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 Stephen Middle Carl Last Floyd
Date of Birth: Month May Day 14 Year 1952
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 18075 Myr. Oceanside City Orange County Calif. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Armed Services
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Carl Edward Floyd
    Residence of father (if deceased so state) 317 N. Walnut St Worthington
    Occupation of father Teacher Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Esther Mary Richardson
    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 Stephen Carl Floyd
New Address Same as above

Subscribed and sworn to before me this 22 day of May, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Joan Last Webb
Date of Birth: Month Dec. Day 28 Year 1954
Place of Birth (State or foreign country) London Ky.
Residence Address: Street or R. R. R 3 Box 337 City Danville County Boyd 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 Vernon Webb
   Residence of father (if deceased so state) Jeffersonville Ind.
   Occupation of father Sgt. Carpenter Race of father W
   Birthplace of father (State or foreign country) London Ky.
8. Full maiden name of mother Lois Marie Taylor
   Residence of mother (if deceased so state) Same as above
   Occupation of mother Clerk Race of mother W
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Peggy Joan Webb
New Address Same

Subscribed and sworn to before me this 22 day of May, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* May, 1973, *authorizing the joining together as husband and wife* Stephen Carl Floyd *and* Peggy Joan Webb
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert Alan Eichenberger *hereby certify that on the* 27th *day of* May, *one thousand nine hundred and* Seventy-Three *at* Ono Friends Meting, *County of* Hendricks, *State of Indiana, Groom* Stephen Carl Floyd *of* Greene *County, State of* Indiana, *and, Bride* Peggy Joan Webb *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 27th *day of* May, 19 73.

Signed Robert Alan Eichenberger
Official Designation Minister, Nadley Friends Meeting

Filed and recorded in accordance with the laws of the State of Indiana this 31st *day of* May, 1973.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 178

File Book 34

May 22 1973
Date of Application

MALE
Medical Examination Report Dated 5-18-73
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 5-18-73
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 Stanley Middle David Last Burris

Date of Birth: Month Sept Day 4 Year 1952

Place of Birth (State or foreign country): Waterloo

Residence Address: Street or R. R. RR1 Box 176 City Ladoga County Hend State Ind

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: mechanic

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

☐ Other (Specify)

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

Name	Age	Address

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

11. Full name of father Stanley Burris
    Residence of father (if deceased so state) Same
    Occupation of father mechanic Race of father W
    Birthplace of father (State or foreign country) Monticello Ky.
12. Full maiden name of mother Romona Leona Allen
    Residence of mother (if deceased so state) Same
    Occupation of mother RCA Plant Race of mother W
    Birthplace of mother (State or foreign country) Marlindale Iowa

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

Signed x Stanley David Burris
New Address Co. B 127th Maint Batt APO San Francisco Cal. 96557

Subscribed and sworn to before me this 22 day of May, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 Dena Middle Sue Last Martin

Date of Birth: Month June Day 22 Year 1955

Place of Birth (State or foreign country): Lebanon

Residence Address: Street or R. R. RR1 Box 5 City Leylon 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 Homer Spencer Martin
   Residence of father (if deceased so state) Same
   Occupation of father mail Carrier Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Emma Lee Vaughn
   Residence of mother (if deceased so state) Same
   Occupation of mother Secy. 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 Dena Sue Martin
New Address Same as groom.

Subscribed and sworn to before me this 22 day of May, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

attached

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ....., 1973, authorizing the joining together as husband and wife of Indiana dated the 26 day of May and Dena Sue Martin Stanley David Burris

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

I, Bob G Brazier hereby certify that on the 27th day of May, County of Boone, one thousand nine hundred and Seventy Three at New Brunswick, County, State of Indiana, State of Indiana, Groom Stanley David Burris of Hendricks County, State of Indiana, and, Bride Dena Sue Martin of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27th day of May, 1973. Signed Bob G Brazier
Official Designation Minister of The Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of May, 1973. Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 178
File Book 34
May 22 1973
Date of Application

MALE
Medical Examination Report Dated 5-18-73
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 5-18-73
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 Stanley Middle David Last Burris
Date of Birth: Month Waterloo Day Sept 4 Year 1952
Place of Birth (State or foreign country) Iowa
Residence Address: Street or R. R. RR1 Box 176 City Ladoga County Hend State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation mechanic
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Stanley Burris
    Residence of father (if deceased so state) Same
    Occupation of father mechanic Race of father W
    Birthplace of father (State or foreign country) Monticello Ky.
12. Full maiden name of mother Romona Leona Allen
    Residence of mother (if deceased so state) Same
    Occupation of mother RCA Plant Race of mother W
    Birthplace of mother (State or foreign country) Marlindale Iowa

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

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signs, state facts
State of Indiana,
County of
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FEMALE APPLICANT

Name: First Dena Middle Sue Last Martin
Date of Birth: Month June Day 22 Year 1955
Place of Birth (State or foreign country) Lebanon
Residence Address: Street or R. R. RR1 Box 55 City Legion 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 Homer Spencer Martin
   Residence of father (if deceased so state) Same
   Occupation of father mail Carrier Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Emma Lee Vaughn
   Residence of mother (if deceased so state) Same
   Occupation of mother Secy. 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 Dena Sue Martin
New Address Same as given

Subscribed and sworn to before me this 22 day of May, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

We
I, Stanley Burris & Romona Burris, hereby give my consent for
my son, Stanley David Burris to
marry Dena Sue Martin.
x Romona L. Burris
x Stanley Burris

Subscribed and sworn to before me this 24 day of May 1973
Maxine Dale
Notary Public

SEAL
INDIANA

My Commission expires
Feb. 6, 1977

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26 day of May, 1973, authorizing the joining together as husband and wife Stanley David Burris and Dena Sue Martin

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

I, Bob G Brazier hereby certify that on the 27th day of May, one thousand nine hundred and Seventy Three at New Brunswick, County of Boone, State of Indiana, Groom Stanley David Burris of Hendricks County, State of Indiana, and, Bride Dena Sue Martin of Hendricks County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27th day of May, 1973. Signed Bob G. Brazier
Official Designation Minister of The Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of May, 1973. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 178
File Book 34
May 22 1973
Date of Application

MALE
Medical Examination Report Dated 5-18-73
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 5-18-73
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 Stanley Middle David Last Burris
Date of Birth: Month Sept Day 4 Year 1952
Place of Birth (State or foreign country) Waterloo Iowa
Residence Address: Street or R. R. RR1 Box 176 City Ladoga County Hend State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation mechanic
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

Name	Age	Address

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

11. Full name of father Stanley Burris
    Residence of father (if deceased so state) Same
    Occupation of father mechanic Race of father W
    Birthplace of father (State or foreign country) Monticello Ky.
12. Full maiden name of mother Romona Leona Allen
    Residence of mother (if deceased so state) Same
    Occupation of mother RCA Plant Race of mother W
    Birthplace of mother (State or foreign country) Marlindale Iowa

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

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We, the parents, c
signs, state facts

State of Indiana,
County of

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FEMALE APPLICANT

Name: First Dena Middle Sue Last Martin
Date of Birth: Month June Day 23 Year 1955
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. RR1 Box 57 City Leyton 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 Homer Spencer Martin
   Residence of father (if deceased so state) Same
   Occupation of father Mail Carrier Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Anna Lee Vaughn
   Residence of mother (if deceased so state) Same
   Occupation of mother Secy. Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed x Dena Sue Martin
New Address Same as groom
Subscribed and sworn to before me this 22 day of May, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

By me, Spencer H. Martin & Anna L. Martin, hereby give my consent for my Daughter, Dena Sue Martin to marry Stanley David Burris
x Spencer H Martin
x Anna L Martin

Subscribed and sworn to before me this 21 day of May 1973
Maxine Dale
Notary Public
My Commission Expires Feb 6, 1977

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26 day of May, 1973, authorizing the joining together as husband and wife Stanley David Burris and Dena Sue Martin

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

I, Bob G Brazier hereby certify that on the 27th day of May, at New Brunswick, County of Boone, one thousand nine hundred and Seventy Three, State of Indiana, Groom Stanley David Burris of Hendricks County, State of Indiana, and, Bride Dena Sue Martin of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27th day of May, 1973.

Signed Bob G Brazier
Official Designation Minister of The Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of May, 1973.

Signed Glen M Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 179
File Book 34
May 23, 1973
Date of Application

MALE
Medical Examination Report Dated 5-18-73
Name of Physician John F Moe M.D.

FEMALE
Medical Examination Report Dated 5-18-73
Name of Physician John F Moe M.D.

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

MALE APPLICANT

Name: First James Middle W. Last Dever Jr.
Date of Birth: Month April Day 25 Year 1946
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R # 3 Box 311 City Plfd. County Hnd. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1973 Hendricks
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Parts Manager
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 2889

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name / Age / Address
    (b) Are you supporting or contributing to their 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 William Dever Sr.
    Residence of father (if deceased so state) 28 Martin Dr. Danville, Ind.
    Occupation of father Warehouse Supt. Race of father
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Frances Eileen Kersey
    Residence of mother (if deceased so state) 28 Martin Dr. Danville, Ind.
    Occupation of mother Nurse Aide 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 James W. Dever Jr.
New Address R # 3 Box 311 Plainfield
Subscribed and sworn to before me this 23 day of May, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 A. Last Zimmerman
Date of Birth: Month Feb. Day 21, Year 1943
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: Street or R. R. 5421 White Horse City Ld. County State
Maiden Name if Different Sharon A. Despot
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1972 Boone
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Cashier
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License #303-46-4633-10

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Thomas A. Despot
   Residence of father (if deceased so state) Deceased
   Occupation of father ..... Race of father .....
   Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Dorothy L. Dean
   Residence of mother (if deceased so state) 5900 Cloverleaf Dr. Mapleton Ind.
   Occupation of mother Secretary 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 Sharon Zimmerman
New Address R 3 Box 311
Subscribed and sworn to before me this 23 day of May, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 29 *day of* May, 19 73, *authorizing the joining together as husband and wife* James W. Dever Jr. *and* Sharon A. Zimmerman
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Neal O'Neil Youree *hereby certify that on the* 1st *day of* June, *one thousand nine hundred and* Seventy Three *at* Avon Christian Church, *County of* Hendricks, *State of Indiana, Groom* James William Dever Jr. *of* Hendricks *County, State of* Indiana, *and, Bride* Sharon Ann Zimmerman *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 1st *day of* June, 19 73.

Signed Neal O. Youree
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* June, 19 73.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 180
File Book 34
May 23, 1973
Date of Application

MALE
Medical Examination Report Dated 5-21-73
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 5-21-73
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 Walter Middle Richard Last Ferguson
Date of Birth: Month October Day 1 Year 1935
Place of Birth (State or foreign country) Liberty Twp. Hend. Co. Ind.
Residence Address: Street or R. R. RR 2 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 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 Oral L. Ferguson
    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 Laura M. Richard
    Residence of mother (if deceased so state) Plainfield
    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 Walter Richard Ferguson
New Address 4350 Madison Ave Indpls
Subscribed and sworn to before me this 23 day of May, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Sue Middle Anne Last Barry
Date of Birth: Month May Day 17 Year 1953
Place of Birth (State or foreign country) Indianapolis Marion Co. Ind.
Residence Address: Street or R. R. RR 2 Box 131 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
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Gilbert Allen Barry
   Residence of father (if deceased so state) Same
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Alice Sue Bowen
   Residence of mother (if deceased so state) ~~Teacher~~ same
   Occupation of mother Teacher 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 Sue Anne Barry
New Address 4350 Madison Ave. Indpls
Subscribed and sworn to before me this 23 day of May, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* May, 19 73., *authorizing the joining together as husband and wife* Walter Richard Ferguson *and* Sue Anne Barry.

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

I, Ronald C. Gabbard hereby certify that on the 8th day of June, 19 73, at Amo, Hendricks County, State of Indiana, one thousand nine hundred and 73 of Hendricks County, State of Indiana, State of Indiana, Groom Walter Richard Ferguson of Hendricks County, State of Indiana, and, Bride Sue Anne Barry of Hendricks County, State of Indiana, were by me united 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 June, 19 73.

Signed Ronald C. Gabbard
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* June, 19 73

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 181
File Book 34
May 24, 1973
Date of Application

MALE
Medical Examination Report Dated 5-12-73
Name of Physician D. E. Michael M.D.

FEMALE
Medical Examination Report Dated 5-12-73
Name of Physician D. E. Michael M. D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Brian; Last Campbell
Date of Birth: Month Jan.; Day 18; Year 1948
Place of Birth (State or foreign country): Frankfort, Ind.
Residence Address: Street or R. R. Box 25; City Clayton; 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: Minister
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-48-794

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☑
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name / Age / Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their 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 Campbell
    Residence of father (if deceased so state): 1806 Brunswick, Marion Ind.
    Occupation of father: Minister Race of father.....
    Birthplace of father (State or foreign country): Frankfort Ind.
12. Full maiden name of mother: Gladys Viola Wood
    Residence of mother (if deceased so state): 1806 Brunswick, Marion Ind.
    Occupation of mother: Secretary 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 X John Brian Campbell
New Address P.O. Box Frankton, Ind.

Subscribed and sworn to before me this 24th day of May, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 S.; Last Callaway
Date of Birth: Month March; Day 23rd; Year 1947
Place of Birth (State or foreign country): Taylorville, Illinois
Residence Address: Street or R. R. 707 Clarendon Place; City; County; State Indpls. Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: 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 afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Franklin LeRoy Callaway
   Residence of father (if deceased so state): 960 S 18th Decatur, Ill.
   Occupation of father: Self Employed Race of father.....
   Birthplace of father (State or foreign country): Marion, Ill.
8. Full maiden name of mother: Yvonne Leclair Leaser
   Residence of mother (if deceased so state): Same
   Occupation of mother: Housewife Race of mother.....
   Birthplace of mother (State or foreign country): Armington, Ill

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

Signed X Carol S. Callaway
New Address P.O. Box Frankton, Ind.

Subscribed and sworn to before me this 24th day of May, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* May, 19 73, *authorizing the joining together as husband and wife* John Brian Campbell *and* Carol S. Callaway.

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

I, Rev. John E. Weeks hereby certify that on the 1st day of June, one thousand nine hundred and 73 at Christian Theological Seminary, County of Marion, State of Indiana, Groom John Brian Campbell of Hendricks County, State of Indiana, and, Bride Carol Sue Callaway 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 1st day of June, 19 73.

Signed Rev. John E. Weeks
Official Designation U. Meth. Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of June, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 182
File Book 34
May 24 1973
Date of Application

MALE
Medical Examination Report Dated 5/23/73
Name of Physician Norman E. Whitney M.D.

FEMALE
Medical Examination Report Dated 5/23/73
Name of Physician Norman E. Whitney D.O.

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

MALE APPLICANT

Name: First David Middle L. Last Heckman
Date of Birth: Month August Day 2 Year 1954
Place of Birth (State or foreign country) Indpls. Marion Co.
Residence Address: Street or R. R. R.R. 1 Box 47 City Mooresville County Ind State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Warehouse
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Dale M. Heckman
    Residence of father (if deceased so state)
    Occupation of father Dec. Race of father W.
    Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Jane M. Heckman
    Residence of mother (if deceased so state) Same
    Occupation of mother Schoolteacher Race of mother W
    Birthplace of mother (State or foreign country) Minnesota

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

Signed x David L. Heckman
New Address 10 Locust Dr. Plainfield
Subscribed and sworn to before me this 24 day of May, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 D. Last Ford
Date of Birth: Month April Day 6 Year 1953
Place of Birth (State or foreign country) Indpls.
Residence Address: Street or R. R. R.R. 2 Box 62 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 Office 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 Kenneth Ford
   Residence of father (if deceased so state) Same
   Occupation of father Foreman Race of father W
   Birthplace of father (State or foreign country) Ky.
8. Full maiden name of mother Lucille Polsom
   Residence of mother (if deceased so state) Same
   Occupation of mother Factory Worker Race of mother W
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information in this application is true and
Signed x Susan D. Ford
New Address Same as groom
Subscribed and sworn to before me this 24 day of May
Glen M. Harvey Clerk HENDRICKS Circ

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 30 day of May, 19 73, authorizing the joining together as husband and wife David L. Heckman and Susan D. Ford

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

I, Homer A. Boone hereby certify that on the 1st day of June at Indianapolis, County of Marion, one thousand nine hundred and Seventy-Three at Morgan County, State of Indiana, State of Indiana, Groom David L. Heckman of Hendricks County, State of Indiana, and, Bride Susan D. Ford of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 1st day of June, 19 73. Signed Homer A Boone
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of June, 19 73
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 182
File Book 34
May 24 1973
Date of Application

MALE
Medical Examination Report Dated 5/23/73
Name of Physician Norman C. Whitney M.D.

FEMALE
Medical Examination Report Dated 5/23/73
Name of Physician Norman C. Whitney M.D.

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

MALE APPLICANT

Name: First David Middle L. Last Heckman
Date of Birth: Month August Day 2 Year 1954
Place of Birth (State or foreign country) Ind. Marion Co.
Residence Address: Street or R. R. Box 47 City Mooresville County Ind. State
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 Warehouse
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

FEMALE APPLICANT

Name: First Susan Middle D. Last Ford
Date of Birth: Month April Day 6 Year 1953
Place of Birth (State or foreign country) Indpls.
Residence Address: Street or R. R. R.R. 2 Box 62 City Indpls. County State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Office Clerk
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

I, Jone M. Heckman, hereby give my consent for my son, David L. Heckman to marry Susan D. Ford.

Jone M. Heckman

Subscribed and sworn to before me this 24th day of May 1973

Laura Davis Burlingame
Notary Public

My Commission expires as of April 19, 1976

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

... as filed in my office a marriage license issued by the clerk of the ... HENDRICKS ... Circuit Court ... day of May, 19 73, authorizing the joining together as husband and wife ... and Susan D. Ford ... riage certificate was filed in my office, to-wit:

... hereby certify that on the 1st day of June, ... at Indianapolis, County of Marion, ... Three ... Heckman ... of Morgan County, State of Indiana, ... d ... of Hendricks County, State of Indiana, ... a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS ...

..., 19 73. Signed Homer A Boone
Official Designation Minister
... the State of Indiana this 5th day of June, 19 73
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 183
File Book 34
May 25, 1973
Date of Application

MALE
Medical Examination Report Dated May 25, 1973
Name of Physician James C. Southard

FEMALE
Medical Examination Report Dated May 25, 1973
Name of Physician James C. Southard

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

MALE APPLICANT

Name: First Dan Middle M. Last Tharp
Date of Birth: Month Sept. Day 23 Year 1952
Place of Birth (State or foreign country) Indpls. Ind. Marion
Residence Address: Street or R. R. R.R. 1 Box 232 City Plainfield 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 Maintance
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 H. Tharp
    Residence of father (if deceased so state) Same
    Occupation of father Management Race of father W
    Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Mildred L. Pickerell
    Residence of mother (if deceased so state) Same
    Occupation of mother Office Worker 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 x Dan Michael Tharp
New Address 290 old North Salem Rd. Danville Ind

Subscribed and sworn to before me this 25th day of May, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Tina Middle K. Last Jones
Date of Birth: Month June Day 19 Year 1955
Place of Birth (State or foreign country) Indpls. Ind. Marion
Residence Address: Street or R. R. 321 W. Main 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 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 Harold G. Jones
   Residence of father (if deceased so state) —
   Occupation of father — Race of father —
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Rachel J. McAlister
   Residence of mother (if deceased so state) Same
   Occupation of mother Secretary Race of mother W
   Birthplace of mother (State or foreign country) Missouri

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

Signed x Tina Kathleen Jones
New Address 290 old North Salem Road Danville

Subscribed and sworn to before me this 25th day of May, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

LETE IF MARRIAGE LICENSE ISSUED BY 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* ...na dated the 29 day of May, 19 73., *authorizing the joining together as husband and wife* ...ther remembered, the following marriage certificate was filed in my office, to-wit: Dan M Tharp and Tina K. Jones

Norman L. Wenner hereby certify that on the 2nd day of June,
...nd nine hundred and Seventy-Three at Danville, County of Hendricks,
...Indiana, Groom Dan M. Tharp of Hendricks County, State of Indiana,
...e Tina K. Jones of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of May, 19 73.

Signed Norman L. Wenner
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of June, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 183
File Book 34
May 25, 1973
Date of Application

MALE
Medical Examination Report Dated May 25, 1973
Name of Physician James C. Southard

FEMALE
Medical Examination Report Dated May 25, 1973
Name of Physician James C. Southard

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

MALE APPLICANT

Name: First Dan Middle M. Last Tharp
Date of Birth: Month Sept. Day 23 Year 1952
Place of Birth (State or foreign country) Indpls, Ind. Marion
Residence Address: Street or R. R. R.R. 1 Box 232 City Plainfield 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 Maintance
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 H. Tharp
    Residence of father (if deceased so state) Same
    Occupation of father Management Race of father W
    Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Mildred L. Pickerrell
    Residence of mother (if deceased so state) Same
    Occupation of mother Office Worker 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 x Dan Michael Tharp
New Address 290 old North Salem Rd. Danville Ind

Subscribed and sworn to before me this 25th day of May, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 Tina Middle K. Last Jones
Date of Birth: Month June Day 19 Year 1955
Place of Birth (State or foreign country) Indpls. Ind. Marion
Residence Address: Street or R. R. 321 W. Main 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 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 Harold G. Jones
   Residence of father (if deceased so state) —
   Occupation of father — Race of father —
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Rechaby J. Mc Allister
   Residence of mother (if deceased so state) Same
   Occupation of mother Beautician Race of mother W
   Birthplace of mother (State or foreign country) Missouri

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

Signed x Tina Kathleen Jones
New Address 290 old North Salem Road Danville

Subscribed and sworn to before me this 25th day of May, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

OR

Hilden Tharp, Mildred Tharp, hereby give ~~my~~ consent for
Son, Dan Michael Tharp to
marry Tina Kathleen Jones.
Mildred Tharp Hilden Tharp

Subscribed and sworn to before me this 26th day of May 1973
Ann E. Wickstrom Notary Public
Commission expires:
5/21/76

.....Father
.....Mother
....., 19.....
.....Clerk

...med parties, the
.....and filed

.....Circuit Court
...usband and wife

....., County of Hendricks,
ride Tina K. Jones of Hendricks County, State of Indiana
of Hendricks County, State of Indiana,
were by me united 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 May, 1973.

Signed Norman L. Kesner
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of June, 19 73.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 183
File Book 34
May 25, 1973
Date of Application

MALE
Medical Examination Report Dated May 25, 1973
Name of Physician James C. Southard

FEMALE
Medical Examination Report Dated May 25, 1973
Name of Physician James C. Southard

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

MALE APPLICANT

Name: First: Dan | Middle: M. | Last: Tharp

Date of Birth: Month: Sept. | Day: 23 | Year: 1952

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

Residence Address: Street or R. R.: R.R. 1 Box 232 | City: 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: Maintance

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

☐ Other (Specify).....

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

    Name | Age | Address

    (b) Are you supporting or contributing to their 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 H. Tharp
    Residence of father (if deceased so state): Same
    Occupation of father: Management | Race of father: W
    Birthplace of father (State or foreign country): Ind.
12. Full maiden name of mother: Mildred L. Pickerell
    Residence of mother (if deceased so state): Same
    Occupation of mother: Office Worker | 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: x Dan Michael Tharp
New Address: 290 old North Salem Rd. Danville Ind

Subscribed and sworn to before me this 25th day of May, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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: Tina | Middle: K. | Last: Jones

Date of Birth: Month: June | Day: 19 | Year: 1955

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

Residence Address: Street or R. R.: 321 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: 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: Harold G. Jones
   Residence of father (if deceased so state): —
   Occupation of father: — | Race of father: —
   Birthplace of father (State or foreign country): Ind.
8. Full maiden name of mother: Rechaby J. Mc Allister
   Residence of mother (if deceased so state): Same
   Occupation of mother: Beautician | Race of mother: W
   Birthplace of mother (State or foreign country): Missouri

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

Signed: x Tina Kathleen Jones
New Address: 290 old North Salem Road Danville

Subscribed and sworn to before me this 25th day of May, 19 73.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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

med parties, the
.....and filed

.....Circuit Court
sband and wife
.....
.....,
.....,
ducks,
.....County, State of Indiana
.....County, State of Indiana,

I, Rechaby Jones, hereby give my consent for my daughter, Tina Kathleen Jones to marry Dan Michael Tharp.

Subscribed and sworn to before me this 25 day of May 19 73

Helen Tharp
Notary Public
10-14-76

were by me united 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 May, 19 73.

Signed: Norman L. Kenner
Official Designation: Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of June, 19 73.

Signed: Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 194
File Book 34
May 25, 1973
Date of Application

MALE
Medical Examination Report Dated 5-24-73
Name of Physician Lloyd D. Terry, M.D.

FEMALE
Medical Examination Report Dated 5-16-73
Name of Physician Lloyd D. 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 Carl Middle — Last Smith
Date of Birth: Month May Day 16 Year 1952
Place of Birth (State or foreign country): Indianapolis Marion Co. Ind.
Residence Address: Street or R. R. Box 87 City Lizton 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
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Cert. #
☐ Other (Specify) Ind. State Bd. of Health 113-52-036780

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

Name	Age	Address

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

11. Full name of father Elmer Smith
Residence of father (if deceased so state) Box 57, Lizton Ind.
Occupation of father Serv. Sta. Attendant Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Bessie Lovins
Residence of mother (if deceased so state) Box 57, Lizton Ind.
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 Carl Smith
×New Address 108-7 Married Student Court West Lafayette, Ind.
Subscribed and sworn to before me this 25 day of May, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Jo Last Ginn
Date of Birth: Month May Day 19 Year 1952
Place of Birth (State or foreign country) Witham Mem. Hosp. Lebanon. Boone Co. Ind.
Residence Address: Street or R. R. P.O. Box 115 City Lizton 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 m. Welsh R.N.
☐ Other (Specify) Witham Memorial 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 Marion Cecil Ginn
Residence of father (if deceased so state) P.O. Box 115, Lizton Ind.
Occupation of father Banker Race of father W
Birthplace of father (State or foreign country) Lizton, Ind.
8. Full maiden name of mother Alice Jane Hughes
Residence of mother (if deceased so state) P.O. Box 115, Lizton
Occupation of mother Secretary Race of mother W
Birthplace of mother (State or foreign country) Brownsburg Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
×Signed Barbara Jo Ginn
New Address 108-7 Married Students Court West Lafayette, Ind.
Subscribed and sworn to before me this 25 day of May, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *, 19....., authorizing the joining together as husband and wife of Indiana dated the* 31 *day of* May *and* Barbara Jo Ginn Carl Smith

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

I, Merrill Tritle hereby certify that on the 1st day of June, at Lebanon, County of Boone, one thousand nine hundred and Seventy-Three, State of Indiana, Groom Carl Smith of Hendricks County, State of Indiana, and, Bride Barbara Jo Ginn of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of June, 19 73. Signed Merrill Tritle
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* June, 19 73.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 185
File Book 34
May 25, 1943
Date of Application

MALE
Medical Examination Report Dated 5-22-43
Name of Physician C. I. Mafara, M.D.

FEMALE
Medical Examination Report Dated 5-15-43
Name of Physician Robert B. Failey, Jr.

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

MALE APPLICANT

Name: First Everett Middle C. Last Smith
Date of Birth: Month 3 Day 5 Year 1912
Place of Birth (State or foreign country) Hickman Kentucky
Residence Address: Street or R. R. Rt # 8 City North Salem 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 Grocer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Drivers License # 5303-07-9896 08

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
☒ Signed Everett C. Smith
New Address Rt # 8, No. Salem, Indiana
Subscribed and sworn to before me this 25th day of May, 19 43.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Neoma Middle Darlene Last Rabling
Date of Birth: Month 3 Day 24 Year 1935
Place of Birth (State or foreign country) Birdseye Indiana
Residence Address: Street or R. R. R.R. #1 City No. Salem County Indiana State
Maiden Name if Different Naomi Darlene Wright
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Hendricks C. Sept. 1942
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Nurse
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Drivers License # 312-36-5514 08

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Frederick Wright
Residence of father (if deceased so state) deceased
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Birdseye, Indiana
8. Full maiden name of mother Orpha Sanders
Residence of mother (if deceased so state) Jefferson St. Enonsville, Ind
Occupation of mother Laundry Attendant Race of mother W
Birthplace of mother (State or foreign country) Birdseye, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
☒ Signed Neoma Darlene Rabling
New Address Rt # 8, No. Salem, Indiana
Subscribed and sworn to before me this 25th day of May, 19 43
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 29 *day of* May, 19 43, *authorizing the joining together as husband and wife* Everett C. Smith *and* Neoma Darlene Rabling.

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

I, Victor S. Koonty, hereby certify that on the 2nd day of June, one thousand nine hundred and Forty-three at Vermillion, County of Indiana, State of Indiana, Groom Everett C. Smith of Hendricks County, State of Indiana, and, Bride Neoma Darlene Rabling of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of June, 19 43.

Signed Victor S Koonty
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of June, 19 43.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 186
File Book 34
May 26, 1973
Date of Application

MALE
Medical Examination Report Dated May 23, 1973
Name of Physician Dr. Elmer L. Koch MD

FEMALE
Medical Examination Report Dated May 25, 1973
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 David, Middle L., Last Storm
Date of Birth: Month Dec., Day 10, Year 1952
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address: Street or R. R. R.R. #1 Box 109, City Liston, 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) 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 William Joseph Storm
    Residence of father (if deceased so state) R.R. #1 Box 109 Liston
    Occupation of father Foreman Race of father
    Birthplace of father (State or foreign country) Liston, Ind.
12. Full maiden name of mother Loretta Lina Carmie
    Residence of mother (if deceased so state) R.R. #1 Box 109 Liston
    Occupation of mother Housewife Race of mother
    Birthplace of mother (State or foreign country) Naples Italy

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed David L. Storm
New Address Box 108 B, North Salem, Ind
Subscribed and sworn to before me this 26 day of May, 1973.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Sue, Middle Ann, Last Griggs
Date of Birth: Month April, Day 19, Year 1952
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. Box 108 B., City North Salem, 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) # 3713

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Griggs
   Residence of father (if deceased so state) Box 108 B North Salem
   Occupation of father Truck Driver Race of father
   Birthplace of father (State or foreign country) North Salem
8. Full maiden name of mother Norma Louise Burgan
   Residence of mother (if deceased so state) Box 108 B.
   Occupation of mother Housewife Race of
   Birthplace of mother (State or foreign country) North

State of Indiana, County of HENDRICKS } ss: I depose and st... in this applica...
Signed Sue Ann ...
New Address Same
Subscribed and sworn to before me this 26 day of ...
Glen M. Harvey Clerk HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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 May, 19 73 authorizing the joining together as husband and wife David L Storm and Sue Ann Griggs.

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

I, Earl C Davis hereby certify that on the 2nd day of June, one thousand nine hundred and Seventy-Three at North Salem Christian Church County of Hendricks, State of Indiana, Groom David Louis Storm of Hendricks County, State of Indiana, and, Bride Sue Ann Griggs of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of June, 19 73. Signed Earl C Davis, B.D.
Official Designation Minister - Counselor

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of June, 19 73. Signed Glen M Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 187
File Book 34
May 29, 1973
Date of Application

MALE
Medical Examination Report Dated 5-26-73
Name of Physician Philip A. Roper

FEMALE
Medical Examination Report Dated 5-16-73
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 Milton Middle A. Last Crain
Date of Birth: Month June Day 5 Year 1941
Place of Birth (State or foreign country) Woodson Ill.
Residence Address: Street or R. R. 3333 E. Chestnut City Decatur, County Macon. State Ill. 62521
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Ill. 1973
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Asst Manager
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Bk. 26 - 123

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

Name	Age	Address
Judy Crain	10	Same
Joyce	8	Same
Jan Ann	5	Same
Barbara	3	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, Has legal custody ☐ No ☐
11. Full name of father William Bethel Crain
    Residence of father (if deceased so state) Edenburg, Ill
    Occupation of father Retired Race of father
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Virginia Pearl Weller
    Residence of mother (if deceased so state) Same
    Occupation of mother Nurse Race of mother
    Birthplace of mother (State or foreign country) Jerseyville, Ill.

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

Signed Milton A. Crain
New Address 3333 E. Chestnut Decatur, Ill.

Subscribed and sworn to before me this 29 day of May, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Linda Middle Lou Last Malicoat
Date of Birth: Month 9 Day 13 Year 1945
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 152 North Cross St. 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 Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-45-04917

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 D. Malicoat
   Residence of father (if deceased so state) Same
   Occupation of father Custodian Race of father
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Beatrice Irene Tegues
   Residence of mother (if deceased so state) Same
   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 Linda Lou Malicoat
New Address
Subscribed and sworn to before me this 29 day of May, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7 day of June, 19 73, authorizing the joining together as husband and wife Milton A. Crain and Linda Lou Malicoat

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

I, Rev. Ronald E. McDugle hereby certify that on the 9th day of June, one thousand nine hundred and 73 at First Baptist Church, County of Hendricks, State of Indiana, Groom Milt Crain of Mason County, State of Illinois, and, Bride Linda Malicoat of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9th day of June, 1973.

Signed Ronald E. McDugle
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of June, 19 73

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 188

File May 29 1973
Date of Application

MALE
Medical Examination Report Dated May 14 1973
Name of Physician Dr M O Scamahorn

FEMALE
Medical Examination Report Dated May 14 1973
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 Richard Middle Alan Last Myers
Date of Birth: Month January Day 24 Year 1946
Place of Birth (State or foreign country) Lebanon
Residence Address: Street or R. R. 102 S Smith City Pittsboro 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 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
Jennifer	3	W 79th Zionsville

    (b) Are you supporting or contributing to their 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 Myers
    Residence of father (if deceased so state) Deceased
    Occupation of father Self Emp. Race of father W
    Birthplace of father (State or foreign country) New Augusta Ind
12. Full maiden name of mother Julia Alberta Allen
    Residence of mother (if deceased so state) 114 S Green Brownsburg
    Occupation of mother Clerk Race of mother W
    Birthplace of mother (State or foreign country) Monrovia Ind.

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

Signed × Richard Alan Myers
New Address Same

Subscribed and sworn to before me this 29 day of May, 1973.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Marjorie Middle Ellen Last Hayes
Date of Birth: Month June Day 25 Year 1950
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. Box 144 City Pittsboro County Hend State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Receptionist
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Alex Hayes
   Residence of father (if deceased so state) 618 Hubbard Dr Lizton
   Occupation of father Ind. Painter Race of father W
   Birthplace of father (State or foreign country) Tennessee
8. Full maiden name of mother Lily Arletta Hughes
   Residence of mother (if deceased so state) Same
   Occupation of mother Factory 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 × Marjorie Ellen Hayes
New Address 102 S Smith

Subscribed and sworn to before me this 29 day of May, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 2 day of June, 19 73, authorizing the joining together as husband and wife Richard Alan Myers and Marjorie Ellen Hayes

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

I, Stanley K Hicks hereby certify that on the 9th day of June, one thousand nine hundred and 73 at Hazelwood, County of Hendricks, State of Indiana, Groom Richard Alan Myers of Hendricks County, State of Indiana, and, Bride Marjorie Ellen 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 9th day of June, 19 73. Signed Stanley K Hicks
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of June, 19 73.
Signed Glen M Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 189
File Book 3F
May 29, 1973
Date of Application

MALE
Medical Examination Report Dated 4-30-1973
Name of Physician John F. Spahr, M.D.

FEMALE
Medical Examination Report Dated 4-30-73
Name of Physician John F. Spahr, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Dale Last Dersham
Date of Birth: Month Feb. Day 16 Year 1950
Place of Birth (State or foreign country) Waterloo Seneca Co. New York
Residence Address: 1159 E. River St. Elyria Lorain Ohio
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Dist. No. 493
☐ Other (Specify) N.Y. Dept of Health, Reg. #29

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 Franklin Dersham
    Residence of father (if deceased so state) 1159 E. River St. Elyria N.Y.
    Occupation of father Clergy Race of father W
    Birthplace of father (State or foreign country) Waterloo, N.Y.
12. Full maiden name of mother Eleanor Marie Wheaton
    Residence of mother (if deceased so state) 1159 E. River St. Elyria
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) New York

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

× Signed Michael Dale Dersham
New Address Grand Blanc, Michigan

Subscribed and sworn to before me this 29 day of May, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Marleah Middle Kay Last Namy
Date of Birth: Month July Day 2 Year 1953
Place of Birth (State or foreign country) Coleman Hosp. Indianapolis Marion Ind.
Residence Address: 22 Stoneybrook Drive Brownsburg Hend Co. Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation —
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dept. of Public Health Local #6499

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Mooneir Namy
   Residence of father (if deceased so state) 22 Stoneybrook, Brownsburg,
   Occupation of father Furniture Salesman Race of father W
   Birthplace of father (State or foreign country) Penna.
8. Full maiden name of mother Gloria Deane Kennard
   Residence of mother (if deceased so state) 22 Stoneybrook, B'burg.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Indpls. 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 Marleah Kay Namy
New Address Grand Blanc, Mich.

Subscribed and sworn to before me this 29 day of May, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 19 73, *authorizing the joining together as husband and wife* Michael Dale Dersham *and* Marleah Kay Namy.

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

I, James F. Dersham *hereby certify that on the* 30 *day of* June, *one thousand nine hundred and* 73 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Michael D. Dersham *of* Lorain *County, State of* Ohio *and, Bride* Marleah K. Namy *of* Hendricks *County, State of* Indiana, *were by me united 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 73.

Signed James F. Dersham
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* July, 19 73.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 190
File Book 34
May 29 1973
Date of Application

MALE
Medical Examination Report Dated May 23 1973
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated May 23 1973
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 Benjamin Middle Oscar Last Butler
Date of Birth: Month July Day 6 Year 1934
Place of Birth (State or foreign country) Ind. Indianapolis
Residence Address: Street or R. R. 416 N. Center 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 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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father James H. Butler
    Residence of father (if deceased so state) Deceased
    Occupation of father Postal Employee Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Myrtle Estes
    Residence of mother (if deceased so state) 416 Center
    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 Benjamin Oscar Butler
New Address 890 Ridgewood Dr Plainfield
Subscribed and sworn to before me this 29 day of May, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Louise Last Jamison
Date of Birth: Month March Day 31 Year 1945
Place of Birth (State or foreign country) Seymour
Residence Address: Street or R. R. 890 Ridgewood Dr City Plainfield County Hend State Ind.
Maiden Name if Different Same
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Clerical
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Travis G. Jamison
   Residence of father (if deceased so state) RR 1 Vallonia Ind
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Esther L. McCrary
   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 Sharon Louise Jamison
New Address Same
Subscribed and sworn to before me this 29 day of May, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....
of Indiana dated the 2 day of June, 1973., authorizing the joining together as husband and wife
Benjamin Oscar Butler and Sharon Louise Jamison
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William R. Ware hereby certify that on the 9th day of June, 1973, at Vallonia, County of Jackson,
one thousand nine hundred and 73 of Hendricks County, State of Indiana,
State of Indiana, Groom Benjamin Oscar Butler of Hendricks County, State of Indiana,
and, Bride Sharon Louise Jamison of Hendricks HENDRICKS
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County.
Dated this Ninth day of June, 1973. Signed William R. Ware Jr.
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of June, 19 73
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 191
File Book #34
May 29, 1973
Date of Application

MALE
Medical Examination Report Dated May 24, 1973
Name of Physician Malcolm O. Scamahorn, Md

FEMALE
Medical Examination Report Dated May 26, 1973
Name of Physician Malcolm 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: Robert (First) Lee (Middle) Gentry (Last)
Date of Birth: June (Month) 11 (Day) 1948 (Year)
Place of Birth (State or foreign country): Indianapolis (Marion Co) Indiana (City, County, State)
Residence Address: R.R. #1 (Street or R. R.) Pittsboro (City), 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: Farming
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service Card # 12-30-48-176

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 A. Gentry, Jr.
    Residence of father (if deceased so state): R. #1 Bx 40 Pittsboro, Ind
    Occupation of father: Farmer Race of father: W
    Birthplace of father (State or foreign country): Pittsboro, Indiana
12. Full maiden name of mother: Katherine Irene Westfall
    Residence of mother (if deceased so state): R#1 Bx 40, Pittsboro, Ind
    Occupation of mother: Housewife Race of mother: W
    Birthplace of mother (State or foreign country): East Moline, Illinois

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

X Signed Robert L. Gentry
New Address 118 So. Maple, Pittsboro, Ind

Subscribed and sworn to before me this 29th day of May, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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: Donna (First) Gail (Middle) Carter (Last)
Date of Birth: May (Month) 22 (Day) 1973 (Year)
Place of Birth (State or foreign country): Harlan (Harlan Co) Kentucky (City, County, State)
Residence Address: R.R. #1 (Street or R. R.) Pittsboro (City), 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: Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Commonwealth of Kentucky # 7034

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Freeman A. Carter
   Residence of father (if deceased so state): R#1 Bx 178, Pittsboro, Ind
   Occupation of father: Foreman - GM Race of father: W
   Birthplace of father (State or foreign country): Waldensia, Penn.
8. Full maiden name of mother: Bernadine Collins
   Residence of mother (if deceased so state): R#1 Bx 178, Pittsboro, Ind
   Occupation of mother: Housewife Race of mother: W
   Birthplace of mother (State or foreign country): Carbondale, Kentucky

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

X Signed Donna G. Carter
X New Address 118 So. Maple, Pittsboro, Ind

Subscribed and sworn to before me this 29th day of May, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 19 73, *authorizing the joining together as husband and wife* Robert Lee Gentry *and* Donna Gail Carter

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

I, Robert D Smith Jr. hereby certify that on the 9 day of June, one thousand nine hundred and 73 at Pittsboro, County of Hendricks, State of Indiana, Groom Robert Lee Gentry of Hendricks County, State of Indiana, and, Bride Donna Gail 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 2 day of June, 19 73.

Signed Robert D. Smith Jr.
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* June, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 192
File Book #3d
May 29 1973
Date of Application

MALE
Medical Examination Report Dated May 24, 1973
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated May 24, 1973
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 Robert Middle Ross Last Denman
Date of Birth: Month July Day 16 Year 1953
Place of Birth (State or foreign country) South Bend (St. Joseph) Indiana
Residence Address: Street or R. R. Bx #59 City Jamestown 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 Navy
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) South Bend Dept of Health

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Arthur Argus Denman
    Residence of father (if deceased so state) deceased
    Occupation of father Meat cutter Race of father W
    Birthplace of father (State or foreign country) South Bend Ind.
12. Full maiden name of mother Juanita Ruth Hartman
    Residence of mother (if deceased so state) Bx 59, Jamestown Ind.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Allen Co, Indiana

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

Signed Robert Ross Denman
✗New Address Bx #21 Coatsville Indiana
Subscribed and sworn to before me this 29th day of May, 19 73.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 Juanita R Denman Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Sylvia Middle Jean Last Wethington
Date of Birth: Month March Day 7 Year 1955
Place of Birth (State or foreign country) Versailles Kentucky (Woodford Co)
Residence Address: Street or R. R. Bx #21 City Coatsville 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 None
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Woodford Co Memorial Hospital Versailles Ky.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Mitchell Wethington
   Residence of father (if deceased so state) Bx #21 Coatsville, Ind
   Occupation of father Industry Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Mary Ruth McFarland
   Residence of mother (if deceased so state) Bx #21, Coatsville, Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Midway, Kentucky

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

✗Signed Sylvia Jean Wethington
✓New Address Bx #21 Coatsville, Indiana
Subscribed and sworn to before me this 29th day of May, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 May 30 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of May 19 73, authorizing the joining together as husband and wife Robert Ross Denman and Sylvia Jean Wethington

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

I, Henry W. Kincaid hereby certify that on the 1st day of June one thousand nine hundred and Seventy-three at Jamestown, County of Boone State of Indiana, Groom Robert Ross Denman of Boone County, State of Indiana, and, Bride Sylvia Jean Wethington of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of June, 19 73.

Signed Harry W. Kincaid
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of June, 19 73

Signed Glen M Harvey Clerk HENDRICKS Circuit Court

500

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 193
File Book #34
May 30, 1973
Date of Application

MALE
Medical Examination Report Dated May 26, 1973
Name of Physician J. Thomas Vieira, M.D.

FEMALE
Medical Examination Report Dated May 26, 1973
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 Marc Middle Allen Last Sullivan
Date of Birth: Month December Day 23 Year 1952
Place of Birth (State or foreign country) Noblesville Indiana
Residence Address: Street or R. R. R.#2 Bx 139 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 Construction
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Rec'd #11-14 P. 5-4
☐ Other (Specify) Hamilton Co. Dept of Health

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 G. Sullivan
    Residence of father (if deceased so state) 10250 W. Calef, Denver, Colo.
    Occupation of father Management Race of father W
    Birthplace of father (State or foreign country) Tennessee
12. Full maiden name of mother Laura Adelle Porter
    Residence of mother (if deceased so state) 10250 W Calef, Denver, Colo.
    Occupation of mother Telephone Operator 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.

X Signed Marc A. Sullivan
New Address R.R. #2 Bx 139, Indianapolis, Ind.

Subscribed and sworn to before me this 30th day of May, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

...s, of this applicant hereby give consent for this marriage. If only one parent
...s which render the consent of the other parent unnecessary.....

HENDRICKS } ss:

Signed.....Father
Signed.....Mother
...orn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Cindy Middle Jo Last Murphy
Date of Birth: Month March Day 9 Year 1955
Place of Birth (State or foreign country) Terre Haute Indiana
Residence Address: Street or R. R. R.#2 Bx 26 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 Cashier
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Cert. #113-55-032498
☐ Other (Specify) Ind. State Bd of Health

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Edgar Murphy
   Residence of father (if deceased so state) deceased
   Occupation of father Kroger's Race of father W
   Birthplace of father (State or foreign country).....
8. Full maiden name of mother Elberta Mary Abercrombie
   Residence of mother (if deceased so state) R.#2 Bx 26, Clayton, Ind.
   Occupation of mother Allison's - Cafeteria 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.

X Signed Cindy Jo Murphy
New Address R.R. #2 Bx 139, Indianapolis, Ind.

Subscribed and sworn to before me this 30th day of May, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

...e It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court*
...d the 5th *day of* June, 19 73, *authorizing the joining together as husband and wife*
...c Allen Sullivan and Cindy Jo Murphy
... remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. William F. Whipple hereby certify that on the 6th day of June,
one thousand nine hundred and 73 at Belleville United Methodist Church, County of Hendricks,
State of Indiana, Groom Marc Allen Sullivan of Hendricks County, State of Indiana,
and, Bride Cindy Jo Murphy of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 10th day of June, 19 73.

Signed Rev. William F. Whipple
Official Designation United Methodist minister

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* June, 19 73.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

500

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 193
File Book #34
May 30, 1973
Date of Application

MALE
Medical Examination Report Dated May 26, 1973
Name of Physician J. Thomas Vieira, M.D.

FEMALE
Medical Examination Report Dated May 26, 1973
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 Marc Middle Allen Last Sullivan
Date of Birth: Month December Day 23 Year 1952
Place of Birth (State or foreign country) Noblesville Indiana
Residence Address: Street or R. R. R. #2 Box 139 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 Construction
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Book H-14 p. 54
☐ Other (Specify) Hamilton Co. Dept of Health

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 G. Sullivan
    Residence of father (if deceased so state) 10250 W. Colfax, Denver, Colo.
    Occupation of father Management Race of father W
    Birthplace of father (State or foreign country) Tennessee
12. Full maiden name of mother Laura Adelle Porter
    Residence of mother (if deceased so state) 10250 W Colfax, Denver, Colo.
    Occupation of mother Telephone Operator 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.

X Signed Marc A. Sullivan
New Address R.R. #2 Bx 139, Indianapolis, Ind.

Subscribed and sworn to before me this 30th day of May, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

I, Ralph G Sullivan (father) Laura Adelle Sullivan (mother), hereby give my consent for my Son, Marc Allen Sullivan to marry Cindy Jo Murphy.

Subscribed and sworn to before me this 1 day of May 1973

Notary Public
My Commission expires Jan. 23, 1975

Be it further remembered, that I, Rev. William F. Whipple hereby certify that on the 6th day of June, one thousand nine hundred and 73, at Belleville United Methodist Church, County of Hendricks, State of Indiana, Groom Marc Allen Sullivan of Hendricks County, State of Indiana, and, Bride Cindy Jo Murphy of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 10th day of June, 1973.

Signed Rev. William F. Whipple
Official Designation United Methodist minister

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of June, 1973.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Cindy Middle Jo. Last Murphy
Date of Birth: Month March Day 9 Year 1955
Place of Birth (State or foreign country) Terre Haute Indiana
Residence Address: Street or R. R. R. #2 Box 26 City Clayton 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 Cashier
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Cert. #113-55-032498
☐ Other (Specify) Ind. State Bd of Health

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Edgar Murphy
   Residence of father (if deceased so state) deceased
   Occupation of father Kroger's Race of father W
   Birthplace of father (State or foreign country).....
8. Full maiden name of mother Elberta Mary Cleaveland
   Residence of mother (if deceased so state) R. #2 Bx 26, Clayton, Ind.
   Occupation of mother Allison's - Cafeteria 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.

X Signed Cindy Jo Murphy
New Address R.R. #2 Bx 139, Indianapolis, Ind.

Subscribed and sworn to before me this 30th day of May, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 194
File Book 34
May 30 1973
Date of Application

MALE
Medical Examination Report Dated 5-25-73
Name of Physician Richard T. Nolin

FEMALE
Medical Examination Report Dated 5-25-73
Name of Physician Richard T. Nolin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Douglas Last Murphy
Date of Birth: Month Sept. Day 21 Year 1944
Place of Birth (State or foreign country) Frankfort Ind.
Residence Address: Street or R. R. 7040 W. Jackson City Zionsville 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 Salesman
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Murphy
    Residence of father (if deceased so state) Denver Colo.
    Occupation of father Engineer Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Union Maines
    Residence of mother (if deceased so state) Kokomo Ind.
    Occupation of mother Secy 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 Michael Douglas Murphy
New Address 511 Saratoga Brownsburg
Subscribed and sworn to before me this 30 day of May, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Patricia Middle Lou Last Heady
Date of Birth: Month March Day 10 Year 1946
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: 511 Saratoga Dr Street or R. R. Brownsburg City Hend. County Ind. State
Maiden Name if Different Nash
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) Cert. of Baptism

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Richard Nash
   Residence of father (if deceased so state) 10815 Broadway Indpls.
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Helen Elizabeth Barkheimer
   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 Patricia Lou Heady
New Address Same
Subscribed and sworn to before me this 30 day of May, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of June, 1973, authorizing the joining together as husband and wife Michael Douglas Murphy and Patricia Lou Heady

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

I, S Howard Davidson hereby certify that on the Fourth day of June, at Calvary United Methodist Church, Brownsburg, County of Hendricks, one thousand nine hundred and Seventy-three, State of Indiana, Groom Michael Douglas Murphy of Marion County, State of Indiana, and, Bride Patricia Lou Heady of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this Fourth day of June, 1973. Signed S Howard Davidson
Official Designation Minister, 1973.

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of June, 1973. Signed Glen M Harvey Clerk HENDRICKS Circuit Court

502

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 195
File Book 34
May 31 1973
Date of Application

MALE
Medical Examination Report Dated May 25, 1973
Name of Physician R. W. Kirtley

FEMALE
Medical Examination Report Dated May 25, 1973
Name of Physician R. W. Kirtley

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

MALE APPLICANT

Name: First Robert Middle P. Last Borg
Date of Birth: Month April Day 11 Year 1951
Place of Birth (State or foreign country) Florida
Residence Address: Street or R. R. 209 A. Rockshire Rd. City Indpls. 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 Labor
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) A310-56-4747

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

Name Age Address

(b) Are you supporting or contributing to their 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 L. Borg
Residence of father (if deceased so state) 2009 Clarmont, Mich. Cy. Ind.
Occupation of father Salesman Race of father W
Birthplace of father (State or foreign country) Conn.
12. Full maiden name of mother Helen T. O'Connell
Residence of mother (if deceased so state) 2009 Clarmont, Mich Cy., Ind.
Occupation of mother Store manager Race of mother W
Birthplace of mother (State or foreign country) Conn.

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

Signed X R. Peter Borg
New Address 209 A. Rockshire Rd

Subscribed and sworn to before me this 31 day of May, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 M. Last Collins
Date of Birth: Month July Day 3 Year 1950
Place of Birth (State or foreign country) Mont.
Residence Address: Street or R. R. 402 S. Wayne St. 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 Teacher
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) 5305-52-2659

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Woodrow Woodfin Collins
Residence of father (if deceased so state) 207 Raven Dr. Mich Cy. Ind.
Occupation of father Salesman Race of father W
Birthplace of father (State or foreign country) Ga.
8. Full maiden name of mother Margaret M. Lyndes
Residence of mother (if deceased so state) 207 Raven Dr. Mich Cy., Ind.
Occupation of mother Cafeteria Worker Race of mother W
Birthplace of mother (State or foreign country) Mont.

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

Signed X Marilyn M. Collins
New Address 209 A Rockshire Rd.

Subscribed and sworn to before me this 31 day of May, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 19 73, *authorizing the joining together as husband and wife* Robert P. Borg *and* Marilyn M. Collins

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

I, Msgr. T. J. Melevage *hereby certify that on the* 8th *day of* June, *one thousand nine hundred and* 73 *at* Notre Dame Church, *County of* La Porte, *State of Indiana, Groom* Robert P. Borg *of* La Porte Michigan City *County, State of* Indiana *and, Bride* Marilynd M. Collins *of* La Porte *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 4 *day of* June, 19 73.

Signed Msgr. T. J. Melevage
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* June, 19 73.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 196
File Book 34
May 31, 1973
Date of Application

MALE
Medical Examination Report Dated May 29, 1973
Name of Physician Elmer L. Koch

FEMALE
Medical Examination Report Dated May 29, 1973
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 Alan Middle R. Last Mills
Date of Birth: Month July Day 9 Year 1946
Place of Birth (State or foreign country) Pearisburg Va.
Residence Address: 610 W Main Plainfield 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 Marion Co. Deputy Sheriff
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Sleetwise Serv. 12 208 46 544

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 R. Mills
    Residence of father (if deceased so state) Denver Colo.
    Occupation of father Engineer Race of father W
    Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Mildred F. Myers
    Residence of mother (if deceased so state) Dec.
    Occupation of mother ——— Race of mother W
    Birthplace of mother (State or foreign country) W. Va.

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

Signed X Alan R. Mills
New Address 610 W. MAIN, PLAINFIELD
Subscribed and sworn to before me this 31 day of May, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Patricia Middle I Last Hawkins
Date of Birth: Month July Day 3 Year 1954
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address: 610 W. Main Plainfield Ind.
Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Housewife
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Claude T. Hawkins
   Residence of father (if deceased so state) Plainfield Ind.
   Occupation of father Truck driver Race of father W
   Birthplace of father (State or foreign country) Mo.
8. Full maiden name of mother Bernice Snyder
   Residence of mother (if deceased so state) Plainfield, Ind.
   Occupation of mother housewife 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 X Patricia I Hawkins
New Address 610 W Main, Plainfield
Subscribed and sworn to before me this 31 day of May, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 4th day of June, 19 73, authorizing the joining together as husband and wife Alan R. Mills and Patricia I. Hawkins

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

I, Rev Louis Gibson hereby certify that on the 8th day of June, one thousand nine hundred and Seventy-Three at Indianapolis, County of Marion, State of Indiana, Groom Alan R. Mills of Hendricks County, State of Indiana, and, Bride Patricia I. Hawkins of Hendricks County, State of Indiana, were by me united 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 June, 19 73. Signed Rev Louis Gibson
Official Designation Pastor of Charity Tab.

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of June, 19 73. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 197
File Book #34
May 31, 1973
Date of Application

MALE
Medical Examination Report Dated May 29, 1973
Name of Physician John Ellett, Jr., M.D.

FEMALE
Medical Examination Report Dated May 29, 1973
Name of Physician John Ellett, Jr., M.D.

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

MALE APPLICANT

Name: First Robert, Middle Gene, Last Robinson
Date of Birth: Month October, Day 27, Year 1949
Place of Birth (State or foreign country): Putnam Co Hospital, Indiana
Residence Address: Street or R. R. R.R. #2, City Cootesville, 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: Construction
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Putnam Co Hospital #33 0926.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name / Age / Address
    (b) Are you supporting or contributing to their 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 Allen Robinson
    Residence of father (if deceased so state): R. #2 Cootesville, Indiana
    Occupation of father: Farmer Race of father: W
    Birthplace of father (State or foreign country).....
12. Full maiden name of mother: Barbara Jean Kelly
    Residence of mother (if deceased so state): R #2 Cootesville, Indiana
    Occupation of mother: R R Mallory 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 Robert Gene Robinson
New Address Ano, Indiana
Subscribed and sworn to before me this 31st day of May, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Cynthia, Middle Ann, Last Cox
Date of Birth: Month May, Day 21, Year 1955
Place of Birth (State or foreign country): Indianapolis, Indiana (Methodist-Marion)
Residence Address: Street or R. R. Cootesville, 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: Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Methodist Hospital #5213

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Eddie Carroll Cox
   Residence of father (if deceased so state): Cootesville, Ind
   Occupation of father: Power & Light Co Race of father: W
   Birthplace of father (State or foreign country).....
8. Full maiden name of mother: Shirley Jane Wheeler
   Residence of mother (if deceased so state): Cootesville, Ind.
   Occupation of mother: Waitress 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 Cynthia Ann Cox
New Address Ano, Indiana
Subscribed and sworn to before me this 31st day of May, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued....., and filed ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 31st day of May, 19 73, authorizing the joining together as husband and wife Robert Gene Robinson and Cynthia Ann Cox

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

I, Keith Purcell hereby certify that on the 2nd day of June, one thousand nine hundred and seventy three at Belleville, County of Hendricks, State of Indiana, Groom Robert Gene Robinson of Hendricks County, State of Indiana, and, Bride Cynthia Ann Cox of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of June, 19 73.

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 June, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 194
File Book #34
May 31, 1973
Date of Application

MALE
Medical Examination Report Dated May 29, 1973
Name of Physician John Ellett, Jr., M.D.

FEMALE
Medical Examination Report Dated May 29, 1973
Name of Physician John Ellett, Jr., M.D.

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

MALE APPLICANT

Name: First Robert Middle Gene Last Robinson
Date of Birth: Month October Day 27 Year 1949
Place of Birth (State or foreign country): Putnam Co Hospital Indiana
Residence Address: Street or R. R. R.R. #2 City Coatesville 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: Construction
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Putnam Co Hospital # 330926.

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Allen Robinson
    Residence of father (if deceased so state): R. #2 Coatesville Indiana
    Occupation of father: Farmer Race of father: W
    Birthplace of father (State or foreign country):
12. Full maiden name of mother: Barbara Jean Kelly
    Residence of mother (if deceased so state): R#2 Coatesville, Indiana
    Occupation of mother: P.T. Mallory 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 Robert Gene Robinson
New Address Ano, Indiana

FEMALE APPLICANT

Name: First Cynthia Middle Ann Last Cox
Date of Birth: Month May Day 21 Year 1955
Place of Birth (State or foreign country): Indianapolis, Indiana (Methodist-Marion)
Residence Address: Street or R. R. Coatesville City Coatesville 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: Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Methodist Hospital # 5213

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Eddie Carrall Cox
   Residence of father (if deceased so state): Coatesville, Ind
   Occupation of father: Power & Light Co Race of father: W
   Birthplace of father (State or foreign country):
8. Full maiden name of mother: Shirley Jane Wheeler
   Residence of mother (if deceased so state): Coatesville, Ind.
   Occupation of mother: Waitress 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 Cynthia Ann Cox
New Address Ano, Indiana

Subscribed and sworn to before me this 31st day of May, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

Comes now Robert Robinson
and Cynthia Cox
and orally petition the Court for a waiver of, ~~age requirement, and~~ three days waiting period from the time of making application and the issuance of a marriage license. Court hears evidence and being advised, finds that said waiting period, ~~and age requirements~~, should be waived, and that a license should be issued immediately, provided that all other requirements are met.

only one parent
.....Father
.....Mother
....., 19.....
.....Clerk
d parties, the
.....and filed
.....Circuit Court

of Indiana dated the 31st day of May, 19 73, authorizing the joining together as husband and wife
Robert Gene Robinson and Cynthia Ann Cox
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Keith Purcell hereby certify that on the 2nd day of June,
one thousand nine hundred and seventy three at Belleville, County of Hendricks,
State of Indiana, Groom Robert Gene Robinson of Hendricks County, State of Indiana
and, Bride Cynthia Ann Cox of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 2 day of June, 19 73.

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 June, 19 73.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 198
File Book 34
June 1, 1973
Date of Application

MALE
Medical Examination Report Dated May 21, 1973
Name of Physician James J. Guilty, Jr. M.D.

FEMALE
Medical Examination Report Dated May 22, 1973
Name of Physician 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 Alfred Middle David Last Lundberg
Date of Birth: Month August Day 5 Year 1940
Place of Birth (State or foreign country) Cambridge Wash. Co., New York
Residence Address: Street or R. R. 1150 m Bangkok City I Thailand County State ASIA
Previous 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. Foreign Service
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) State of New York # 59314

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Harold Lundberg
    Residence of father (if deceased so state) Deceased
    Occupation of father Farmer Race of father W
    Birthplace of father (State or foreign country) Easton, New York
12. Full maiden name of mother Ruth Wolff
    Residence of mother (if deceased so state) Easton, New York
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Easton, New York.

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

X Signed Alfred David Lundberg
New Address Bangkok, Thailand

Subscribed and sworn to before me this 4th day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Sue Last Fuson
Date of Birth: Month May Day 26 Year 1950
Place of Birth (State or foreign country) Good Samaritan Hosp. Vincennes Ind.
Residence Address: Street or R. R. R.R. #1 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 student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hosp. Cert. # 25076

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Eugene Fuson
   Residence of father (if deceased so state) Rt. 1, Coatesville
   Occupation of father Teacher High School Race of father W
   Birthplace of father (State or foreign country) Sullivan Co. Ind.
8. Full maiden name of mother Grace Ruth Robinson
   Residence of mother (if deceased so state) Rt. 1 Coatesville
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Bridgeton, Ind.

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

X Signed Brenda Sue Fuson
New Address Bangkok, Thailand

Subscribed and sworn to before me this 1st day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7 *day of* June, 19 73, *authorizing the joining together as husband and wife* Alfred David Lundberg *and* Brenda Sue Fuson

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

I, J. Stanley Howell hereby certify that on the 9th day of June, 19 73 at Coatesville, County of Hendricks, one thousand nine hundred and 73 at Washington County, State of New York, State of Indiana, Groom Alfred David Lundberg of Hendricks County, State of Indiana, and, Bride Brenda Sue Fuson of Hendricks County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of June, 19 73.

Signed J. Stanley Howell
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* June, 19 73

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

506

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 199
File Book 34
June 1, 1973
Date of Application

MALE
Medical Examination Report Dated June 1, 1973
Name of Physician Eric A. Clark, M.D.

FEMALE
Medical Examination Report Dated June 1, 1973
Name of Physician Eric A. 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 Michael Middle J. Last Thurmond
Date of Birth: Month February Day 5 Year 1952
Place of Birth (State or foreign country) Indianapolis (Marion Co) Indiana
Residence Address: Street or R. R. R.R. #1 Bx 173A 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 Sheet Metal Worker
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Methodist Hospital # 976

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 Black Thurmond
    Residence of father (if deceased so state) R.R. #1 Bx 173A, Danville, Ind.
    Occupation of father Sheet Metal Worker Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Naomi Jane Spurrier
    Residence of mother (if deceased so state) R.R. #1 Bx 173A, Danville, Ind.
    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 Michael Thurmond
✗ New Address 303 Drew St, Plainfield Ind.

Subscribed and sworn to before me this 1st day of June, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Butcher Last
Date of Birth: Month April Day 14 Year 1953
Place of Birth (State or foreign country) Hammond Indiana
Residence Address: Street or R. R. 303 Drew 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 Bookkeeper
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ind. State Board of Health # 53-027379

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Jacob Paul Butcher
   Residence of father (if deceased so state) R.R. #1 Bx 629, Plainfield, Ind.
   Occupation of father Factory Worker Race of father W
   Birthplace of father (State or foreign country) Russell Springs Ky.
8. Full maiden name of mother Jacqueline Sause
   Residence of mother (if deceased so state) R.R. #1 Bx 629 Plainfield, Ind
   Occupation of mother Homemaker Race of mother W
   Birthplace of mother (State or foreign country) Russell Springs, Ky.

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

✗ Signed Christine Butcher
New Address 303 Drew St. Plainfield, Ind.

Subscribed and sworn to before me this 1st day of June, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 19 73., *authorizing the joining together as husband and wife* Michael J. Thurmond *and* Christine Butcher

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

I, B. Harry Spurrier hereby certify that on the 16th day of June, one thousand nine hundred and Seventy three at Danville, County of Hendricks, State of Indiana, Groom Michael J. Thurmond of Hendricks County, State of Indiana, and, Bride Christine Butcher of Hendricks County, State of Indiana, were by me united 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, 19 73.

Signed B. Harry Spurrier
Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* June, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 200

File Book 34

June 2, 1973
Date of Application

MALE
Medical Examination Report Dated 5-29-73
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 5-29-73
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 Vernon Middle Mark Last Wildman

Date of Birth: Month 10 Day 30 Year 1953

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

Residence Address: Street or R.R. 5125 W. 10th St. Apt. 33 City Indpls. 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 Masonary Work

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

☐ Other (Specify) 4172 8-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 Maurice Rudolph Wildman Jr.
    Residence of father (if deceased so state) R#1 Box 91 Plfd. Ind.
    Occupation of father Engineer Race of father.....
    Birthplace of father (State or foreign country) Vigo County - Ind
12. Full maiden name of mother Frances June Coleman
    Residence of mother (if deceased so state) R#1 Box 91 Plfd Ind
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Owen County

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

Signed X Vernon Wildman

New Address Box 334 Northridge Dr. Monrsville

Subscribed and sworn to before me this 2 day of June, 19 73

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Maurice Rudolph Wildman Father

Signed Frances J. Wildman Mother

Subscribed and sworn to before me this 2 day of June, 19 73

Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Charlene Middle Marie Last Taylor

Date of Birth: Month 3 Day 25 Year 1955

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

Residence Address: Street or R.R. R.R. #2 Box 311 B. 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 Tap Examiner

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

☐ Other (Specify) 113-55-02911O

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Gilbert Francis Taylor
   Residence of father (if deceased so state) R #2 Box 311 B. Clayton
   Occupation of father Electrician Race of father.....
   Birthplace of father (State or foreign country) Indpls. Ind.
8. Full maiden name of mother Barbara Ann Fisher
   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 X Charlene Taylor

New Address Box 334 Northridge Dr. Monrsville

Subscribed and sworn to before me this 2 day of June, 19 73

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 June, 19 73, authorizing the joining together as husband and wife Vernon Mark Wildman and Charlene Marie Taylor

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

I, James A. Moriarty hereby certify that on the 9th day of June, at Plainfield, County of Hendricks, one thousand nine hundred and 73 at Morgan County, State of Indiana, State of Indiana, Groom Vernon Mark Wildman of Hendricks County, State of Indiana, and, Bride Charlene M. Taylor of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9th day of June, 19 73.

Signed Rev. James A. Moriarty

Official Designation Pastor St. Susanna Church

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of June, 19 73.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 201
File Book 34
June 2, 1973
Date of Application

MALE
Medical Examination Report Dated 5-29-73
Name of Physician David B. Haggard M.D

FEMALE
Medical Examination Report Dated 5-29-73
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 Robert Middle A. Last Hanesworth
Date of Birth: Month March Day 16 Year 1947
Place of Birth (State or foreign country): Kokomo Ind.
Residence Address: Street or R. R. 7435 Rockville Rd Ind. 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: Buyer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service # 2-79-47-48

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Arthur I. Hanesworth
    Residence of father (if deceased so state) PO Box 252 Sharpesville Ind.
    Occupation of father Tool & Die Maker Race of father.....
    Birthplace of father (State or foreign country) Missouri
12. Full maiden name of mother Wilma L. Maxwell
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Casagrande, Arizona

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Robert A. Hanesworth
New Address 541 E. Main St. Plainfield IN
Subscribed and sworn to before me this 2 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 M. Last Rinehart
Date of Birth: Month Feb. Day 15 Year 1946
Place of Birth (State or foreign country): Vincennes Ind.
Residence Address: Street or R. R. 541 E. Main St. City Plainfield 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: Beautician
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Orville Rinehart Jr.
   Residence of father (if deceased so state) 222 Masten St. Ind.
   Occupation of father Superintendent of Equipment Race of father.....
   Birthplace of father (State or foreign country) Vincennes, Ind.
8. Full maiden name of mother Mabel June Stroud
   Residence of mother (if deceased so state) Same
   Occupation of mother Receptionist Race of mother.....
   Birthplace of mother (State or foreign country) Knox Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Sharon M. Rinehart
New Address 541 E. Main Plainfield, In.
Subscribed and sworn to before me this 2 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 June, 19 73, authorizing the joining together as husband and wife Robert A. Hanesworth and Sharon M. Rinehart

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

I, Daniel A. Barrett hereby certify that on the 16th day of June, one thousand nine hundred and 73 at Plainfield, County of Hendricks, State of Indiana, Groom Robert A. Hanesworth of Marion County, State of Indiana, and, Bride Sharon Rinehard of Hendricks County, State of Indiana, were by me united 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, 19 73.

Signed Daniel A. Barrett
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of June, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 202
File Book 34
June 2, 1973
Date of Application

MALE
Medical Examination Report Dated May 29, 1973
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 5-16-73
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 Roger Last Zell
Date of Birth: Month April Day 6 Year 1949
Place of Birth (State or foreign country) Anderson Ind
Residence Address: 1112 Street or R. R. Valley Stream City Wheeling County State Ill
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Engineer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ch. 27 p 109

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Bobby Eugene Zell
    Residence of father (if deceased so state) 1112 Valley Stream Wheeling Ill.
    Occupation of father Engineer Race of father
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Velta Elizabeth Redman
    Residence of mother (if deceased so state) Same
    Occupation of mother Shipping Clerk Race of mother
    Birthplace of mother (State or foreign country) Summitville Ind

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

Signed X William Roger Zell
New Address 1579 S. Wolf Rd. Wheeling, Ill.

Subscribed and sworn to before me this 2 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Jo. Last Cox
Date of Birth: Month March 14 Day Year 195-
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: 30 Almond Dr. Street or R. R. Pfld. City 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 Housewife
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 2562

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Nelson Cox
   Residence of father (if deceased so state) 30 Almond Dr. Pfld.
   Occupation of father Foreman Race of father
   Birthplace of father (State or foreign country) Graysville, Ind.
8. Full maiden name of mother Rosemary Snow
   Residence of mother (if deceased so state) 30 Almond Dr. Pfld.
   Occupation of mother Cafeteria Worker 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 X Deborah Jo Cox
New Address 1579 S. Wolf Rd. Wheeling, Ill.

Subscribed and sworn to before me this 2 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... 19 73, authorizing the joining together as husband and wife of Indiana dated the 6th day of June and Deborah Jo Cox William Roger Zell

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

I, Rev. Charles R. Hawley hereby certify that on the 9 day of June, at Plainfield Baptist Church, County of Hendricks, one thousand nine hundred and Seventy three at Cook County, State of Ill., State of Indiana, Groom William Roger Zell of Hendricks County, State of Indiana, and, Bride Deborah Jo Cox of Hendricks HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9th day of June, 19 73. Signed Rev Charles R. Hawley
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of July, 19 73. Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 203
File Book 34
June 4, 1973
Date of Application

MALE
Medical Examination Report Dated June 4, 1973
Name of Physician Joseph C. Kerlin.

FEMALE
Medical Examination Report Dated June 4, 1973
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 Wilbur Middle F. Last Wonnell II
Date of Birth: Month Jan. Day 2 Year 1953
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address: Street or R. R. R2 Box 188 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 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 Wilbur F. Wonnell
    Residence of father (if deceased so state) Same
    Occupation of father Retired Race of father W
    Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Albert M. Olsen
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Eagles Lady 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 X Wilbur F. Wonnell III
New Address 120 W. Williams Drive Apt. G

Subscribed and sworn to before me this 4th day of June, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 Wilbur F. Wonnell Father
Signed X Alberta M. Wonnell Mother

Subscribed and sworn to before me this 4th day of June, 1973.
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Carol Middle J. Last Kenworthy
Date of Birth: Month Jan. Day 19 Year 1953
Place of Birth (State or foreign country) Racine, Wis
Residence Address: Street or R. R. 120 W. Williams Dr. Apt G. 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 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 Verlen C. Kenworthy
   Residence of father (if deceased so state) Evansville, Ind.
   Occupation of father Swaps on Tools Race of father W
   Birthplace of father (State or foreign country) Ind
8. Full maiden name of mother Naomi M. P. Stetter
   Residence of mother (if deceased so state) Evansville, Ind.
   Occupation of mother Housewife 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 X Carol Kenworthy
New Address 120 Williams Dr Apt G

Subscribed and sworn to before me this 4th day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 4 1973 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 4th *day of* June, 1973, *authorizing the joining together as husband and wife* Wilbur F. Wonnell III *and* Carol J. Kenworthy
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry R. Nash hereby certify that on the 4th day of June, one thousand nine hundred and Seventy-Three at Brownsburg, County of Hendricks, State of Indiana, Groom Wilbur F. Wonnell, II of Hendricks County, State of Indiana, and, Bride Carol J. Kenworthy of Hendricks County, State of Indiana, were by me united 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 June, 1973.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of June, 1973.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 204
File Book 34
June 4, 1973
Date of Application

MALE
Medical Examination Report Dated May 22, 1973
Name of Physician A. N. Scudder, M.D.

FEMALE
Medical Examination Report Dated May 22, 1973
Name of Physician A. I. Stone, M.D.

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

MALE APPLICANT

Name: First Bob Middle L. Last Collins
Date of Birth: Month May Day 12 Year 1929
Place of Birth (State or foreign country) Hillsboro, Fountain Co. Indiana
Residence Address: Street or R. R. R.R. 1, Box 289E City Pittsboro County Hend. Co. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marion Co. Dec. 1971
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Elevator operator - Central Soya - Indpls.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License # 5310-24-2591

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Lex Leroy Collins
    Residence of father (if deceased so state) 116 N. Grant, Brownsburg
    Occupation of father Retired Race of father W.
    Birthplace of father (State or foreign country) Fountain Co. Ind.
12. Full maiden name of mother Mabel Marie Davis
    Residence of mother (if deceased so state) 116 N. Grant, Brownsburg
    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.

X Signed Bob L. Collins
New Address R.R. 1, Box 289E, Pittsboro Ind.

Subscribed and sworn to before me this 4 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Joy Middle Charlotte Last Henderson
Date of Birth: Month Sept. Day 3 Year 192X
Place of Birth (State or foreign country) Cannelton Perry Co. Ind.
Residence Address: Street or R. R. 1221 E. 52nd St. City Indpls. County Marion Co. State Ind.
Maiden Name if Different Joy C. Scull
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marion Co. May 2, 1973
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation R.N.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) 5310284133 - Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Charles Arthur Scull
   Residence of father (if deceased so state) Seymour, Ind.
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Perry Co. Ind. (Tell City)
8. Full maiden name of mother Leola Pohl
   Residence of mother (if deceased so state) deceased
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Cannelton, Ind.

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

X Signed Joy Charlotte Henderson
New Address RR 1, Box 289E, Pittsboro

Subscribed and sworn to before me this 4 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8th day of June, 1973, authorizing the joining together as husband and wife Bob L Collins and Joy Charlotte Henderson

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, M. L. Crawley hereby certify that on the 8th day of June, one thousand nine hundred and 73 at Plainfield, County of Hendricks State of Indiana, Groom Bob L. Collins of Hendricks County, State of Indiana, and, Bride Joy Charlotte Henderson 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 8th day of June, 19 73 Signed M. L. Crawley
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of June, 19 73
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 205
File Book #34
June 4, 1973
Date of Application

MALE
Medical Examination Report Dated June 2, 1973
Name of Physician Eric A. Clark, M.D.

FEMALE
Medical Examination Report Dated June 2, 1973
Name of Physician Eric A. 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 John Middle Paul Last Calhoon
Date of Birth: Month July Day 20, Year 1934
Place of Birth (State or foreign country) Mitchell, South Dakota
Residence Address: Street or R. R. 294 Meadow Drive City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Hendricks Co. Oct 1972
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Physician
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dept of Commerce # 414077

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one 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 P. Calhoon Jr.	19	R # 3 Bx # 1 Danville
Sharon Kay Calhoon	18	294 Meadow Dr, Danville
James L. Calhoon	16	R # 3 Bx # 1 Danville

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Arthur Jennings Calhoon
    Residence of father (if deceased so state) 2009 Wilson Dr, Brookville Flo
    Occupation of father Retired Minister Race of father W
    Birthplace of father (State or foreign country) Africa Ohio
12. Full maiden name of mother Alice Thelma White
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Mitchell, So. Dakota

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

X Signed John P. Calhoon
New Address 116 Gordon Ct, Brownsburg, Ind.

Subscribed and sworn to before me this 4th day of June, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Smith
Date of Birth: Month November Day 13, Year 1951
Place of Birth (State or foreign country) Lebanon, Indiana (Boone Co)
Residence Address: Street or R. R. 5733 Fort Dillon Apt A City Indpls 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 Registered Nurse
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Witham Memorial 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 Richard Elsworth Smith
   Residence of father (if deceased so state) 5th E. Selden, Brownsburg, Ind.
   Occupation of father Supv. - Ind. Bell Race of father W
   Birthplace of father (State or foreign country) Indianapolis, Ind
8. Full maiden name of mother Mary Margaret Brower
   Residence of mother (if deceased so state) Same
   Occupation of mother Cashier Race of mother W
   Birthplace of mother (State or foreign country) Auburn, Indiana

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

X Signed Sharon Lee Smith
New Address 116 Gordon Ct. Brownsburg, Ind

Subscribed and sworn to before me this 4th day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 19 73, *authorizing the joining together as husband and wife* John Paul Calhoon *and* Sharon Lee Smith

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

I, S. Howard Davidson hereby certify that on the 9th day of June, one thousand nine hundred and 73 at Calvary United Methodist Church, Brownsburg, County of Hendricks, State of Indiana, Groom John Paul Calhoun of Hendricks County, State of Indiana, and, Bride Sharon Lee Smith of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9th day of June, 19 73.

Signed S. Howard Davidson
Official Designation S. Howard Davidson Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* June, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 206
File Book #31
June 5, 1973
Date of Application

MALE
Medical Examination Report Dated June 1, 1973
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated June 1, 1973
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 Ronald Middle Eugene Last Foster

Date of Birth: Month November Day 20, Year 1945

Place of Birth (State or foreign country) Speedway (Marion Co) Indiana

Residence Address: Street or R. R. 8101 Crawfordsville Rd, City Indpls, County, State Ind.

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

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

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

Usual Occupation Heavy Equipment Operator

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License #S315-H6-0720

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Argus M. Foster
    Residence of father (if deceased so state) 8101 Crawfordsville Rd Indpls Ind
    Occupation of father Retired Race of father W
    Birthplace of father (State or foreign country) Seymour Indiana
12. Full maiden name of mother Ruth Ellen Hook
    Residence of mother (if deceased so state) Same as above
    Occupation of mother File Clerk 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 Ronald Eugene Foster
New Address R #3 Brownsburg, Indiana

Subscribed and sworn to before me this 5th day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Lynda Middle Lou Last Martin

Date of Birth: Month March Day 20 Year 1939

Place of Birth (State or foreign country) New Market Indiana

Residence Address: Street or R. R. R.R. #3 City Brownsburg, County, State Indiana

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1971 Houston, Texas

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

Usual Occupation Waitress

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Montgomery Co Dept of Health Book #20 Page 169

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Lloyd Alexander Martin
   Residence of father (if deceased so state) 709 Hughes, Crawfordsville, Ind.
   Occupation of father Glasteen Corp. Race of father W
   Birthplace of father (State or foreign country) Somerset, Kentucky
8. Full maiden name of mother Doris Maxine Lewis
   Residence of mother (if deceased so state) Same as above
   Occupation of mother Homemaker Race of mother W
   Birthplace of mother (State or foreign country) New Market, Indiana

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

☒ Signed Lynda Martin
New Address R #3 Brownsburg, Indiana

Subscribed and sworn to before me this 5th day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 June, 19 73, authorizing the joining together as husband and wife Ronald Eugene Foster and Lynda Lou Martin

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

I, Donald J. Finley hereby certify that on the 11th day of June, one thousand nine hundred and 73 at Clermont, County of Marion, State of Indiana, Groom Ronald Eugene Foster of Marion County, State of Indiana, and, Bride Lynda Lou Martin of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11th day of June, 19 73. Signed Donald J. Finley
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of June, 19 73.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. #207
File Book #34
June 5, 1973
Date of Application

MALE
Medical Examination Report Dated June 4, 1973
Name of Physician R. L. Veach

FEMALE
Medical Examination Report Dated June 4, 1973
Name of Physician R. L. Veach

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 H. Last Snyder
Date of Birth: Month Sept. Day 25 Year 1942
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 2 City Danville, Ind. 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 Hendricks Co. R.E.M.C.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License 388-44-6103 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
George L. Snyder	11	Danville, Ind.
James J. Snyder	10	" "
Kelly C. Snyder	2	" "

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Warren A. Snyder
    Residence of father (if deceased so state) Sodpls., Ind.
    Occupation of father Carpet Sales Race of father W
    Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Lena B. Smith
    Residence of mother (if deceased so state) Dec.
    Occupation of mother ____ 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 X George H. Snyder
New Address R.R. 2 Danville Ind.

Subscribed and sworn to before me this 5th day of June, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 M. Helen Middle Last Simpson
Date of Birth: Month May Day 14 Year 1933
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. City Danville, Ind. County State
Maiden Name if Different M. Helen Jones
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation housewife
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License 530632426

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 M. Jones
   Residence of father (if deceased so state) Dec.
   Occupation of father ____ Race of father W
   Birthplace of father (State or foreign country) Tenn.
8. Full maiden name of mother Clellia M. Stewart
   Residence of mother (if deceased so state) Roachdale
   Occupation of mother housewife 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 X M. Helen Simpson
New Address Danville, Ind.

Subscribed and sworn to before me this 5th day of June, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* June, 19 73, *authorizing the joining together as husband and wife* George H. Snyder *and* M. Helen Simpson

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

I, Rev. Frederick R. Brooks *hereby certify that on the* 8th *day of* June, *one thousand nine hundred and* 73 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* George H. Snyder *of* Hendricks *County, State of* Indiana *and, Bride* M. Helen Simpson *of* Hendricks *County, State of* Indiana, *were by me united 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* June, 19 73.

Signed Rev. Frederick R. Brooks
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* June, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. #208
File Book 34
June 6, 1973
Date of Application

MALE
Medical Examination Report Dated June 4, 1973
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated June 4, 1973
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 L. Last Younce
Date of Birth: Month Dec. Day 7 Year 1951
Place of Birth (State or foreign country) Gibson Co. Tenn.
Residence Address: Street or R. R. R.R. 1 Box 44A 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 P.E. Teacher
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) P.E. Records

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X David Lynn Younce
New Address.....
Subscribed and sworn to before me this 6 day of June, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Gay Middle A. Last Pilcher
Date of Birth: Month Nov. Day 22, Year 1950
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address: Street or R. R. 257 Avon Ave. 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 P.E. 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 Larry J. Pilcher
   Residence of father (if deceased so state) 140 E. Main Carmel, Ind.
   Occupation of father Salesman Race of father W
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Beth Tipps
   Residence of mother (if deceased so state) 25 Avon Ave, Plainfield Ind.
   Occupation of mother Sales Supv. 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 X Gay Anne Pilcher
New Address.....
Subscribed and sworn to before me this 6 day of June, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6th day of June, 1973, authorizing the joining together as husband and wife David L. Younce and Gay A. Pilcher

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

I, Teal O Younce hereby certify that on the 9th day of June, one thousand nine hundred and 73 at Plainfield Christian Church County of Hendricks, State of Indiana, Groom David Lynn Younce of Hendricks County, State of Indiana, and, Bride Gay Ann Pilcher of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9th day of June, 1973. Signed Teal O Younce
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of June, 1973. Signed Glen M Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. # 209
File Book 34
June 6, 1973
Date of Application

MALE
Medical Examination Report Dated June 1, 1973
Name of Physician Elmer L. Koch. M.D.

FEMALE
Medical Examination Report Dated June 1, 1973
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 Kenneth Middle R. Last Cooper

Date of Birth: Month Jan Day 27 Year 1950

Place of Birth (State or foreign country) Greencastle Putnam Co. Ind.

Residence Address: Street or R. R. Box 72 City Stilesville County Hend. State Co. Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) U. S. Marine Corps Card No. A1426948

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 Conrad Cooper
    Residence of father (if deceased so state) Muncie, Ind.
    Occupation of father Electrician Race of father W
    Birthplace of father (State or foreign country) Hendricks County
12. Full maiden name of mother Helen Marie Brady
    Residence of mother (if deceased so state) Box 72, Stilesville
    Occupation of mother Waitress Race of mother W
    Birthplace of mother (State or foreign country) Marion County

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

× Signed Kenneth R. Cooper

New Address.....

Subscribed and sworn to before me this 6th day of June, 1973

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month Nov. Day 9 Year 1954

Place of Birth (State or foreign country) Coleman Hosp. Indpls. Marion Co. Ind.

Residence Address: Street or R. R. Rt. 2 Box 339 City Danville County Hend. Co. 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

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ind. State Board of Health # Certificate 113-54-095537

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Edward L. Cole'
   Residence of father (if deceased so state) Rt. 2 Box 339 Danville
   Occupation of father Printer Race of father W
   Birthplace of father (State or foreign country) Boston, Mass.
8. Full maiden name of mother Marian Elaine Jaeger
   Residence of mother (if deceased so state) Deceased
   Occupation of mother Nursing Race of mother W
   Birthplace of mother (State or foreign country) Beecher City, Ill.

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

× Signed Alice A. Cote'

New Address.....

Subscribed and sworn to before me this 6 day of June, 1973

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 19 73, *authorizing the joining together as husband and wife* Cooper *and* Cote' *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Keith Purcell hereby certify that on the 19th day of June, one thousand nine hundred and seventy three at Belleville, County of Hendricks, State of Indiana, Groom Kenneth R. Cooper of Hendricks County, State of Indiana, and, Bride Alice Ann Cote' of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19th day of June, 19 73.

Signed Keith Purcell

Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of June, 19 73.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 210
File Book 34
June 7, 1973
Date of Application

MALE
Medical Examination Report Dated June 6, 1973
Name of Physician Robert W. Kirtley

FEMALE
Medical Examination Report Dated June 6, 1973
Name of Physician Robert W. Kirtley

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

MALE APPLICANT

Name: First Terry Middle Lee Last Denson
Date of Birth: Month Sept. Day 20 Year 1950
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. 705 Lincoln S. 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 Mariner
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Serv. 304 56 1863

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 W. Denson
    Residence of father (if deceased so state) same
    Occupation of father Truck Driver Race of father W
    Birthplace of father (State or foreign country) Texas
12. Full maiden name of mother Joy C. Lucas
    Residence of mother (if deceased so state) same
    Occupation of mother housewife 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 x Terry Denson
New Address
Subscribed and sworn to before me this 7 day of June 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary 1

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 Roberta Middle Darlene Last Cutsler
Date of Birth: Month March Day 29 Year 1947
Place of Birth (State or foreign country) Baltimore Md.
Residence Address: Street or R. R. 705 Lincoln St. City Danville County State
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Medical Assistant
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Henry D. Cutsler
   Residence of father (if deceased so state) Box 100 Millersville, Md.
   Occupation of father builder Race of father W
   Birthplace of father (State or foreign country) Md.
8. Full maiden name of mother Tacy R. Matthews Rayburn
   Residence of mother (if deceased so state) 501 E 5th St. Charleston, S.C.
   Occupation of mother housewife Race of mother W
   Birthplace of mother (State or foreign country) Md.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Roberta D. Cutsler
New Address
Subscribed and sworn to before me this 7 day of June, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the day of , 19, authorizing the joining together as husband and wife Terry Lee Denson and Roberta Darlene Cutsler
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, hereby certify that on the day of , at , County of , one thousand nine hundred and of County, State of ,
State of Indiana, Groom of County, State of ,
and, Bride HENDRICKS
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of 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. 211
File Book 34
June 7, 1973
Date of Application

MALE
Medical Examination Report Dated 5-29-73
Name of Physician Peter V. Manzon M. D.

FEMALE
Medical Examination Report Dated 6-1-73
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 Elsworth Last Starbuck
Date of Birth: Month 3 Day 6 Year 1951
Place of Birth (State or foreign country): New London Conn.
Residence Address: 2345 Golden Gate, San Fran. Cal.
Previous 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) Reg. of Birth

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name | Age | Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Raymond Benner Starbuck
    Residence of father (if deceased so state) 50 Bush Ave. Greenwich Conn
    Occupation of father Administrator Race of father.....
    Birthplace of father (State or foreign country) California
12. Full maiden name of mother Elizabeth Elsworth
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Greenwich Conn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X David Starbuck
New Address 4041 Lincoln Ave SAN FRANCISCO, CA.

Subscribed and sworn to before me this 15 day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Dawn Last Pope
Date of Birth: Month Nov. Day 22 Year 1951
Place of Birth (State or foreign country) Minot North Dakota
Residence Address: 310 Acre Ave. Brownsburg, Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 133-51-015607

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Eugene James Pope
   Residence of father (if deceased so state) 310 Acre Ave. Brownsburg
   Occupation of father Engineer Race of father.....
   Birthplace of father (State or foreign country) Wahpeton N. Dakota
8. Full maiden name of mother Muriel Elaine Nelson
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Drake N. Dakota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Deborah D. Pope
New Address.....

Subscribed and sworn to before me this 7 day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 19 73, *authorizing the joining together as husband and wife* David Elsworth Starbuck *and* Deborah Dawn Pope

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Charles Noll *hereby certify that on the* 16th *day of* June, *one thousand nine hundred and* 73 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* David Elsworth Starbuck *of* San Francisco *County, State of* California *and, Bride* Deborah Dawn Pope *of* Hendricks *County, State of* Indiana, *were by me united 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* June, 19 73.

Signed Rev. Charles Noll
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* June, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 212
File Book #34
June 7, 1973
Date of Application

MALE
Medical Examination Report Dated May 31, 1973
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated May 31, 1973
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 Londy Middle Jaye Last Yates
Date of Birth: Month September Day 9 Year 1952
Place of Birth (State or foreign country) Caldwell, Kentucky (Caldwell Co)
Residence Address: Street or R. R. 305 Stadium Dr City Brownsburg County (Hendricks) 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 Kroger Company
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) State Dept of Health Louisville Ky #311197

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Jackson Yates, Jr.
    Residence of father (if deceased so state) 305 Stadium Dr, Brownsburg, Ind
    Occupation of father Construction Worker Race of father W
    Birthplace of father (State or foreign country) Guthrie, Kentucky
12. Full maiden name of mother Mary Jane Gohen
    Residence of mother (if deceased so state) Same as above
    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 Londy Jaye Yates
New Address 2914 Embassy Row #1119, Speedway, Ind

Subscribed and sworn to before me this 7th day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Shirley Middle Diane Last Brown
Date of Birth: Month June Day 25 Year 1955
Place of Birth (State or foreign country) Indianapolis (Marion Co) Indiana
Residence Address: Street or R. R. 605 Maple Ln City Brownsburg County (Hendricks Co) 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) Ind. Dept of Public Health #6656

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Alford Brown
   Residence of father (if deceased so state) 605 Maple Ln Brownsburg Ind.
   Occupation of father Commercial Truck Driver Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Pauline Sunderland
   Residence of mother (if deceased so state) Same as above
   Occupation of mother Bookkeeper 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 Shirley Diane Brown
New Address 2914 Embassy Row #1119, Speedway, Ind

Subscribed and sworn to before me this 7th day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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, HENDRICKS County Court by written order issued.....and in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* June, 19 73, *authorizing the joining together as husband and wife* Londy Jaye Yates *and* Shirley Diane Brown

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, V. C. McCormick *hereby certify that on the* 30th *day of* June, *at* Brownsburg, *County of* Hendricks, *one thousand nine hundred and* 73, *State of Indiana,* Groom, Londy Yates *of* Hendricks *County, State of* Indiana, *and,* Bride, Shirley Brown *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30 *day of* June, 19 73. *Signed* V. C. McCormick
Official Designation Minister of Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 31st *day of* July, 19 73
Signed Glen M. Harvey *Clerk* HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 212
File Book #34
June 7, 1973
Date of Application

MALE
Medical Examination Report Dated May 31, 1973
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated May 31, 1973
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 Rondy Middle Jaye Last Yates
Date of Birth: Month September Day 9 Year 1952
Place of Birth (State or foreign country) Caldwell, Kentucky (Caldwell Co)
Residence Address: Street or R. R. 305 Stadium Dr City Brownsburg County (Hendricks) 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 Kroger Company
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) State Dept of Health Louisville Ky #311191

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Jackson Yates, Jr.
    Residence of father (if deceased so state) 305 Stadium Dr, Brownsburg, Ind
    Occupation of father Construction Worker Race of father W
    Birthplace of father (State or foreign country) Guttawa, Kentucky
12. Full maiden name of mother Mary Jane Cohen
    Residence of mother (if deceased so state) Same as above
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given
County of ..... in this application is true and correct.

X S
New Ad

Subscribed and sworn to
Glen

CONSENT OF PARENT
We, the parents, of this
signs, state facts which

State of Indiana, HEN
County of

Sign
Sign
Subscribed and sworn t

COMPLETE IF
HENDRI

in ..... authorizes and directs the issuance of a marriage license

FEMALE APPLICANT

Name: First Shirley Middle Diane Last Brown
Date of Birth: Month June Day 25 Year 1955
Place of Birth (State or foreign country) Indianapolis (Marion Co) Indiana
Residence Address: Street or R. R. 605 Maple Dr City Brownsburg County (Hendricks Co) 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) Ind. Dept of Public Health #6656

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Alfred Brown
   Residence of father (if deceased so state) 605 Maple Dr Brownsburg Ind.
   Occupation of father Commercial Truck Driver Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Pauline Sunderland
   Residence of mother (if deceased so state) Same as above
   Occupation of mother Bookkeeper Race of mother W
   Birthplace of mother (State or foreign country) Indianapolis, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given
County of ..... in this application is true and correct.

X Signed Shirley Diane Brown
New Address 2914 Embassy Pond #119, Speedway, Ind
Subscribed and sworn to before me this 7th day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

I, Robert A and Pauline Brown, hereby give my consent for my daughter, Shirley D. Brown to marry Rondy J. Yates.

Robert A Brown Pauline Brown

Subscribed and sworn to before me this 4 day of June 1973

Norma C. Rednour
Notary Public

My Comm. Expires 4/6/77

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 11 day of June, 1973, authorizing the joining together as husband and wife Rondy Jaye Yates and Shirley Jane Brown

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, V. C. McCormick hereby certify that on the 30th day of June, one thousand nine hundred and 73 at Brownsburg, County of Hendricks, State of Indiana, Groom Rondy Yates of Hendricks County, State of Indiana, and, Bride Shirley Brown of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of June, 1973. Signed V. C. McCormick

Official Designation Minister of Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of July, 1973. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 212
File Book #34
June 7, 1973
Date of Application

MALE
Medical Examination Report Dated May 31, 1973
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated May 31, 1973
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 Roddy Middle Jaye Last Yates
Date of Birth: Month September Day 9 Year 1952
Place of Birth (State or foreign country): Caldwell, Kentucky (Caldwell Co)
Residence Address: Street or R. R. 305 Stadium Dr City Brownsburg County (Hendricks) 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: Drazer Company
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) State Dept of Health Louisville Ky #311191

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Jackson Yates, Jr
    Residence of father (if deceased so state) 305 Stadium Dr, Brownsburg, Ind
    Occupation of father Construction Worker Race of father W
    Birthplace of father (State or foreign country) Guthrie, Kentucky
12. Full maiden name of mother Mary Jane Gohen
    Residence of mother (if deceased so state) Same as above
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of ... } ss: I depose and state the information given in this application is true and correct.

Subscribed and sworn to before me this ... day of ..., 19..

... Clerk ... Circuit Court

CONSENT OF PA
We, the parents, o
signs, state facts

State of Indiana,
County of

Subscribed and sw

COMPLETE
HE
in

FEMALE APPLICANT

Name: First Shirley Middle Diane Last Brown
Date of Birth: Month June Day 25 Year 1955
Place of Birth (State or foreign country): Indianapolis (Marion Co) Indiana
Residence Address: Street or R. R. 605 Maple Ln City Brownsburg County (Hendricks Co) 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) Ind. Dept of Public Health #6656

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Alfred Brown
   Residence of father (if deceased so state) 605 Maple Ln Brownsburg, Ind.
   Occupation of father Commercial Truck Driver Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Pauline Sunderland
   Residence of mother (if deceased so state) Same as above
   Occupation of mother Bookkeeper 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.

X Signed Shirley Diane Brown
New Address 2814 Embassy Road #119, Speedway Ind
Subscribed and sworn to before me this 7th day of June, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

I, Robert Yates Mary Yates, hereby give my consent for my Son, Roddy Jay Yates to marry Shirley Diane Brown

Robert A. Yates Mary Yates

Subscribed and sworn to before me this 4 day of June 1973

Norma C. Redmon
Notary Public

My Comm. Expires 4/6/77

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ... Circuit Court of Indiana dated the 7 day of June, 1973, authorizing the joining together as husband and wife Roddy Jaye Yates and Shirley Diane Brown

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, V. C. McCormick hereby certify that on the 30th day of June, 1973, at Brownsburg, County of Hendricks, State of Indiana, one thousand nine hundred and 73 Roddy Yates of Hendricks County, State of Indiana, State of Indiana, Groom, and, Bride Shirley Brown of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of June, 1973. Signed V. C. McCormick
Official Designation Minister of Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of July, 1973.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 213
File Book 34
June 7, 1973
Date of Application

MALE
Medical Examination Report Dated 5-10-73
Name of Physician Lloyd S. Terry M.D.

FEMALE
Medical Examination Report Dated 5-10-73
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 Howard Middle — Last Baldwin Jr.
Date of Birth: Month Feb. Day 23 Year 1922
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R. R. 604 West Main, City Plainfield, County, State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ 1973 Hendricks
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Machine Optr.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License - 306-16-545500

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name — Age — Address
    (b) Are you supporting or contributing to their 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 Baldwin Sr.
    Residence of father (if deceased so state): Deceased
    Occupation of father: — Race of father:
    Birthplace of father (State or foreign country): Crawfordsville, Ind
12. Full maiden name of mother: Marie Smbot
    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 ☒ Howard Baldwin Jr.
New Address 247 Indiana St Plainfield 73
Subscribed and sworn to before me this 7 day of June, 19..
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Aileen Middle — Last Wildman
Date of Birth: Month Jan Day 21 Year 1924
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R. R. R. R. # 2 Box 138, City Clayton, County, State Ind.
Maiden Name if Different: Aileen Blake
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1969 Hend.
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Link - Belt.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) 311-20-4435-05

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: Virgil Andrew Blake Sr.
   Residence of father (if deceased so state): Deceased
   Occupation of father: — Race of father:
   Birthplace of father (State or foreign country): Martinsville, Ind.
8. Full maiden name of mother: Marie Albertson
   Residence of mother (if deceased so state): R. #2 Clayton
   Occupation of mother: Housewife Race of mother:
   Birthplace of mother (State or foreign country): Wilbur, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Aileen Wildman
New Address 247 Indiana St. Plainfield Ind.
Subscribed and sworn to before me this 7 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 7 *day of* June, 19 73, *authorizing the joining together as husband and wife* Howard Baldwin Jr. *and* Aileen Wildman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Everett V. Smock *hereby certify that on the* 21st *day of* June, *one thousand nine hundred and* 73 *at* Hazelwood, *County of* Hendricks, *State of Indiana, Groom* Howard Baldwin Jr. *of* Hendricks *County, State of* Indiana, *and, Bride* Aileen Wildman *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21st *day of* June, 19 73.

Signed Everett V. Smock
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 *day of* June, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 214
File Book 34
June 8, 1973
Date of Application

MALE
Medical Examination Report Dated June 8 1973
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated June 6, 1973
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 Robert Middle Claude Last Oliphant
Date of Birth: Month May Day 18 Year 1952
Place of Birth (State or foreign country) St Vincent's Judps Marion Ind
Residence Address: Street or R. R. Shppard Air Force Base City Wichita Falls County Texas State
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Armed Services
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Oliphant
    Residence of father (if deceased so state): Plainfield
    Occupation of father: Water Co Employee Race of father: W
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Betty Eileen Hiles
    Residence of mother (if deceased so state): same as father
    Occupation of mother: Housewife Race of mother: W
    Birthplace of mother (State or foreign country): 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 Claude Oliphant

New Address —

Subscribed and sworn to before me this 19 day of June, 19 73

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Tonya Middle Rose Last Mitchell
Date of Birth: Month April Day 18 Year 1955
Place of Birth (State or foreign country) Indpls, Ind. Marion Co.
Residence Address: Street or R. R. R.R. 1 Box 532, City Plainfield, 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: at home
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Howard B. Mitchell
   Residence of father (if deceased so state): same
   Occupation of father: Artisan Race of father: W
   Birthplace of father (State or foreign country): Ind.
8. Full maiden name of mother: Wilma R. McConkey
   Residence of mother (if deceased so state): same
   Occupation of mother: housewife 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 x Tonya Rose Mitchell

New Address —

Subscribed and sworn to before me this 8th day of June, 19 73

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 19th day of June, 19 73, authorizing the joining together as husband and wife Robert Claude Oliphant and Tonya Rose Mitchell

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 23rd day of June, one thousand nine hundred and 73 at Friendswood, County of Marion, State of Indiana, Groom Robert Claude Oliphant of Hendricks County, State of Indiana, and, Bride Tonya Rose Mitchell of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of June, 19 73. 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 25 day of June, 19 73. Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 215
File Book 34
June 11, 1973
Date of Application

MALE
Medical Examination Report Dated June 11, 1973
Name of Physician N. Harvey Himelestein M.D

FEMALE
Medical Examination Report Dated 6-11-73
Name of Physician N. Harvey Himelestein M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 J. Last McHargue
Date of Birth: Month Jan. Day 4 Year 1955
Place of Birth (State or foreign country) Clinton Ind.
Residence Address: Street or R. R. 6423 Verbena Ct. 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 Lab. Laborer
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 34205

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
   Are you now under the influence of a narcotic drug? No ☑ Yes ☐
   Are you able to 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 Herbert C. McHargue
Residence of father (if deceased so state) 6423 Verbena Ct.
Occupation of father Teacher Race of father.....
Birthplace of father (State or foreign country) Parke County
Full maiden name of mother Mary Kathryn Scheler
Residence of mother (if deceased so state) Same
Occupation of mother American Legion Hqtrs. 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 Terry McHargue
New Address Lake of the Lanterns

Subscribed and sworn to before me this 11 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 E. Last Smith
Date of Birth: Month Jan Day 20 Year 1956
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. 426 Enderly Dr. 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 Housewife
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 134-56-A-9294 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 afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Thomas E Smith
   Residence of father (if deceased so state) 426 Enderly Dr. Brownsburg.
   Occupation of father Laborer Race of father.....
   Birthplace of father (State or foreign country) Tennessee
8. Full maiden name of mother Charolette Ann Pickrell
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) West Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara Smith
New Address Lake of the Lanterns

Subscribed and sworn to before me this 11 day of June, 19 93
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 19 73, *authorizing the joining together as husband and wife* Terry J. McHargue *and* Barbara E Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James Allen Williams *hereby certify that on the* 15 *day of* June, *one thousand nine hundred and* 73 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Terry J. McHargue *of* Hendricks *County, State of* Indiana *and, Bride* Barbara E 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 15 *day of* June, 19.....

Signed James Allen Williams
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* June, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 215
File Book 34
June 11, 1973
Date of Application

MALE
Medical Examination Report Dated June 11, 1973
Name of Physician N. Harvey Hemelestein M.D

FEMALE
Medical Examination Report Dated 6-11-73
Name of Physician N. Harvey Hemelestein M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 J. Last Mc Hargue
Date of Birth: Month Jan. Day 4 Year 1955
Place of Birth (State or foreign country) Clinton Ind.
Residence Address: Street or R. R. 6423 Verbena Ct. 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 Laborer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 34205

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
   Are you now under the influence of a narcotic drug? No ☒ Yes ☐
   Are you able to 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

FEMALE APPLICANT

Name: First Barbara Middle E. Last Smith
Date of Birth: Month Jan Day 20 Year 1956
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. 426 Enderly Dr. 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 Housewife
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 134-56-A-92945

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Thomas E. Smith
   Residence of father (if deceased so state) 426 Enderly Dr. Brownsburg.
   Occupation of father Laborer Race of father.....
   Birthplace of father (State or foreign country) Tennessee

I, Mr.-Mrs Hubert C. McHargue, hereby give my consent for my son, Jerry Jay McHargue to marry Barbara Smith.

Hubert C. McHargue

subscribed and sworn to before me this 11 day of June 1973

Janette L. Wells
Notary Public
comm. exp. January 14, 1976

signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

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 June, 19 73, authorizing the joining together as husband and wife Jerry J. Mc Hargue and Barbara E Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James Allen William hereby certify that on the 15 day of June, one thousand nine hundred and 73 at Brownsburg, County of Hendricks, State of Indiana, Groom, Jerry J. Mc Hargue of Hendricks County, State of Indiana, and, Bride Barbara E 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 15 day of June, 19.....

Signed James Allen Williams
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of June, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 215
File Book 34
June 11, 1973
Date of Application

MALE
Medical Examination Report Dated June 11, 1973
Name of Physician N. Harvey Hemelestein M.D.

FEMALE
Medical Examination Report Dated 6-11-73
Name of Physician N. Harvey Hemelestein M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 J. Last Mc Harguer
Date of Birth: Month Jan. Day 4 Year 1955
Place of Birth (State or foreign country) Clinton Ind.
Residence Address: Street or R. R. 6423 Verbena Ct. City Indpls. 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) 34205

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. [illegible]

FEMALE APPLICANT

Name: First Barbara Middle E. Last Smith
Date of Birth: Month Jan Day 20 Year 1956
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R. R. 426 Endsley 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 Housewife
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 134-56-A-92945

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
   No ☑ Yes ☐
   No ☑ Yes ☐
   No ☑ Yes ☐
   No ☑ Yes ☐
   No ☑ Yes ☐

I, Charlotte and/or I. E. Smith, hereby give my consent for my daughter, Barbara Ellen Smith to marry Terry J. Mc Harguer.

Charlotte Smith - I. E. Smith

subscribed and sworn to before me this 08 day of 06 1973

Pauline Marie Mckeesom
Notary Public
4-26-77

subscribed and sworn to before me this 11 day of June 1973

Janette L. Wells
Notary Public
comm: exp. January 14, 1976

Dr. Brownsburg.

nformation given
rue and correct.

only one parent

signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

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* June, 19 73, *authorizing the joining together as husband and wife* Terry J. Mc Harguer *and* Barbara E Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James Allen William *hereby certify that on the* 15 *day of* June, *one thousand nine hundred and* 73 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Terry J. Mc Harguer *of* Hendricks *County, State of* Indiana *and, Bride* Barbara E 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 15 *day of* June, 19.....

Signed James Allen Williams
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* June, 19 73.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 216
File Book 24
June 11, 1973
Date of Application

MALE
Medical Examination Report Dated 6-6-73
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-6-73
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 Glendyn Middle Lee Last Austin
Date of Birth: Month 8 Day 24 Year 1954
Place of Birth (State or foreign country) Beech Grove, Ind.
Residence Address: Street or R. R. R.R. #2 Box 408 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 Filling Station Attendant
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Beech Grove, 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 Richard Lee Austin
    Residence of father (if deceased so state) 234 E. Main Tldt.
    Occupation of father Truck Driver Race of father.....
    Birthplace of father (State or foreign country) Corydon, Ind.
12. Full maiden name of mother Linda Gay Rose
    Residence of mother (if deceased so state) R #2 Box 408 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 X Glen Austin
New Address.....
Subscribed and sworn to before me this 11 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 - Legal Custody

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed X Glenda J. Austin Mother
Subscribed and sworn to before me this 11 day of June, 19 73.
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Debra Middle Ann Last Stover
Date of Birth: Month Dec. Day 8 Year 1956
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R.R. #2 Box 337 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 Housewife
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Marion Co. 14308

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Barney Tracy Stover
   Residence of father (if deceased so state) Deceased
   Occupation of father..... Race of father.....
   Birthplace of father (State or foreign country) Tennessee
8. Full maiden name of mother Georgia Ellen Bishop
   Residence of mother (if deceased so state) R #2 Bx 337 Indpls.
   Occupation of mother Housewife Race of mother.....
   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 Debbie Stover
New Address.....
Subscribed and sworn to before me this 11 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only 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 Georgia E. Bolton Mother
Subscribed and sworn to before me this 11 day of June, 19 73
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed
HENDRICKS County..... Court by written order issued.....
in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... 19....., authorizing the joining together as husband and wife of Indiana dated the..... day of..... and Debra Ann Stover
Glendyn Lee Austin
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 16th day of June, 19 73 at R#2 Bx 337 Indianapolis, County of Hendricks, State of Indiana, one thousand nine hundred and 73
State of Indiana, Groom Glendyn Lee Austin of Hendricks County, State of Indiana,
and, Bride Debra Ann Stover of Hendricks County, State of Indiana,
were by me united 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, 19 73. 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 19th day of June, 19 73
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

524

Form 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 Book #34
June 11, 1973
Date of Application

MALE
Medical Examination Report Dated June 4, 1973
Name of Physician T. W. Ellis, M.D.

FEMALE
Medical Examination Report Dated June 4, 1973
Name of Physician T. W. Ellis, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 A. Last Gibson
Date of Birth: Month December Day 24, Year 1946
Place of Birth (State or foreign country): Beech Grove, Indiana (Marion Co)
Residence Address: Street or R. R. R.R. #2 City Gadoga, State Indiana (Montgomery Co)
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1972 Montgomery Co
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Metal Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Selective Service #12-56-46-255

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Robert Lee Gibson
    Residence of father (if deceased so state): Deceased
    Occupation of father: Link Belt Race of father: W
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Madeline Kisner
    Residence of mother (if deceased so state): Gadoga, Indiana
    Occupation of mother: Link Belt 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: Roger D. Gibson
New Address: Gadoga, Indiana

Subscribed and sworn to before me this 11th day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 E Last Lunsford
Date of Birth: Month November Day 5, Year 1948
Place of Birth (State or foreign country): Barbourville, Kentucky
Residence Address: Street or R. R. Dexter City Indiana County (Hendricks Co.) State
Maiden Name if Different: Barbara Williams
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1970 Montgomery Co
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Birth license issued in Montgomery 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: John E Williams
   Residence of father (if deceased so state): R.#2 Gadoga, Ind.
   Occupation of father: Young Metalcraft Race of father: W
   Birthplace of father (State or foreign country): Kentucky
8. Full maiden name of mother: Irene Hensley
   Residence of mother (if deceased so state): Same as Above
   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: Barbara E Lunsford
New Address: Gadoga, Indiana

Subscribed and sworn to before me this 11th day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 19 73, *authorizing the joining together as husband and wife* Roger A. Gibson *and* Barbara E. Lunsford

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Frank C. Knight hereby certify that on the 15th day of June, one thousand nine hundred and Seventy Three at Mooresville, County of Morgan, State of Indiana, Groom Roger Dee Gibson of Montgomery County, State of Indiana, and, Bride Barbara Etta Lunsford of Hendricks County, State of Indiana, were by me united 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 June, 19 73.

Signed Frank E Knight
Official Designation Justice of Peace - Brown Twp 54-W-Washington St Mooresville, Ind.

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* June, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 Book 34
June 11, 1973
Date of Application

MALE
Medical Examination Report Dated 6-6-73
Name of Physician Elmer Koch M. D.

FEMALE
Medical Examination Report Dated 6-6-73
Name of Physician Elmer 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 Ricky Middle Glen Last Richard
Date of Birth: Month June Day 15 Year 195-1
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. P.O. Box 187 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: Construction Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Discharge from Marines 30456-5099

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Charles D. Richard
    Residence of father (if deceased so state) Clayton, Ind
    Occupation of father Truck Driver Race of father.....
    Birthplace of father (State or foreign country) Indpls. Ind.
12. Full maiden name of mother Dorothy Jane Flanigan
    Residence of mother (if deceased so state) 1 Marlowe Dr. Bklo
    Occupation of mother Housewife Race of mother.....
    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 Ricky Glen Richard
New Address P.O. Box 231 Clayton Ind
Subscribed and sworn to before me this 11 day of June, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Sandra Middle Kay Last Bassett
Date of Birth: Month Sept Day 28 Year 195-4
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address: Street or R. R. R. R. #1 City Clayton 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) # 44064 B. Putnam County

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Frank Bassett
   Residence of father (if deceased so state) North Gray, Indpls Ind.
   Occupation of father Cab Driver Race of father.....
   Birthplace of father (State or foreign country) Greencastle, Ind.
8. Full maiden name of mother Marguerite Louise Cain
   Residence of mother (if deceased so state) R #1 Clayton
   Occupation of mother Tractor Work Race of mother.....
   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 Sandra K. Bassett
New Address.....
Subscribed and sworn to before me this 11 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 11 day of June, 19 73, authorizing the joining together as husband and wife Ricky Glen Richard and Sandra Kay Bassett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David Canen hereby certify that on the 11th day of June, one thousand nine hundred and 73 at Danville, County of Hendricks, State of Indiana, Groom Ricky Richard of Hendricks County, State of Indiana, and, Bride Sandra Bassett of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11th day of June, 19 73. Signed David Canen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of June, 19 73.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

526

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 219
File 83 vols 34
June 11 1973
Date of Application

MALE
Medical Examination Report Dated 6-1-73
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 6-1-73
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 Lee Curtis Middle Last Smith
Date of Birth: Month May Day 10 Year 1928
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 2890 Hadleyville Dr City Indpls 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 Prod. Planning
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Kelly	15	RR 8 Pudlps
Dwight	14	
Michelle Lorna	13	

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Robert L. Smith
    Residence of father (if deceased so state) deceased
    Occupation of father Carpenter Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Lilly Hugh
    Residence of mother (if deceased so state) deceased
    Occupation of mother Home wife 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 Lee Curtis Smith
New Address 5920 Fieldcrest Lane Pudlps
Subscribed and sworn to before me this 11 day of June, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Tressia Middle Hope Last Parks Neal
Date of Birth: Month Oct Day 10 Year 1928
Place of Birth (State or foreign country) Moores Hill Ind.
Residence Address: Street or R. R. 5722 B W. Wilkins City Indpls County Marion State Ind
Maiden Name if Different Parks
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 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 Lawrence Parks
   Residence of father (if deceased so state) 119 S. Clay Moorsville
   Occupation of father Retired Butcher Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Anna Smith
   Residence of mother (if deceased so state) Same
   Occupation of mother Home 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 Tressia Hope Neal
New Address 5920 Fieldcrest
Subscribed and sworn to before me this 11 day of June, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 19 73, *authorizing the joining together as husband and wife* Lee Curtis Smith *and* Tressia Hope Neal

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dale Kendle hereby certify that on the 15th day of June, one thousand nine hundred and 73 at Smithville, Indiana, County of Monroe, State of Indiana, Groom Lee Curtis Smith of Hendricks County, State of Indiana, and, Bride Tressia Hope Neal 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 June, 19 73.

Signed Dale A. Kendle
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of June, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 11, 1973
Date of Application

MALE
Medical Examination Report Dated 6-6-73
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 6-11-73
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 Daniel Middle Lee Last Edwards
Date of Birth: Month 4 Day 17 Year 1955
Place of Birth (State or foreign country) Indianapolis, Ind
Residence Address: Street or R. R. 8805 E 30th St. 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 Insulator
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-55-0292 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 Eugene Edwards
    Residence of father (if deceased so state) 8805 E. 30 St Indpls.
    Occupation of father Allison Race of father.....
    Birthplace of father (State or foreign country) Mitchell, Ind.
12. Full maiden name of mother Joan Ellen Turner
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother.....
    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 ✗ Daniel Lee Edwards
New Address 122 William DR APT H
Subscribed and sworn to before me this 11 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 Edwards Father
Signed ✗ Joan Ellen Edwards Mother
Subscribed and sworn to before me this 11 day of June, 19 73
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Lucy Middle Lee Last Gregory
Date of Birth: Month 5 Day 20 Year 1956
Place of Birth (State or foreign country) Lebanon
Residence Address: Street or R. R. 221 E. Main St. 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

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-56-0235388

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Herbert Gregory
   Residence of father (if deceased so state) London Kentucky
   Occupation of father Service Station Race of father.....
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Gertrude Crumley
   Residence of mother (if deceased so state) 221 E. Main St Brownsburg
   Occupation of mother American Art Class 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 ✗ Lucy Lee Gregory
New Address 122 William Drive Apt H
Subscribed and sworn to before me this Brownsburg. 11 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 has legal custody

State of Indiana, County of HENDRICKS } ss:
Signed..... Father
Signed ✗ Gertrude Payne Mother
Subscribed and sworn to before me this 11 day of June, 19 73
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in HENDRICKS County Court by written order issued..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15 *day of* June, 19 73 *authorizing the joining together as husband and wife* Daniel Lee Edwards *and* Lucy Lee Gregory

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Athanasius Ballard OSB *hereby certify that on the* 23 *day of* June *one thousand nine hundred and* 73 *at* St. Christopher Church, *County of* Marion, *State of* Indiana, *State of Indiana, Groom* Daniel Lee Edwards *of* Hendricks *County, State of* Indiana, *and, Bride* Lucy Lee Gregory *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 23 *day of* June, 19 73. *Signed* Rev. Athanasius Ballard OSB *Official Designation* Associate Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 25 *day of* June, 19 73

Signed Glen M. Harvey *Clerk* HENDRICKS *Circuit Court*

Form 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 11, 1973
Date of Application

MALE
Medical Examination Report Dated 5-31-73
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 5-31-73
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 Carmen Middle R. Last Wethington
Date of Birth: Month 4 Day 13 Year 1953
Place of Birth (State or foreign country) Lebanon
Residence Address: Street or R. R. R.R. #1 Box 212 City Pittsboro 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 Culligan
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service #12-30-53-133

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Clement Wethington
    Residence of father (if deceased so state) 391 Wayne St. Danville Ind
    Occupation of father Waste Scavenger Service Race of father.....
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Marie Catherine Poole
    Residence of mother (if deceased so state) 315 Monroe St Fortville Ind
    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 Carmen R Wethington
New Address 3664 Mission Dr. apt. C Indianapolis
Subscribed and sworn to before me this 11 day of June, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Gerald L Poole Guardian Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Cerelle Middle Diane Last Kindler
Date of Birth: Month Feb. Day 4 Year 1954
Place of Birth (State or foreign country) Lebanon Ind
Residence Address: Street or R. R. 6 Burns Dr. 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 —
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Lebanon - 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 afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Allen Kindler
   Residence of father (if deceased so state) 6 Burns Dr. Brownsburg
   Occupation of father Campbell Sairin Co. Race of father Mc Mullin
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Sally Jean Brown
   Residence of mother (if deceased so state) Same
   Occupation of mother Nurse Race of mother.....
   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 Cerelle Diane Kindler
New Address 3664 Mission Apt C
Subscribed and sworn to before me this 11 day of June, 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 June, 1973, authorizing the joining together as husband and wife Carmen R. Wethington and Cerelle Diane Kindler
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Bruce A. Brown hereby certify that on the Sixteenth day of June, one thousand nine hundred and Seventy three at Brownsburg, County of Hendricks, State of Indiana, Groom Carmen R. Wethington of Marion County, State of Indiana, and, Bride Cerelle Diane Kindler of Hendricks County, State of Indiana, were by me united 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, 1973.

Signed Rev. Bruce A. Brown
Official Designation Pastor-White Lick U. P. Church

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of June, 1973.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 24
June 12, 1973
Date of Application

MALE
Medical Examination Report Dated May 29, 1973
Name of Physician David Haggard M.D.

FEMALE
Medical Examination Report Dated May 29, 1973
Name of Physician David L. Haggard M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Randy Middle Lee Last Alexander
Date of Birth: Month June Day 18 Year 1953
Place of Birth (State or foreign country) Beech Grove, Ind.
Residence Address: Street or R. R. 1012 Hardin Blvd. Apt B. City Indpls. 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 Printer
Date of birth verified by: ☒ ~~Birth~~ Cert. ☐ Judicial Decree
☐ Other (Specify) ____

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 Thurston Alexander
    Residence of father (if deceased so state) Stop 13 Rd. Indpls. Ind
    Occupation of father Draftsman Race of father ____
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Norma Jean Rosa
    Residence of mother (if deceased so state) R#1 Box Block Lock Rd Pfld.
    Occupation of mother Housewife Race of mother ____
    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 Randy Alexander
New Address 1012 Hardin Blvd #B Indpls

Subscribed and sworn to before me this 12 day of June, 1973.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ____

State of Indiana, County of HENDRICKS } ss:
Signed mother has legal custody Father
Signed Norma J. Young Mother
Subscribed and sworn to before me this 19 day of ____, 19____
____ Clerk

FEMALE APPLICANT

Name: First Lisa Middle Jo Last Bannister
Date of Birth: Month Dec. Day 14 Year 1953
Place of Birth (State or foreign country) Madison Wisconsin
Residence Address: Street or R. R. 835 Gary Dr. City Pfd. 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) Baptismal record.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No
   Of Unsound Mind? No
2. Are you under guardianship as a person of unsound mind? No
3. Are you afflicted with a transmissible disease? No
4. Are you related to the groom closer than second cousin? No
5. Are you now under the influence of intoxicating liquor? No
6. Are you now under the influence of a narcotic drug? No
7. Full name of father Raymond Nicholas Ba
   Residence of father (if deceased so state) 835 Gary Dr. P
   Occupation of father Engineer Race of father ____
   Birthplace of father (State or foreign country) Ill.
8. Full maiden name of mother Bettie Ann Perkins
   Residence of mother (if deceased so state) Same
   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 Lisa Bannister
New Address 1012 Hardin Blvd Apt B

Subscribed and sworn to before me this 12 day of June, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

born Marion Co. Ind

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 June, 1973, authorizing the joining together as husband and wife Randy Lee Alexander and Lisa Jo Bannister

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 23rd day of June, 1973 at Plainfield, County of Hendricks, one thousand nine hundred and 1973 State of Indiana, Groom Randy Lee Alexander of Marion County, State of Indiana, and, Bride Lisa Jo Bannister of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of June, 1973. 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 25 day of June, 1973
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form 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 24
June 12, 1973
Date of Application

MALE
Medical Examination Report Dated May 29, 1973
Name of Physician David Haggard M.D.

FEMALE
Medical Examination Report Dated May 29, 1973
Name of Physician David B. Haggard M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Randy Middle Lee Last Alexander
Date of Birth: Month June Day 18 Year 1953
Place of Birth (State or foreign country) Buck Grove, Ind.
Residence Address: Street or R. R. 1012 Hardin Blvd. Apt B. 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 ☐ Other (Specify)

1. Are you now or have you ever been adjudged An Imbecile? Of Unsound Mind?
2. Are you under guardianship?
3. Are you now or have you ever been in a public home for indigent persons? If answer to 3 is "Yes", state which.
4. Are you afflicted with any communicable disease?
5. Are you related to the other party to this contract?
6. Are you now under the influence of liquor?
7. Are you now under the influence of drugs?
8. Are you able to support a family?
9. Are you likely to become a public charge?
10. Do you have minor children? (If yes, answer questions (a), (b) and (c).)
(a) List their full names and ages.
Name
.....
.....
.....
(b) Are you supporting them?
(c) Are you compelled by law to contribute to their support?
11. Full name of father Randy Alexander
Residence of father (if deceased so state) Step 13 Rd. Indpls. Ind
Occupation of father Draftsman Race of father.....
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Norma Jean Rosa
Residence of mother (if deceased so state) R#1 Box Black Lock Rd Plfd.
Occupation of mother Housewife Race of mother.....
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 Randy Alexander
New Address 1012 Hardin Blvd #B Indpls
Subscribed and sworn to before me this 12 day of June, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed mother has legal custody Father
Signed Norma J Young Mother
Subscribed and sworn to before me this 19 day of ....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Lisa Middle Jo Last Bannister
Date of Birth: Month Dec. Day 14 Year 1953
Place of Birth (State or foreign country) Madison Wisconsin
Residence Address: Street or R. R. 835 Gary Dr. 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 ☐

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 Lisa Bannister
New Address 1012 Hardin Blvd Apt B
Subscribed and sworn to before me this 12 day of June, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

Baptismal Certificate

St. Joseph's Church Lebanon Ind.
NAME OF CHURCH

The Records of this Church certify, under date of March 7 1954

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 1973, authorizing the joining together as husband and wife Randy Lee Alexander and Lisa Jo Bannister

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 23rd day of June, 1973 at Plainfield, County of Hendricks, one thousand nine hundred and 1973 State of Indiana, Groom Randy Lee Alexander of Marion County, State of Indiana, and, Bride Lisa Jo Bannister of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of June, 1973. 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 25 day of June, 1973
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

530

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 223
File B vol 34
6-12-73
Date of Application

MALE
Medical Examination Report Dated 6-7-73
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 6-7-73
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 James Middle Lee Last Broyles
Date of Birth: Month July Day 27 Year 1953
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. RR 1 Box 167 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 mechanic
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Witham Memorial 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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 W. Broyles
    Residence of father (if deceased so state) same
    Occupation of father Priest Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Alberta Sparks
    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 James Lee Broyles
Address 31 Lincoln Ave Brownsburg
o before me this 12 day of June, 19 73
Harvey Clerk HENDRICKS Circuit Court

TS, PARENT OR GUARDIAN

s applicant hereby give consent for this marriage. If only one parent
n render the consent of the other parent unnecessary.....

NDRICKS } ss:

ed.....Father
ed.....Mother
o before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Lissa Middle Jane Last Jackson
Date of Birth: Month Nov Day 1 Year 1954
Place of Birth (State or foreign country) Lebanon Ind
Residence Address: Street or R. R. Pittsboro 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 Cleaning Establishment
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Witham Memorial 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 William Devon Jackson
   Residence of father (if deceased so state) Same
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Jeannine Hill
   Residence of mother (if deceased so state) Residence 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 Lissa Jane Jackson
New Address 31 Lincoln Ave Brownsburg
Subscribed and sworn to before me this 12 day of June, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

ARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
KS
.....County Circuit Court by written order issued June 12 and filed
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* 15 *day of* June, 19 73, *authorizing the joining together as husband and wife* James Lee Broyles *and* Lissa Jane Jackson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ben H. Strasser *hereby certify that on the* 16th *day of* June, *one thousand nine hundred and* 73 *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* James Lee Broyles *of* Hendricks *County, State of* Indiana *and, Bride* Lissa Jane Jackson *of* Hendricks *County, State of* Indiana, *were by me united 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, 19 73.

Signed Ben H. Strasser
Official Designation Christian Church Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* June, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

530

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 223
File B vol 34
6-12-73
Date of Application

MALE
Medical Examination Report Dated 6-7-73
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 6-7-73
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 James Middle Lee Last Broyles
Date of Birth: Month July Day 27 Year 1953
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. R R 1 Box 167 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 ☐ C
Usual Occupation mechanic
Date of birth verified by: ☑ Birth Cert. ☐ J
☐ Other (Specify) Witham T

1. Are you now or have you been adjudged, d
   An Imbecile?
   Of Unsound Mind?
2. Are you under guardianship as a person
3. Are you now or have you been within f
   home for indigent persons?
   If answer to 3 is "yes" has the cause of s
4. Are you afflicted with a transmissible d
5. Are you related to the bride closer than
6. Are you now under the influence of in
7. Are you now under the influence of a
8. Are you able to support a family?
9. Are you likely to so continue?
10. Do you have minor children from one o
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and add
    Name
    (b) Are you supporting or contributi
    (c) Are you complying with any cou
    their support?
11. Full name of father Harold W
    Residence of father (if deceased so state) same
    Occupation of father Pilot Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Alberta Sparks
    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 James Lee Broyles

FEMALE APPLICANT

Name: First Lissa Middle Jane Last Jackson
Date of Birth: Month Nov Day 1 Year 1954
Place of Birth (State or foreign country) Lebanon Ind
Residence Address: Street or R. R. Pittsboro City County Hendricks State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
ther ☐ (specify).....
stablishment
udicial Decree
Memorial Hosp.
iagnosed or considered as:
No ☑ Yes ☐
No ☑ Yes ☐
f unsound mind? No ☑ Yes ☐
ease? No ☑ Yes ☐
second cousin? No ☑ Yes ☐
xicating liquor? No ☑ Yes ☐
arcotic drug? No ☑ Yes ☐
am Devon Jackson
e) Same
Race of father W
country) Indiana
ammie Hill
state) Residence same
ife Race of mother W
n country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lissa Jane Jackson
New Address 31 Lincoln Ave Brownsburg

Subscribed and sworn to before me this 12 day of June, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

Please do not publish

CONSENT OF PARENTS, PARENT OR GUARDIAN

only one parent
Father
Mother
, 19.....
Clerk
ed parties, the
and filed
Circuit Court

I, Harold W. Broyles Alberta L. Broyles, hereby give my consent for
~~my~~ our son, James Lee Broyles to
marry Lissa Jane Jackson.

Harold W Broyles, Alberta L. Broyles

Subscribed and sworn to before me this 9th day of June 1973

Willard F. McGees
Notary Public

My Commission Expires August 18, 1976

Be It Remembered, there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Indiana dated the 15 day of June, 1973, authorizing the joining together as husband and wife James Lee Broyles and Lissa Jane Jackson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ben H. Strasser hereby certify that on the 16th day of June, one thousand nine hundred and 73 at Pittsboro, County of Hendricks, State of Indiana, Groom James Lee Broyles of Hendricks County, State of Indiana, and, Bride Lissa Jane Jackson of Hendricks County, State of Indiana, were by me united 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, 1973.

Signed Ben H. Strasser
Official Designation Christian Church Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of June, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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
6-13-73
Date of Application

MALE
Medical Examination Report Dated June 6, 1973
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated June 6, 1973
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 Charles Middle B. Last Brock
Date of Birth: Month Jan Day 14 Year 1908
Place of Birth (State or foreign country) London Ky.
Residence Address: Street or R.R. RR 2 Clayton City Ind. County Hendricks Co. 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 Retired
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Drivers Licence 5269-16-9479 08

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Theo Brock
    Residence of father (if deceased so state) Dec.
    Occupation of father — Race of father w
    Birthplace of father (State or foreign country) Ky.
12. Full maiden name of mother Emily Brock
    Residence of mother (if deceased so state) Dec.
    Occupation of mother — 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 ✕ Charles B Brock
New Address Clayton Ind
Subscribed and sworn to before me this 13 day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Meredith Middle G. Last Mendenhall
Date of Birth: Month April Day 25 Year 1919
Place of Birth (State or foreign country) North Salem Ind. Hendricks Co.
Residence Address: Street or R.R. Carterasburg City Ind. County Hendricks Co. State
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation State Office Bldg.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Drivers Licence M 535-1918 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 afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Harrison Ferguson
   Residence of father (if deceased so state) Dec.
   Occupation of father — Race of father w
   Birthplace of father (State or foreign country) North Salem, Ind.
8. Full maiden name of mother Mabel Mayhew
   Residence of mother (if deceased so state) Carterasburg
   Occupation of mother Retired 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 ✕ Meredith G Mendenhall
New Address Clayton, Indiana 46118
Subscribed and sworn to before me this 13 day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 June, 1973, authorizing the joining together as husband and wife Charles B Brock and Meredith G. Mendenhall

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stanley K. Hicks hereby certify that on the 23rd day of June, one thousand nine hundred and 73 at Hazelwood, County of Hendricks, State of Indiana, Groom Charles B. Brock of Hendricks County, State of Indiana, and, Bride Meredeth G Mendenhall of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23 day of June, 1973. Signed Stanley K. Hicks
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of July, 1973. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form 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 Book 34
June 14-73
Date of Application

MALE
Medical Examination Report Dated 6-13-73
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-13-73
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 David, Middle Loss, Last Adams
Date of Birth: Month April, Day 15, Year 1953
Place of Birth (State or foreign country): Indianapolis, Ind.
Residence Address: 4727 Chantilly Dr. Indpls. Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Mechanic
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 4165

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their 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 Ross Adams
    Residence of father (if deceased so state): Unknown
    Occupation of father: Heavy E quiptment oper. Race of father.....
    Birthplace of father (State or foreign country): Kentucky
12. Full maiden name of mother: Martha Eileen Amick
    Residence of mother (if deceased so state): 4815 Chantilly Dr Indpls Ind
    Occupation of mother: Secretary 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: David Ross Adams
New Address: 4727 Chantilly Dr.
Subscribed and sworn to before me this 14 day of June, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Ann, Last Hensley
Date of Birth: Month July, Day 6, Year 1955
Place of Birth (State or foreign country): Bloomington Ind.
Residence Address: 268 North Mill Plfd. Ind.
Maiden Name if Different
Previous 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) 113-55-057031

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father: Dick L. Hensley
   Residence of father (if deceased so state): Deceased
   Occupation of father..... Race of father.....
   Birthplace of father (State or foreign country): Muncie Ind.
8. Full maiden name of mother: Shirley Roberta Pittman
   Residence of mother (if deceased so state): 268 N. Mill St. Plfd. Ind.
   Occupation of mother: Clerk. 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: Elizabeth Ann Hensley
New Address: 4727 Chantilly Dr. Indpls.
Subscribed and sworn to before me this 14 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 & Grooms Fathers consent. and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* June, 19 73, *authorizing the joining together as husband and wife* David Ross Adams *and* Elizabeth Ann Hensley
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins *hereby certify that on the* 17th *day of* June, *one thousand nine hundred and* 73 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* David Ross Adams *of* Marion *County, State of* Indiana *and, Bride* Elizabeth Ann Hensley *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 17th *day of* June, 19 73.

Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19th *day of* June, 19 73.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 Book 34
June 14-73
Date of Application

MALE
Medical Examination Report Dated 6-13-73
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-13-73
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 David, Middle Ross, Last Adams
Date of Birth: Month April, Day 15, Year 1953
Place of Birth (State or foreign country): Indianapolis, Ind.
Residence Address: Street or R. R. 4721 Chantilly Dr., City Indpls., 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: Mechanic
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 4165

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Ross Adams
    Residence of father (if deceased so state) Unknown
    Occupation of father Navy E quiptmnt optr. Race of father Kentuck.

Signed.....Mother
ibed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Elizabeth, Middle Ann, Last Hensley
Date of Birth: Month July, Day 6, Year 1955
Place of Birth (State or foreign country) Bloomington Ind.
Residence Address: Street or R. R. 268 North Mill, City Pfld., 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 Housewife
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-55-057031

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Dick L. Hensley
   Residence of father (if deceased so state) Deceased
   Occupation of father..... Race of father.....
   Birthplace of father (State or foreign country) Muncie Ind.
8. Full maiden name of mother Shirley Roberta Pittman
   Residence of mother (if deceased so state) 2687 N. Mill St. Pfld. Ind.
   Occupation of mother Clerk. Race of mother.....
   Birthplace of mother (State or foreign country) Indiana

State of Indiana,] I depose and state the information given
on is true and correct.
hnsley
Dr Indpls
June, 19 73
CKS Circuit Court

age. If only one parent
cessary.....

Father
Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

I, Shirley R. Hensley, hereby give my consent for my Daughter, Elizabeth Ann Hensley to marry David Ross Adams.

Shirley R. Hensley

Subscribed and sworn to before me this 14th day of June 19 73

L. Elaine Dieckman my commission
Notary Public
(L. Elaine Dieckman) expires 3/29/77

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 of Grooms Father consent. 13 and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of June, 19 73, authorizing the joining together as husband and wife David Ross Adams and Elizabeth Ann Hensley
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins hereby certify that on the 17th day of June, one thousand nine hundred and 73 at Plainfield, County of Hendricks, State of Indiana, Groom David Ross Adams of Marion County, State of Indiana, and, Bride Elizabeth Ann Hensley of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 17th day of June, 19 73.

Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of June, 19 73.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 Book 34

June 14-73
Date of Application

MALE
Medical Examination Report Dated 6-13-73
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-13-73
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 David, Middle Loss, Last Adams

Date of Birth: Month April, Day 13, Year 1953

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. 4727 Chantilly Dr., City Indpls, 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 Mechanic

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 4165

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 Ross Adams
    Residence of father (If deceased so state) Unknown
    Occupation of father Heavy E quiptment Optr. Race of father Kentucky

FEMALE APPLICANT

Name: First Elizabeth, Middle Ann, Last Hensley

Date of Birth: Month July, Day 6, Year 1955

Place of Birth (State or foreign country) Bloomington Ind.

Residence Address: Street or R.R. 268 North Mill, City Plfd., 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 Housewife

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-55-057031

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Dick L. Hensley
   Residence of father (if deceased so state) Deceased
   Occupation of father Race of father
   Birthplace of father (State or foreign country) Muncie Ind.
8. Full maiden name of mother Shirley Roberta Pittman
   Residence of mother (if deceased so state) 268 N. Mill St. Plfd Ind.
   Occupation of mother Clerk. Race of mother
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS County, ss: I depose and state the information given [illegible] is true and correct.

[illegible] Hensley
[illegible] Da Indpls.
[illegible] June, 19 73
[illegible] Circuit Court
[illegible] If only one parent
[illegible] necessary
[illegible] Father
[illegible] Mother
[illegible], 19
[illegible] Clerk

Due to the fact that the whereabouts of David's father are unknown, I, his mother have signed for him.

I, Martha E Adams, hereby give my consent for my Son, David Ross Adams to marry Elizabeth Ann Hensley.

Martha E Adams

Subscribed and sworn to before me this 12 day of June 1973

Mary L Martin
Notary Public

My Commission Expires 25 May 1974

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A [illegible] named parties, the HENDRICKS County Superior Court by written order issued 5 day [illegible] Consent. [illegible] Groom and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of June 1973, authorizing the joining together as husband and wife David Ross Adams and Elizabeth Ann Hensley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Warren A. Robbins hereby certify that on the 17th day of June one thousand nine hundred and 73 at Plainfield, County of Hendricks, State of Indiana, Groom David Ross Adams of Marion County, State of Indiana, and, Bride Elizabeth Ann Hensley of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17th day of June, 1973.

Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of June, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 Book 34
June 15, 1973
Date of Application

MALE
Medical Examination Report Dated 6-11-73
Name of Physician Joseph Kerlin M.D.

FEMALE
Medical Examination Report Dated 6-11-73
Name of Physician Joseph C. Kerlin M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joseph Middle C. Last Jones
Date of Birth: Month February Day 18 Year 1951
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 805 W. Clinton 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 Truck Driver
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 1697

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Loy E. Jones Jr.
    Residence of father (if deceased so state) R.R. #1 Box 164 North Salem Ind.
    Occupation of father Engineer State Highway Race of father .....
    Birthplace of father (State or foreign country) Putnam Co.
12. Full maiden name of mother Louise Madelyn Frazier
    Residence of mother (if deceased so state) Same
    Occupation of mother U.S.C. Office Race of mother .....
    Birthplace of mother (State or foreign country) Putnam Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Joseph A. Jones
New Address 805 W. Clinton Danville

Subscribed and sworn to before me this 15 day of June, 19 73.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Carla Middle A. Last Delp
Date of Birth: Month June Day 18 Year 1955
Place of Birth (State or foreign country) Fort Benning Ga.
Residence Address: Street or R. R. 1105 Lincoln St. 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 W.H.E. Dietician
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) U.S. Army, Fort Benning, Ga

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Richard Delp
   Residence of father (if deceased so state) 1105 Lincoln St. Danville
   Occupation of father Machinist Race of father .....
   Birthplace of father (State or foreign country) Rockville Ind.
8. Full maiden name of mother Patricia Ann Wallace
   Residence of mother (if deceased so state) Same
   Occupation of mother Acme Masking Co. Race of mother .....
   Birthplace of mother (State or foreign country) Hollandsburg, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carla A. Delp
New Address 805 W. Clinton Danville, Ind.

Subscribed and sworn to before me this 19 day of June, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 June, 19 73, authorizing the joining together as husband and wife Joseph A. Jones and Carla A. Delp
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norman L. Weaver hereby certify that on the 23rd day of June, one thousand nine hundred and seventy three at Danville, County of Hendricks, State of Indiana, Groom Joseph A. Jones of Hendricks County, State of Indiana, and, Bride Carla A. Delp of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 19th day of June, 19 73. Signed Norman L. Weaver
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 19 73.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 227
File Book 34
June 15, 1973
Date of Application

MALE
Medical Examination Report Dated June 13, 1973
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated June 13, 1973
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 Clarence; Middle M.; Last Burnett
Date of Birth: Month January; Day 19; Year 1948
Place of Birth (State or foreign country) Somerset. Ky.
Residence Address: Street or R. R. 1107 Valleyview Dr.; City Plainfield; County; 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 Purchasing Agent.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Select. Serv. Discharge VS 55947658

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name / Age / Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Clarence R. Burnett
    Residence of father (if deceased so state) Somerset, Kay.
    Occupation of father Carpenter Race of father W
    Birthplace of father (State or foreign country) Ky.
12. Full maiden name of mother Dolag F. Wells
    Residence of mother (if deceased so state) Indpls., Ind.
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Clarence M Burnett
New Address 1107 Valley View Dr Plainfield, Ind
Subscribed and sworn to before me this 15 day of June, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 A.; Last Cooper
Date of Birth: Month March; Day 17; Year 1947
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address: Street or R. R. Box 72; City Stilesville; 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 factory
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 47-022126

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James C. Cooper
   Residence of father (if deceased so state) Russiaville, Ind.
   Occupation of father Electrician Race of father W
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Helen M. Brady
   Residence of mother (if deceased so state) Stilesville, Ind.
   Occupation of mother waitress 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 ☒ Linda Cooper
New Address 1107 Valley View Dr. Plainfield
Subscribed and sworn to before me this 15 day of June, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 19 73, *authorizing the joining together as husband and wife* Clarence M. Burnett *and* Linda A. Cooper

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Keith Purcell hereby certify that on the 19th day of June, one thousand nine hundred and 73 at Belleville, County of Hendricks, State of Indiana, Groom Clarence M. Burnett of Hendricks County, State of Indiana, and, Bride Linda A. Cooper of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19th day of June, 19 73.

Signed Keith Purcell
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of June, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 Book 34
June 15, 1973
Date of Application

MALE
Medical Examination Report Dated June 12, 1973
Name of Physician John Proos M. D.

FEMALE
Medical Examination Report Dated 5/30/73
Name of Physician N. Lafuente M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Michael Last Abram

Date of Birth: Month Dec. Day 20 Year 1945

Place of Birth (State or foreign country) Bloomington Ind.

Residence Address: Street or R. R. 7849 Cimerron Trail 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 Medical Doctor

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) .....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Robert William Abram
    Residence of father (if deceased so state) 3260 Woodyard Rd. Bloomington
    Occupation of father Interior Decorator Race of father .....
    Birthplace of father (State or foreign country) Bloomington, Ind.
12. Full maiden name of mother Wilma Mae Bryant
    Residence of mother (if deceased so state) Same
    Occupation of mother Beautician 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 Robert Michael Abram M.D.
New Address 7849 Cimerron Trail Indianapolis Ind

Subscribed and sworn to before me this 15 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Marie Last Hicks

Date of Birth: Month Sept. Day 26 Year 1953

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. R.R. # 2 Box 100 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 X-Ray

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 10258

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Loy Delbert Hicks
   Residence of father (if deceased so state) R # 2 Box 100 Indpls Ind
   Occupation of father Machine Optr. Race of father .....
   Birthplace of father (State or foreign country) Michigan
8. Full maiden name of mother Anna La Verne Lents
   Residence of mother (if deceased so state) Same
   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 Susan Marie Hicks
New Address 7849 Cimarron Trail, 10th St. Indpls.

Subscribed and sworn to before me this 15 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 June, 19 73, authorizing the joining together as husband and wife Robert Michael Abram and Susan Marie Hicks

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Brent Alan Winans hereby certify that on the 23 day of June one thousand nine hundred and 73 at Ben Davis Christian Church, County of Marion, State of Indiana, Groom Robert Michael Abram of Monroe County, State of Indiana, and, Bride Susan Marie Hicks of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of June, 19 73. Signed Brent Alan Winans
Official Designation Minister of Education

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of July, 19 73
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

536

Form 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 June 18, 1973
Book 34
Date of Application

MALE
Medical Examination Report Dated May 29, 1973
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated May 29, 1973
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 Donald Middle Paul Last Utley
Date of Birth: Month October Day 11 Year 1952
Place of Birth (State or foreign country) Kansas
Residence Address: Street or R. R. R. 8 Box 246 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 Foreman
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Saint Rose 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 Paul E. Utley
    Residence of father (if deceased so state) same
    Occupation of father Self employed Race of father w
    Birthplace of father (State or foreign country) Ky.
12. Full maiden name of mother Loretta A. Timler
    Residence of mother (if deceased so state) same
    Occupation of mother Reg. Nurse Race of mother w
    Birthplace of mother (State or foreign country) Mich.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Donald Paul Utley
New Address 1704 North King Ave
Subscribed and sworn to before me this 18 day of June, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Krista Middle A. Last Huntington
Date of Birth: Month August Day 27 Year 1953
Place of Birth (State or foreign country) Rushville, Ind.
Residence Address: Street or R. R. 4031 Sit Point Rd. 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 Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Lush 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 Woody L. Huntington
   Residence of father (if deceased so state) same
   Occupation of father Mechanic Race of father w
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Fayna Russell
   Residence of mother (if deceased so state) same
   Occupation of mother Housewife 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 x Krista A. Huntington
New Address 1704 N. King Ave Indpls 46222
Subscribed and sworn to before me this 18 day of June, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 22 day of June, 19 73, authorizing the joining together as husband and wife Donald P. Utley and Krista A. Huntington

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Charles Noll hereby certify that on the 23rd day of June, one thousand nine hundred and 73 at Brownsburg, County of Hendricks, State of Indiana, Groom Donald Paul Utley of Hendricks County, State of Indiana, and, Bride Krista Anne Huntington of Hendricks County, State of Indiana, were by me united 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 June, 19 73.

Signed Rev. Charles Noll
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

536

Form 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 June 18, 1973
Book 34
Date of Application

MALE
Medical Examination Report Dated May 29, 1973
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated May 29, 1973
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 Donald Middle Paul Last Utley
Date of Birth: Month October Day 11 Year 1952
Place of Birth (State or foreign country) Kansas
Residence Address: Street or R. R. R-8 Box 246 City Indpls. 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 Foreman
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Saints Rose 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 Paul E. Utley
    Residence of father (if deceased so state) same
    Occupation of father self employed Race of father w
    Birthplace of father (State or foreign country) Ky.
12. Full maiden name of mother Loretta C. Timler
    Residence of mother (if deceased so state) same
    Occupation of mother Reg. Nurse Race of mother w
    Birthplace of mother (State or foreign country) Mich.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Donald Paul Utley
New Address 1704 North Kingsdale
Subscribed and sworn to before me this 18 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Krista Middle A. Last Huntington
Date of Birth: Month August Day 27 Year 1953
Place of Birth (State or foreign country) Rushville, Ind.
Residence Address: Street or R. R. 4031 SilPoint Rd. 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 Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Lush 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 Woody L. Huntington
   Residence of father (if deceased so state) same
   Occupation of father Mechanic Race of father w
   Birthplace of father (State or foreign country) Ind
8. Full maiden name of mother Tanya Russell
   Residence of mother (if deceased so state) same
   Occupation of mother housewife 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 x Krista A. Huntington
New Address 1704 N. King Ave, Indpls 46222
Subscribed and sworn to before me this 18 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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

WE
I, Paul Utley & Loretta Utley, hereby give my consent for
my Son, Donald Paul Utley to
marry Chris Krista Huntington.

Paul Utley Loretta Utley

Subscribed and sworn to before me this 15 day of June 1973

Susan L. Burnett
Notary Public

My com. expires
1-12-76

ned parties, the
and filed

Circuit Court

of Indiana dated the 18 day of June 1973

Donald P. Utley and Krista A. Huntington husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Charles Noll hereby certify that on the 23rd day of June,
one thousand nine hundred and 73 at Brownsburg, County of Hendricks,
State of Indiana, Groom Donald Paul Utley of Hendricks County, State of Indiana,
and, Bride Krista Anne Huntington of Hendricks County, State of Indiana,
were by me united 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 June, 1973.

Signed Rev. Charles Noll
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 18 1973
Date of Application

MALE
Medical Examination Report Dated 6-2-73
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 6-2-73
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Allen Last Blair
Date of Birth: Month December Day 23 Year 1953
Place of Birth (State or foreign country) Lebanon Boone Ind.
Residence Address: Street or R. R. RR 3 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 Earl Davis Blair
    Residence of father (if deceased so state) Same
    Occupation of father Plater Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Reta C. Gibbs
    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 × David Allen Blair
New Address .....
Subscribed and sworn to before me this 18 day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Joanne Last Hren
Date of Birth: Month July Day 21 Year 1955
Place of Birth (State or foreign country) RR 9 Ind, Anapolis
Residence Address: Street or R. R. RR #8 Indpls City Marion 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 Frank Louis Hren
   Residence of father (if deceased so state) Same
   Occupation of father Inspector - city Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Norma Jean Petty
   Residence of mother (if deceased so state) Same
   Occupation of mother Secretary 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 × Debra Joanne Hren
New Address .....
Subscribed and sworn to before me this 18 day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applic... If only one parent signs, state facts which rende...

Both need parents consent

ON THE ABOVE DATE THE FOLLOWING ACTION
VS.
ON

State of Indiana, County of .....
Sign...
Signed ..... Other
Subscribed and sworn to ..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license ha... the HENDRICKS County Court by written order issued ... and filed in ..... authorizes and directs the issuance of a marriage license to the ...

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* ..... *day of* June, 19 73, *authorizing the joining together as husband and wife* David Allen Blair *and* Debra Joanne Hren

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ... *hereby certify that on the* ..... *day of* ....., *at* ....., *County of* ....., *one thousand nine hundred and* ..... *State of Indiana, Groom* ..... *of* ..... *County, State of* ....., *and, Bride* ..... *of* ..... *County, State of* ....., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this ..... *day of* ....., 19.....

Signed .....
Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this ..... *day of* ..... *Clerk*

Signed ..... HENDRICKS *Circuit Court*

538

Form 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 Book 34
June 18 1973
Date of Application

MALE
Medical Examination Report Dated 6-5-73
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 6-5-73
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Lee Last West
Date of Birth: Month Sept Day 29 Year 1952
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 3931 Breen Dr. Apt 52, City Indpls, 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 Truck Driver
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 10934

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name Age Address

.....

.....

.....

supporting or contributing to their support? Yes ☐ No ☐
complying with any court order or orders issued for port? Yes ☐ No ☐

father James Norman West
father (if deceased so state) R#4 Box 2370 Brownsburg
father Electrician Race of father.....
father (State or foreign country) Indianapolis
name of mother Elizabeth Ann Sullivan
mother (if deceased so state) Same
mother Housewife Race of mother.....
mother (State or foreign country) Indianapolis,

HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael L West
New Address 3931 Breen Dr Apt 52 Indpls
sworn to before me this 18 day of June, 19 73
M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Mary Last Osborn
Date of Birth: Month May Day 10 Year 1953
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. R#3 Box 283, 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 File Clerk
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Witham Hospital 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 Charles Harry Osborn
   Residence of father (if deceased so state) R#2 Box 283 Brownsburg
   Occupation of father Foreman Race of father.....
   Birthplace of father (State or foreign country) Clermont, Ind.
8. Full maiden name of mother Ardella Ludwina Hoffman
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Jasper

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda M Osborn
New Address R#3 931 Breen Dr #52, Indpls.
Subscribed and sworn to before me this 18 day of June, 19 73.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 25 *day of* June, 19 73, *authorizing the joining together as husband and wife* Michael Lee West *and* Linda Mary Osborn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Charles Noll hereby certify that on the 30th day of June, one thousand nine hundred and 73 at Brownsburg, County of Hendricks, State of Indiana, Groom Michael Lee West of Marion County, State of Indiana, and, Bride Linda Mary Osborn of Hendricks County, State of Indiana, were by me united 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 June, 19 73.

Signed Rev. Charles Noll
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of July, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

538

Form 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 Book 34
June 18 1973
Date of Application

MALE
Medical Examination Report Dated 6-5-73
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 6-5-73
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Lee Last Wist

Date of Birth: Month Sept Day 29 Year 195-2

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. # 3931 Green Dr. City Apt 52, Indpls County Indpls State Ind

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Truck Driver

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 10934

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name Age Address

FEMALE APPLICANT

Name: First Linda Middle Mary Last Osborn

Date of Birth: Month May Day 10 Year 195-3

Place of Birth (State or foreign country) Lebanon Ind.

Residence Address: Street or R. R. R # 3 Box 283, 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 File Clerk

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Witham Hospital 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 Charles Harry Osborn
   Residence of father (if deceased so state) R # 3 Box 283 Brownsburg
   Occupation of father Foreman Race of father ...Ind.
   ...Hoffman

James M. West
I, Elizabeth A. West, hereby give my consent for
my son, Michael Lee West to
marry Linda Mary Osborn
James M. West Elizabeth A. West
Subscribed and sworn to before me this 21 day of June 1973
Bernice H. Thesing
Notary Public

...information given true and correct.
...2, Indpls.
...19 73
...Circuit Court
...If only one parent

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25 day of June, 1973, authorizing the joining together as husband and wife Michael Lee West and Linda Mary Osborn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Charles Noll hereby certify that on the 30th day of June, one thousand nine hundred and 73 at Brownsburg, County of Hendricks, State of Indiana, Groom Michael Lee West of Marion County, State of Indiana, and, Bride Linda Mary Osborn of Hendricks County, State of Indiana, were by me united 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 June, 1973.

Signed Rev. Charles Noll
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of July, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 18, 1973
Date of Application

MALE
Medical Examination Report Dated June 16, 1973
Name of Physician Portia Parker, M.D.

FEMALE
Medical Examination Report Dated June 16, 1973
Name of Physician Portia Parker, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Morris Middle Ewert Last Coons
Date of Birth: Month December Day 8 Year 1933
Place of Birth (State or foreign country) Lebanon, Indiana (Boone Co)
Residence Address: Street or R. R. R.R. #2 Bx 145 City Indianapolis County (Hendricks) State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1968 Boone Co.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Dispatcher
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Selective Ser. # 55 50 44 6118 SP3 AUS Army

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑ (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Dorothea Lyn Coons	12	Lebanon, Ind
Morris Michael Coons	11	Lebanon, Ind
Scott Andrew Coons	8	Lebanon, 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 Milford Morris Coons
Residence of father (if deceased so state) R #1, Crawfordsville, Ind
Occupation of father Foreman Race of father W.
Birthplace of father (State or foreign country) Boone Co - Advance Ind
12. Full maiden name of mother Dorothy Velma Guy
Residence of mother (if deceased so state) Kansas about
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Marion Co, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Morris Ewert Coons
New Address R #2 Bx 145, Indpls, Ind

Subscribed and sworn to before me this 18th day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Ruby Middle Alice Last Choate
Date of Birth: Month August Day 16 Year 1939
Place of Birth (State or foreign country) Jasonville, Indiana (Crawford Co.)
Residence Address: Street or R. R. R.R. #2 Bx 145 City Indianapolis County Hendricks State Ind.
Maiden Name if Different Ruby Rickenbaugh
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1973 Hendricks
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Central Hospital - Supervisor
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Ind. Dr. Lic. # 5301-47-4705 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 afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Jacob Rickenbaugh
Residence of father (if deceased so state) deceased
Occupation of father Truck Driver Race of father W.
Birthplace of father (State or foreign country) Union Co, Indiana
8. Full maiden name of mother Mary Jane Jenkins Allstott
Residence of mother (if deceased so state) Kasmill, Indiana
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Morinze, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ruby Alice Choate
New Address R #2 Bx 145, Indpls, Ind

Subscribed and sworn to before me this 18th day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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, 1973, authorizing the joining together as husband and wife Morris Ewert Coons and Ruby Alice Choate

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, M. L. Crawley hereby certify that on the 22 day of June, one thousand nine hundred and 73, at Plainfield, County of Hendricks, State of Ind., State of Indiana, Groom Morris Ewert Coons of Hendricks County, State of Ind., and, Bride Ruby Alice Choate of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22 day of June, 1973 Signed M. L. Crawley
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 1973
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 34
June 18 1973
Date of Application

MALE
Medical Examination Report Dated 6-13-73
Name of Physician Lloyd Terry

FEMALE
Medical Examination Report Dated 6-13-73
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 Larry Middle Lynn Last Witte
Date of Birth: Month July Day 28 Year 1950
Place of Birth (State or foreign country) Fort Wayne Allen Ind.
Residence Address: Street or R. R. 8775-D LeMode ct. City Indpls County Marion State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Engineer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) SS Card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Erwin Martin Gustav Witte
    Residence of father (if deceased so state) 3820 Cent Dr Ft Wayne
    Occupation of father Clerical Race of father W
    Birthplace of father (State or foreign country) Fort Wayne Ind.
12. Full maiden name of mother Dorothy Marie Keller
    Residence of mother (if deceased so state) Same
    Occupation of mother Mgr.-Dept Store Race of mother W
    Birthplace of mother (State or foreign country) Detroit Mich.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Larry Lynn Witte
New Address 8775-D Le Mode Ct
Subscribed and sworn to before me this 18 day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Ann Last Martin
Date of Birth: Month June Day 5 Year 1950
Place of Birth (State or foreign country) Methodist Indpls Marion Ind
Residence Address: Street or R. R. 551 W. Main 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 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 Sam Hadley Martin
   Residence of father (if deceased so state) Same
   Occupation of father Cost Accountant Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Betty Joan Logan
   Residence of mother (if deceased so state) Same
   Occupation of mother Dairy Queen Mgr Race of mother W
   Birthplace of mother (State or foreign country) Bainbridge Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Kathleen Ann Martin
New Address 8775-D Le Mode Ct
Subscribed and sworn to before me this 18 day of June, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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, 1973, *authorizing the joining together as husband and wife* Larry Lynn Witte *and* Kathleen Ann Martin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, The Rev. Joseph D. Stump hereby certify that on the 30th day of June, one thousand nine hundred and 73 at Danville, County of Hendricks, State of Indiana, Groom Larry Lynn Witte of Marion County, State of Indiana, and, Bride Kathleen Ann Martin of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30th day of June, 1973.

Signed Rev. Joseph D. Stump
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of July, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 234
File Book #34
June 18, 1973
Date of Application

MALE
Medical Examination Report Dated June 18, 1973
Name of Physician R. W. Van Bokkelen, M.D.

FEMALE
Medical Examination Report Dated June 18, 1973
Name of Physician R. W. Van Bokkelen, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronnie Middle K. Last Keeton
Date of Birth: Month June Day 14 Year 1954
Place of Birth (State or foreign country) Pine Knot, Kentucky (McCreary Co)
Residence Address: Street or R. R. R.R. #1 Box 25, City Rachael Dr. County Plainfield (Hendricks) 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 Installer
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Commonwealth of Ky #8508

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 M. Keeton
    Residence of father (if deceased so state) R.R. #1 Box 25 Rachael Dr. Plainfield
    Occupation of father Carpet Installer Race of father W
    Birthplace of father (State or foreign country) Monticello, Kentucky
12. Full maiden name of mother Imogene Dean
    Residence of mother (if deceased so state) Same as above
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Monticello, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Ronnie K. Keeton
New Address.....
Subscribed and sworn to before me this 18th day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed John M. Keeton Father
Signed Imogene Keeton Mother
Subscribed and sworn to before me this 18th day of June, 19 73
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Susan Middle Elizabeth Last Patrum
Date of Birth: Month October Day 27 Year 1954
Place of Birth (State or foreign country) Indianapolis (Marion Co) Indiana
Residence Address: Street or R. R. 5 W. South St, City Mooresville, County Indiana (Morgan) 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 Bookkeeper
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Indiana State Dept. of Health # 11618

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 N. Patrum
   Residence of father (if deceased so state) 5 W. South St, Mooresville, Ind.
   Occupation of father Truck Driver Race of father W
   Birthplace of father (State or foreign country) Morgan Co, Indiana
8. Full maiden name of mother Kathryn Lou Jaggers
   Residence of mother (if deceased so state) Same as above
   Occupation of mother Receptionist Race of mother W
   Birthplace of mother (State or foreign country) Greenwood, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Susan E. Patrum
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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 73, authorizing the joining together as husband and wife Ronnie K. Keeton and Susan Elizabeth Patrum

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Ronald D. Riley hereby certify that on the 23rd day of June, one thousand nine hundred and 73 at Mooresville, County of Morgan, State of Indiana, Groom Ronnie K. Keeton of Hendricks County, State of Indiana, and, Bride Susan Elizabeth Patrum 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 73.
Signed Rev. Ronald D. Riley
Official Designation "Baptist Minister"

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of June, 19 73.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

542

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 124, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 235
File Book 34
June 18 1973
Date of Application

MALE
Medical Examination Report Dated 6-4-73
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 6-4-73
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 Kenneth Middle William Last Zwilling
Date of Birth: Month July Day 23 Year 1950
Place of Birth (State or foreign country) Richland Co Illinois
Residence Address: Street or R. R. 210 Church St City Lizton County Hend State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Elevator Manager Trainee
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Ins. Policy - Knights of Columbus

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Wilbert Francis Zwilling
    Residence of father (if deceased so state) R#2 Olney, Illinois
    Occupation of father Farmer + Carpenter Race of father W
    Birthplace of father (State or foreign country) Richland Co. Illinois
12. Full maiden name of mother Catherine Stecher
    Residence of mother (if deceased so state) Same as above
    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 Kenneth William Zwilling
✗New Address 210 Church St, Lizton Indiana
Subscribed and sworn to before me this 18th day of June, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Joy Last Scott
Date of Birth: Month August Day 8 Year 1953
Place of Birth (State or foreign country) Indiana Marion County
Residence Address: Street or R. R. R1 City Lizton County Hend State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation American States Ins. Co.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Indpls Dept of Pub Health # 7880

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Samuel Dee Scott
   Residence of father (if deceased so state) Rt 1 Lizton Ind
   Occupation of father Mason Race of father W
   Birthplace of father (State or foreign country) Hendricks Co, Indiana
8. Full maiden name of mother Betty Jo Robertson
   Residence of mother (if deceased so state) Same as above
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Marion Co, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
✗Signed Brenda Joy Scott
New Address 210 Church St, Lizton, Ind
Subscribed and sworn to before me this 18th day of June, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 73, *authorizing the joining together as husband and wife* Kenneth William Zwilling *and* Brenda Joy Scott

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Herman A. Lutz hereby certify that on the 23rd day of June, one thousand nine hundred and 73 at Danville, County of Hendricks, State of Indiana, Groom Kenneth W. Zwilling of Hendricks County, State of Indiana, and, Bride Brenda Joy Scott of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of June, 1973.

Signed Rev. Herman A. Lutz
Official Designation Catholic Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 19 73.
Signed Glen M. Harvey Clerk
HENDRICKS 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. 236

HENDRICKS County

File Book 24

June 19-73 Date of Application

MALE
Medical Examination Report Dated 6-15-73
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-15-73
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 Daniel Middle A. Last Church

Date of Birth: Month 11 Day 3 Year 1954

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. 3770 N. Brentwood 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 Warehouse

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 Adonis Church
    Residence of father (if deceased so state) 3770 N. Brentwood Ave.
    Occupation of father Letter Carrier Race of father.....
    Birthplace of father (State or foreign country) Bargersville Ind
12. Full maiden name of mother Shirley Marie Bernard
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Aurora Dec.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Daniel A. Church

New Address.....

Subscribed and sworn to before me this 19 day of June, 1973.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 Denise Middle Lynn Last Sears

Date of Birth: Month 5 Day 22 Year 1955

Place of Birth (State or foreign country) Terre Haute

Residence Address: Street or R. R. 456 City Cartersburg 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).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Lincoln Sears
   Residence of father (if deceased so state) 456 Cartersburg Rd.
   Occupation of father Elec. Radar Tech. Race of father.....
   Birthplace of father (State or foreign country) Terre Haute
8. Full maiden name of mother Phyllis Ann Owen
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   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 Denise Lynn Sears

New Address.....

Subscribed and sworn to before me this 19 day of June, 19 73

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 June 22 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of June, 1973, authorizing the joining together as husband and wife Daniel A. Church and Denise Lynn Sears

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 23rd day of June, one thousand nine hundred and 73 at Danville, County of Hendricks, State of Indiana, Groom Daniel A. Church of Marion County, State of Indiana, and, Bride Denise L. Sears of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of June, 1973. Signed Rev. Herman G. Lutz

Official Designation Catholic Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 1973

Signed Glen M. Harvey Clerk

HENDRICKS 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. 236

HENDRICKS County

File Book 24

June 19-73
Date of Application

MALE
Medical Examination Report Dated 6-15-73
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-15-73
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 Daniel Middle A. Last Church
Date of Birth: Month 11 Day 3 Year 1954
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 3770 N. Brentwood 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 Warehouse
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 Adonis Church
    Residence of father (if deceased so state) 3770 N. Brentwood Ave.
    Occupation of father Letter Carrier Race of father
    Birthplace of father (State or foreign country) Bargersville Ind
12. Full maiden name of mother Shirley Marie Bernard
    Residence of mother (If deceased so state) Same
    Occupation of mother Housewife Race of mother
    Birthplace of mother (State or foreign country) Aurora Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Daniel A. Church
New Address
Subscribed and sworn to before me this
Glen M Harvey

CONSENT OF PARENTS, PARENT OR G
We, the parents, of this applicant hereby
signs, state facts which render the consent

State of Indiana, County of HENDRICKS
Signed
Signed
Subscribed and sworn to before me this

COMPLETE IF MARRIAGE I
HENDRICKS
in Clerk's Office

FEMALE APPLICANT

Name: First Denise Middle Lynn Last Sears
Date of Birth: Month 5 Day 22 Year 1955
Place of Birth (State or foreign country) Terre Haute
Residence Address: Street or R. R. 456 City Cartersburg, 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)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Lincoln Sears
   Residence of father (if deceased so state) 456 Cartersburg Rd.
   Occupation of father Elec. Radar Tech. Race of father
   Birthplace of father (State or foreign country) Terre Haute
8. Full maiden name of mother Phyllis Ann Owen
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother
   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 Denise Lynn Sears
New Address
Subscribed and sworn to before me this 19 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

Shirley
I, Rhoda
my son
marry Den
subscribed a

Aurora, Ill.
BARGERSVILLE, IND.
, hereby give my consent for
Daniel A. Church to
Sears.
Charlotte R. Kennedy
fore me this 20 day of June 19 73
Charlotte R. Kennedy
Notary Public
County My Commission Expires 1-2-

RETURN OF ... LICENSE AND MARRIAGE ... HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ... Circuit Court of Indiana dated the 22 day of June, 19 73, authorizing the joining together as husband and wife Daniel A. Church and Denise Lynn Sears

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 23rd day of June, 19 73 at Danville, County of Hendricks, one thousand nine hundred and ... State of Indiana, Groom Daniel A. Church of Marion County, State of Indiana, and, Bride Denise L. Sears of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of June, 19 73. Signed Rev. Herman G. Lutz
Official Designation Catholic Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 19 73
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

544

Form 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

6-19-73
Date of Application

MALE
Medical Examination Report Dated 6-15-73
Name of Physician LeRoy F. Harris M D

FEMALE
Medical Examination Report Dated 6-7-73
Name of Physician 6-7-73 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 John Middle Steven Last Cooper

Date of Birth: Month April Day 25 Year 1954

Place of Birth (State or foreign country): Greencastle Putnam Ind
(City, County, State)

Residence Address: Box 72 Street or R. R. Stilesville 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: Armed Services

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) ID card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

re you supporting or contributing to their support? Yes ☐ No ☐
re you complying with any court order or orders issued for eir support? Yes ☐ No ☐

name of father James C. Cooper
nce of father (if deceased so state) R R 2 Quincy
pation of father Electrician Race of father W
place of father (State or foreign country) Indiana
maiden name of mother Helen Marie Brady
nce of mother (if deceased so state) Stilesville
pation of mother Waitress Race of mother W
place of father (State or foreign country) Indiana

Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed × John Steven Cooper

New Address 508 S. 19th Lawton Okla.

d and sworn to before me this 19 day of July, 19 73

Glen M. Harvey Clerk HENDRICKS Circuit Court

T OF PARENTS, PARENT OR GUARDIAN

parents, of this applicant hereby give consent for this marriage. If only one parent
te facts which render the consent of the other parent unnecessary
mother has legal custody

Indiana, HENDRICKS } ss:

Signed ..... Father

Signed attached Mother

d and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Joanne Middle Last Barron

Date of Birth: Month January Day 9 Year 1955

Place of Birth (State or foreign country): Dayton Ohio
(City, County, State)

Residence Address: Box 80 Street or R. R. Clayton 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: Waitress

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) School Record - Cascade H.S.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Raymond Barron
   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 Imeda Trimble
   Residence of mother (if deceased so state) same
   Occupation of mother machinist Race of mother W
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed × Joanne Barron

New Address 508 S. 19th Lawton Okla.

Subscribed and sworn to before me this 19 day of June, 19 73

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

ETE IF MARRIAGE LICENSE ISSUED BY 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* na dated the 23 day of June, 19 73, authorizing the joining together as husband and wife ther remembered, the following marriage certificate was filed in my office, to-wit:

I B-L-Tallant hereby certify that on the 24th day of June, sand nine hundred and 73 at Stilesville, County of Hendricks, Indiana, Groom John Steven Cooper of Hendricks County, State of Indiana, de Joanne Barron of Hendricks County, State of Indiana, me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

this 24th day of June, 19 73.

Signed B-L-Tallent

Official Designation Minister

nd recorded in accordance with the laws of the State of Indiana this 27 day of June, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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
6-19-73
Date of Application

MALE
Medical Examination Report Dated 6-15-73
Name of Physician LeRoy F. Harris M D

FEMALE
Medical Examination Report Dated 6-7-73
Name of Physician 6-7-73 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 John Middle Steven Last Cooper
Date of Birth: Month April Day 25 Year 1954
Place of Birth (State or foreign country): Greencastle Putnam Ind
Residence Address: Box 72 Street or R. R. Stilesville City Hand 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: Armed Services
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) ID card —

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

FEMALE APPLICANT

Name: First Joanne Middle Last Barron
Date of Birth: Month January Day 9 Year 1955
Place of Birth (State or foreign country): Dayton Ohio
Residence Address: Box 80 Street or R. R. Clayton 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: Waitress
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) School Record - Cascade H.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Raymond Barron
   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: Freeda Trimble
   Residence of mother (if deceased so state): same
   Occupation of mother: machinist Race of mother: W
   Birthplace of mother (State or foreign country): Kentucky

State of Indiana, } ss: HENDRICKS County of
I depose and state the information given in this application is true and correct.
Signed: Joanne Barron
New Address: 508 S. 19th Lawton Okla.
Subscribed and sworn to before me this 19 day of June, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

I, HELEN COOPER, hereby give my consent for my SON, JOHN STEVEN COOPER to marry JOANNE BARRON.

Helen M. Cooper

subscribed and sworn to before me this 5th day of June, 1973

Eileen J. Rheinheimer
Notary Public

11-29-73

CONSENT OF PARENTS, PARENT OR GUARDIAN

...parents, of this applicant hereby give consent for this marriage. If only one parent ...state facts which render the consent of the other parent unnecessary.....

State of Indiana, } ss:
County of HENDRICKS

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

...arriage license having been refused to the above named parties, the ...written order issued.....and filed ...rriage license to the above named parties.

MARRIAGE CERTIFICATE

...ed by the clerk of the HENDRICKS Circuit Court ....., 1973, authorizing the joining together as husband and wife ...Joanne Barron ...-wit:
...certify that on the 24th day of June, ...Stilesville, County of Hendricks, ...Hendricks County, State of Indiana, ...ndricks County, State of Indiana, ...urpose by the Clerk of the Circuit Court of HENDRICKS

Signed B - L - Tallent
...l Designation Minister
...7 day of June, 1973.
Signed Glen M Harvey Clerk
HENDRICKS 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. 238

HENDRICKS County

File Book 34

June 21, 1973 Date of Application

MALE
Medical Examination Report Dated June 7, 1973
Name of Physician Samson Benjamin

FEMALE
Medical Examination Report Dated June 7, 1973
Name of Physician Samson Benjamin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ken Middle G. Last Farley

Date of Birth: Month May Day 2 Year 1947

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 2346 Bruland, City Indpls., 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 Self employed

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Driver Lic. 5281-42-6876

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 C. Farley Sr.
    Residence of father (if deceased so state) Hamilton, Ohio
    Occupation of father Engineer Race of father W
    Birthplace of father (State or foreign country) Ky.
12. Full maiden name of mother Evelyn M. Lamond
    Residence of mother (if deceased so state) Hamilton, Ohio
    Occupation of mother Techian 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 Kenneth C. Farley Jr.

New Address 2346 Bruland Dr.

Subscribed and sworn to before me this 21 day of June, 1973

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Last Wallace

Date of Birth: Month Dec. Day 17 Year 1951

Place of Birth (State or foreign country) Lexington, Ky.

Residence Address: Street or R. R. 2346 Bruland City Indpls. 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) St. Joseph Hosp. Lexington Ky.

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 B. Wallace Jr.
   Residence of father (if deceased so state) 340 Taylor Dr. Lexington, Ky.
   Occupation of father Clerk Race of father W
   Birthplace of father (State or foreign country) Ky.
8. Full maiden name of mother Dorthy M. Scully
   Residence of mother (if deceased so state) 340 Taylor Dr. Lexington Ky.
   Occupation of mother Secretary Race of mother W
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Pauline Wallace

New Address 2346 Bruland Drive

Subscribed and sworn to before me this 21 day of June, 1973

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 June, 1973, authorizing the joining together as husband and wife Ken G. Farley and Pauline Wallace

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Wm R. Hughley hereby certify that on the 26th day of June, one thousand nine hundred and 73 at Marion, County of Indpls., State of Indiana, Groom Ken G. Farley of Hamilton County, State of Kentucky, and, Bride Pauline Wallace of Fayette 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 26 day of June, 1973

Signed Rev. Wm R. Hughley

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of July, 1973

Signed Glen M. Harvey 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. 239
File Book #34
June 21, 1973
Date of Application

MALE
Medical Examination Report Dated June 20, 1973
Name of Physician Donald A. Edmonson, M.D.

FEMALE
Medical Examination Report Dated June 20, 1973
Name of Physician Donald A. Edmonson, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Michael Last Fincher
Date of Birth: Month June Day 8 Year 1949
Place of Birth (State or foreign country): Shelbourne Sullivan Co. Indiana
Residence Address: Street or R. R. 354 W. Clinton 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 Belair Acres
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Health Comm
☐ Other (Specify) Sullivan Co Ind # H-33-111

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Doyle Raymond Fincher
    Residence of father (if deceased so state) R#1, Lewis Indiana
    Occupation of father Florist Race of father W
    Birthplace of father (State or foreign country) Shelbourne Indiana
12. Full maiden name of mother Nadine Lucille Baze
    Residence of mother (if deceased so state) 354 W. Clinton, Danville
    Occupation of mother File Clerk Race of mother W
    Birthplace of mother (State or foreign country) Jasonville, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dennis Michael Fincher
New Address 396 E. Main, Danville, Ind.

Subscribed and sworn to before me this 21st day of June, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Lois Ann Middle Henderson Last
Date of Birth: Month January Day 9 Year 1943
Place of Birth (State or foreign country): Crawfordsville Montgomery Co. Indiana
Residence Address: Street or R.R. 396 E. Main Apt #4 City Danville County Hendricks State Ind.
Maiden Name if Different Lois Ann Robbins
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hendricks 1970
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Belair Acres
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ind State Board of Health #43-004296

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Marshall Robbins
   Residence of father (if deceased so state) Rockdale, Ind.
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Juanita Grace Harris
   Residence of mother (if deceased so state) deceased
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lois Ann Henderson
New Address 396 E. Main, Danville, Ind
Subscribed and sworn to before me this 21st day of June, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 19 73, *authorizing the joining together as husband and wife* Dennis Michael Fincher *and* Lois Ann Henderson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Norman F. Weaver hereby certify that on the 29th day of June, one thousand nine hundred and Seventy Three at Danville, County of Hendricks, State of Indiana, Groom Dennis Michael Fincher of Hendricks County, State of Indiana, and, Bride Lois Ann Henderson of Hendricks County, State of Indiana, were by me united 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 June, 19 73.

Signed Norman F. Weaver
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of July, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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
June 22, 1973
Date of Application

MALE
Medical Examination Report Dated June 18, 1973
Name of Physician Alton B Jones, Capt. MC.

FEMALE
Medical Examination Report Dated June 9, 1973
Name of Physician Walter McMannis, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Gene Last Layman
Date of Birth: Month November Day 26 Year 1953
Place of Birth (State or foreign country) Indianapolis, Marion Co Indiana
Residence Address: Street or R. R. 8620 W. Southern Ave. P.O. Box 31025 City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation U. S. Army
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) U.S. Army Selective Service #304 60 0877

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Gene Layman, Jr.
    Residence of father (if deceased so state) 3925 Norway, Indpls, Ind.
    Occupation of father Self-Employed Race of father W
    Birthplace of father (State or foreign country) Dayton Indiana
12. Full maiden name of mother Shirley Jean Archer
    Residence of mother (if deceased so state) R. R. 2 Southern Ave P.O. Box 31025 Indpls. Ind.
    Occupation of mother Factory Worker Race of mother W
    Birthplace of mother (State or foreign country) Marion Co. Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

☒ Signed Donald Gene Layman Jr.
New Address Ft. Campbell, Kentucky
Subscribed and sworn to before me this 23rd day of June, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 of the groom are divorced. Mother is remarried and is legal guardian.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
☒ Signed Shirley J. Magers Mother
Subscribed and sworn to before me this 23rd day of June, 19 73
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Eloise Middle Annette Last Threewits
Date of Birth: Month November Day 11 Year 1956
Place of Birth (State or foreign country) Indianapolis Marion Co, Indiana
Residence Address: Street or R. R. R.R. #2 Bx 599a City Indpls County Marion State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Indiana Div of Pub Health #13166

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Franklin Threewits
   Residence of father (if deceased so state) deceased
   Occupation of father Delivery Man Race of father W.
   Birthplace of father (State or foreign country) Indpls Marion Co Indiana
8. Full maiden name of mother Mary Rosiland Gains
   Residence of mother (if deceased so state) R #2 Bx 599a Indpls Ind
   Occupation of mother Metal Press Operator Race of mother W
   Birthplace of mother (State or foreign country) Vicksburg, Ind (Crawford Co)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

☒ Signed Eloise Annette Threewits
New Address Ft. Campbell, Kentucky
Subscribed and sworn to before me this 22nd day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 of the bride is deceased. Mother is legal guardian.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
☒ Signed Mary R. Threewits Mother
Subscribed and sworn to before me this 22nd day of June, 19 73
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in HENDRICKS County Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26 *day of* June, 19 73, *authorizing the joining together as husband and wife* Donald Gene Layman *and* Eloise Annette Threewits

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Virgil Winkle Jr. hereby certify that on the 30 day of June, one thousand nine hundred and 73 at Indianapolis, County of Marion, State of Indiana, Groom Donald Gene Layman Jr. of Marion County, State of Indiana, and, Bride Eloise Annette Threewits of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of June, 19 73. Signed Virgil Winkle Jr.
Official Designation Minister - Beulah Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* July, 19 73. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form 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 Book 34
June 22, 1973
Date of Application

MALE
Medical Examination Report Dated June 18, 1973
Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated June 18, 1973
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 Robert Middle B. Last Neier
Date of Birth: Month Nov. Day 19 Year 1950
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address: Street or R. R. R 2 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 Teacher
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 35198 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 Roland L. Neier
    Residence of father (if deceased so state) Dane
    Occupation of father Farmer Race of father W
    Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Suzanne Webb
    Residence of mother (if deceased so state) Minn.
    Occupation of mother housewife 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 X Robert B. Neier
New Address R.R.1 Coatesville, Ind.

Subscribed and sworn to before me this 22 day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Bonnie Middle J. Last Moore
Date of Birth: Month Oct. Day 19 Year 1950
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address: Street or R. R. RR 1 City Coatesville, 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 Music Teacher
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 50-075520

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Lonnie Moore
   Residence of father (if deceased so state) Dane
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Ill.
8. Full maiden name of mother Myrtle R. Bernhardt
   Residence of mother (if deceased so state) Dane
   Occupation of mother Retired 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 X Bonnie J. Moore
New Address RR1 Box 142A Coatesville, Ind.

Subscribed and sworn to before me this 22 day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 73, *authorizing the joining together as husband and wife* Robert B. Neier *and* Bonnie J. Moore.

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* 29th *day of* June, *one thousand nine hundred and* 73 *at* Ama, *County of* Hendricks, *State of Indiana, Groom* Robert B. Neier *of* Hendricks *County, State of* Indiana, *and, Bride* Bonnie J. Moore *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 29th *day of* June, 19 73.

Signed Rev. Gary R. Kirchoff
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* July, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS 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. 242

HENDRICKS County

File Book 34

June 22 1973
Date of Application

MALE
Medical Examination Report Dated 6-21-73

Name of Physician George Kentnoty II MD

FEMALE
Medical Examination Report Dated 6-6-73

Name of Physician George Kentnoty II 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 Joseph Middle Allen Last Lyons

Date of Birth: Month April Day 24 Year 1940

Place of Birth (State or foreign country) [illegible]

Residence Address: Street or R. R. 1 Main St City Pittsboro 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 Carpenter

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Soc. # 113-40-018914

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Michelle Lynn	9	Judyfs
Tamara Lynn	4	

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Marion Co. 1972 Yes ☐ No ☐
11. Full name of father Cedric Lyons
    Residence of father (if deceased so state) deceased
    Occupation of father Brakeman Race of father W
    Birthplace of father (State or foreign country) Indiana ?
12. Full maiden name of mother Katheryne Shelato
    Residence of mother (if deceased so state) High School Rd Judyfs.
    Occupation of mother Waitress Race of mother W
    Birthplace of mother (State or foreign country) Cayuga Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Joseph Allen Lyons

New Address

Subscribed and sworn to before me this 22 day of June, 1973.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Teresa Middle Denise Last Pitcher

Date of Birth: Month June Day 18 Year 1953

Place of Birth (State or foreign country) Methodist Hosp. Judyfs Marion Ind.

Residence Address: Street or R. R. 1 Sherry Lane 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 Laboratory

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Paul E. Pitcher
   Residence of father (if deceased so state) Same
   Occupation of father Electrician Race of father W
   Birthplace of father (State or foreign country) Kansas
8. Full maiden name of mother Helen Jean Bassett
   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 Teresa Denise Pitcher

New Address —

Subscribed and sworn to before me this 22 day of June, 1973

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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, 1973, *authorizing the joining together as husband and wife* Joseph A. Lyons *and* Teresa Denise Pitcher

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Archer C. Shirley *hereby certify that on the* 30th *day of* June *one thousand nine hundred and* 73 *at* Brownsburg, *County of* Hendricks, *State of Indiana,* Groom Joseph A. Lyons *of* Hendricks *County, State of Indiana, and,* Bride Teresa D. Pitcher *of* Hendricks *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30th *day of* June, 1973. *Signed* Archer C. Shirley

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* July, 1973 *Signed* Glen M. Harvey *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. 243
File Book 34
June 22, 1973
Date of Application

MALE
Medical Examination Report Dated June 19, 1973
Name of Physician Leon Gray

FEMALE
Medical Examination Report Dated June 19, 1973
Name of Physician Leon Gray

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dale Middle Quentin Last Mynatt
Date of Birth: Month Oct. Day 4 Year 1921
Place of Birth (State or foreign country) Orange Co. Ind.
Residence Address: Street or R. R. 201 W Main City Plainfield County Ind. State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Carpenter
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Navy Discharge Great Lakes

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐ (See.)
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Charley W. Mynatt
    Residence of father (if deceased so state) Ind.
    Occupation of father Preacher Race of father W
    Birthplace of father (State or foreign country) Dubois
12. Full maiden name of mother Florence Sandreith
    Residence of mother (if deceased so state) Dec.
    Occupation of mother Race of mother W
    Birthplace of mother (State or foreign country) Holland

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed × Dale Mynatt
New Address 201 W Main St Plfd
Subscribed and sworn to before me this 22 day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Hazel Middle M. Last Light
Date of Birth: Month June Day 4 Year 1924
Place of Birth (State or foreign country) Texas
Residence Address: Street or R. R. 201 W. Main St. City Plainfield County Ind. State
Maiden Name if Different Hazel M. Young
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Housewife
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
7. Full name of father Dan Young
   Residence of father (if deceased so state) Ind.
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Texas
8. Full maiden name of mother Sally Young
   Residence of mother (if deceased so state) Ind.
   Occupation of mother Housewife 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.

Signed × Hazel M Light
New Address 108 W Main St
Subscribed and sworn to before me this 22 day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* July, 1973, *authorizing the joining together as husband and wife* Dale Mynatt *and* Hazel M. Light

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Floyd Neal hereby certify that on the 5 day of July, one thousand nine hundred and 73 at Martinsville, County of Ind., State of Indiana, Groom Dale Mynatt of Hendricks County, State of Ind., and, Bride Hazel M. Light 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 5 day of July, 1973.

Signed Floyd Neal
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* July, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 25 1973
Date of Application

MALE
Medical Examination Report Dated 6-18-73
Name of Physician Loren H. Martin

FEMALE
Medical Examination Report Dated 6-18-73
Name of Physician Loren H. Martin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Wayne Middle Chad Last Williams
Date of Birth: Month ~~4503 Burton Ct~~ Feb Day 18 Year 1955
Place of Birth (State or foreign country) Troy New York
Residence Address: Street or R. R. 4503 Burton Ct City Judge 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 machinist
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☑
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name / Age / Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Frederick Williams
    Residence of father (if deceased so state) Same
    Occupation of father Food Broker Race of father W
    Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Donna Lee Hourigan
    Residence of mother (if deceased so state) Same
    Occupation of mother Savings & Loan Officer 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 ✕ Wayne Chad Williams
New Address 315 Welcome Way Blvd Judge
Subscribed and sworn to before me this 25th day of June, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Frederick Williams Father
Signed Donna Lee Williams Mother
Subscribed and sworn to before me this 25th day of June, 1973
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Maureen Middle Jerrilyn Last Queary
Date of Birth: Month Feb Day 14 Year 1954
Place of Birth (State or foreign country) Methodist Judge Ind
Residence Address: Street or R. R. R R Box 225 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 Marshall James Queary
   Residence of father (if deceased so state) Same
   Occupation of father machinist Race of father W
   Birthplace of father (State or foreign country) Virginia
8. Full maiden name of mother Mildred Leona Adams
   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 ✕ Maureen Jerrilyn Queary
New Address Same as groom
Subscribed and sworn to before me this 25th day of June, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the, 1973., authorizing the joining together as husband and wife of Indiana dated the 29, day of June and Maureen Jerrilyn Queary Wayne Chad Williams
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Sonny H. Hays hereby certify, that on the 29th day of June, at Plainfield, County of Hendricks, one thousand nine hundred and 73 State of Indiana, Groom Wayne C. Williams of Marion County, State of Ind., and, Bride Maureen J. Queary 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 29th day of June, 1973. Signed Sonny H. Hays
Official Designation Baptist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of July, 1973
Signed Glen M. Harvey 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. 245
File Book #34
June 25, 1973
Date of Application

MALE
Medical Examination Report Dated June 23, 1973
Name of Physician Eric A. Clark, M.D.

FEMALE
Medical Examination Report Dated June 23, 1973
Name of Physician Eric A. 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 Harold Middle Daniel Last DePuy
Date of Birth: Month February Day 15 Year 1952
Place of Birth (State or foreign country): Indianapolis Marion Co. Indiana
Residence Address: Street or R. R. 9880 W. 10th St. 33-5 City Indpls. County Ind. State Hendricks Co.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Plumber
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Svc. # 12 030 52 0000

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 DePuy
    Residence of father (if deceased so state) 113 Todd Rd, Plainfield Ind
    Occupation of father Mill Wright Race of father W.
    Birthplace of father (State or foreign country) Kansas
12. Full maiden name of mother Maxine Shelton
    Residence of mother (if deceased so state) Same as above
    Occupation of mother Inspector Race of mother W
    Birthplace of mother (State or foreign country) Gruesup, Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

☒ Signed Harold Daniel DePuy
New Address 9880 W 10th St. Indpls Ind.

Subscribed and sworn to before me this 25th day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Cindy Middle Lou Last Petty
Date of Birth: Month April Day 15 Year 1955
Place of Birth (State or foreign country): Indianapolis Marion Co. Indiana
Residence Address: Street or R. R. R.R. # 2 Bx 700 City Plainfield County Hendricks Co. 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) School 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 Louie V. Petty
   Residence of father (if deceased so state) R.R. #2 Bx 700 Plainfield
   Occupation of father Self-Employed Race of father W
   Birthplace of father (State or foreign country) Indpls Marion Co. Ind.
8. Full maiden name of mother Wanda Jane Bottoms
   Residence of mother (if deceased so state) Same as above
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indpls, 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 Cindy Lou Petty
New Address 9880 W. 10th St, Indpls, Ind.

Subscribed and sworn to before me this 25th day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 29 *day of* June, 19 73, *authorizing the joining together as husband and wife* Harold Daniel DePuy *and* Cindy Lou Petty

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Modesitt *hereby certify that on the* 30th *day of* June, *one thousand nine hundred and* 73 *at* Avon United Methodist Church, *County of* Hendricks, *State of Indiana, Groom* Harold Daniel DePuy *of* Hendricks *County, State of* Indiana *and, Bride* Cindy Lou Petty *of* Hendricks *County, State of* Indiana, *were by me united 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 73.

Signed John C. Modesitt
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* July, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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
June 25 1973
Date of Application

MALE
Medical Examination Report Dated 6-16-73
Name of Physician James Black MD

FEMALE
Medical Examination Report Dated 6-16-73
Name of Physician James M. 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 Rickie Middle — Last Noe

Date of Birth: Month September Day 20 Year 1952

Place of Birth (State or foreign country): Indianapolis Ind.

Residence Address: Street or R. R. 2617 S. Woodrow City Judges 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: Ware house mgr.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Sel. Ser. 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 Larry Noe
    Residence of father (if deceased so state) Deceased
    Occupation of father Bus Driver Race of father W
    Birthplace of father (State or foreign country) Vincennes Indiana
12. Full maiden name of mother Maxine Margaret Baker
    Residence of mother (if deceased so state) 2617 Woodrow
    Occupation of mother Home wife Race of mother W
    Birthplace of mother (State or foreign country) Judges Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Rickie Noe
New Address 1 Lakewood Lexington O 44904

Subscribed and sworn to before me this 25 day of June, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 Maxine M. Watson Mother
Subscribed and sworn to before me this 25 day of June, 1973
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Olivia Middle Denise Last Dare

Date of Birth: Month Feb. Day 12 Year 1954

Place of Birth (State or foreign country) Quincy Ill.

Residence Address: Street or R. R. 428 Hickory 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 Sales Clerk

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Clell Edwin Dare
   Residence of father (if deceased so state) Same
   Occupation of father Const. Worker Race of father W
   Birthplace of father (State or foreign country) Missouri
8. Full maiden name of mother Frances Darlene Lindsey
   Residence of mother (if deceased so state) Same
   Occupation of mother Secretary Race of mother W
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Olivia Dare
New Address 1 Lakewood Lexington O

Subscribed and sworn to before me this 25 day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ..... 19..
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* ~~20~~ 29 *day of* June *19*73, *authorizing the joining together as husband and wife* Rickie Noe *and* Olivia Denise Dare

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 73 at Plainfield, County of Hendricks, State of Indiana, Groom Rickie Noe of Marion County, State of Indiana, and, Bride Olivia Denise Dare of Hendricks County, State of Indiana, were by me united 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 73. Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* July, 19 73. Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

554

Form 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 Bk. 34
June 25, 1973
Date of Application

MALE
Medical Examination Report Dated 6-22-73
Name of Physician Donald D. Cheeman

FEMALE
Medical Examination Report Dated 6-20-73
Name of Physician John F. Moe, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Sylvan Middle W. Last Richard
Date of Birth: Month 6 Day 26 Year 1928
Place of Birth (State or foreign country) Hendricks County - Clayton Ind.
Residence Address: Street or R. R. 365 E. Main City Danville, County, State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1969 Hend. Co.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Allision
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License - 306-22-2558-00

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Bill Richard	16	365 E. Main

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
    Father has full custody
11. Full name of father Brian Richard
    Residence of father (if deceased so state) Deceased
    Occupation of father ____ Race of father ____
    Birthplace of father (State or foreign country) Morgan County
12. Full maiden name of mother Olga Mc Morris
    Residence of mother (if deceased so state) Clayton, Ind.
    Occupation of mother Retired Race of mother ____
    Birthplace of mother (State or foreign country) Morgan Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sylvan W. Richard
New Address 365 E Main Danville.

Subscribed and sworn to before me this 25 day of June, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Lois Middle Ann Last Hackleman
Date of Birth: Month Nov. Day 25 Year 1933
Place of Birth (State or foreign country) Shelbyville, Ind.
Residence Address: Street or R. R. 6534 Lupine Terrace City Indpls. County, State Ind.
Maiden Name if Different Lois Ann Woldridge
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1952 Hend. Co.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Sec.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License - 313-32-3101-04

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 Clyde E Woldridge
   Residence of father (if deceased so state) Deceased
   Occupation of father ____ Race of father ____
   Birthplace of father (State or foreign country) Kokomo Ind.
8. Full maiden name of mother Gladys I. Bingaman
   Residence of mother (if deceased so state) 3220 Thurston Indpls.
   Occupation of mother Retired 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 Lois A Hackleman
New Address 365 E. Main St.

Subscribed and sworn to before me this 25 day of June, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 19 73, *authorizing the joining together as husband and wife* Sylvan W. Richard *and* Lois Ann Hackleman
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* 26th *day of* June, *one thousand nine hundred and* 73, *at* Clayton, *County of* Hendricks, *State of Indiana, Groom* Sylvan W. Richard *of* Hendricks *County, State of* Indiana *and, Bride* Lois Ann Hackleman *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 26th *day of* June, 19 73.

Signed Glenn R. Ramsey, Jr.
Official Designation Presbyterian Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* June, 19 73.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 Book #34
June 25 1973
Date of Application

MALE
Medical Examination Report Dated Dr. David M. Hadley 6-20-73
Name of Physician

FEMALE
Medical Examination Report Dated 6-20-73
Name of Physician Dr. 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 Leslie Middle B. Last Mc Glothlin
Date of Birth: Month Aug Day 7 Year 1952
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R. # 2 Box 591 City 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 X-Ray Tech.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 7922

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Clarence Leslie Mc Glothlin
    Residence of father (if deceased so state) R # 2 Box 591 Plfd.
    Occupation of father Maintance Race of father
    Birthplace of father (State or foreign country) Putnam County
12. Full maiden name of mother Claudine Lucille Beers
    Residence of mother (if deceased so state) Same
    Occupation of mother Ele. Teacher Race of mother
    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 Leslie Beers Mc Glothlin
New Address
Subscribed and swo... Glen...

CONSENT OF PA...
We, the parents, o...
signs, state facts w...
State of Indiana,
County of
Subscribed and swor...

COMPLETE IF ... HENDRICKS
in

Be...
of Indiana date... day of June 19 73, authorizing the joining together as husband and wife Leslie B. Mc Glothlin and Susan Elaine Matlock
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Seal O Younce hereby certify that on the 30th day of June
one thousand nine hundred and 73 at Avon Christian Church County of Hendricks
State of Indiana, Groom Leslie B. Mc Glothlin of Hendricks County, State of Indiana,
and, Bride Susan Elaine Matlock of Hendricks County, State of Indiana,
were by me united 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 73. Signed Seal O Younce
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 10th day of July, 19 73
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Susan Middle Elaine Last Matlock
Date of Birth: Month May Day 26 Year 1955
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. R. R. # 1 Box 139 A 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 Library Asst.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 5278

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Raymond Matlock
   Residence of father (if deceased so state) Deceased
   Occupation of father Race of father
   Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Juanita E. Lewis
   Residence of mother (if deceased so state) Same
   Occupation of mother Cashier 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 X Susan Elaine Matlock
New Address Warthin apts. Indpls. Med Center
Subscribed and sworn to before me this 25th day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

I, Clarence & Claudine Mc Glothlin, hereby give my consent for my son, Leslie Beers Mc Glothlin to marry Susan Elaine Matlock.

Clarence & Claudine Mc Glothlin

subscribed and sworn to before me this 28th day of June 1973

Harold Reynolds
Notary Public
Hendricks Co. Ind. My commission expires 8-9-74

Form 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 Book #31
June 26 1973
Date of Application

MALE
Medical Examination Report Dated Dr. David M. Hadley 6-20-73
Name of Physician

FEMALE
Medical Examination Report Dated 6-20-73
Name of Physician Dr. 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 Leslie Middle B. Last Mc Glothlin
Date of Birth: Month Aug Day 7 Year 1952
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R. # 2 Box 591, City 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 X-Ray Tech.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 7922

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Clarence Leslie Mc Glothlin
    Residence of father (if deceased so state) R # 2 Box 591 Plfd.
    Occupation of father Mountaineer Race of father.....
    Birthplace of father (State or foreign country) Putnam County
12. Full maiden name of mother Claudine Lucille Beers
    Residence of mother (if deceased so state) Same
    Occupation of mother Ele. Teacher Race of mother.....
    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 Leslie Beers Mc Glothlin
New Address.....
Subscribed and sworn to before me this 25 day of June, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Susan Middle Elaine Last Matlock
Date of Birth: Month May Day 26 Year 1955
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. R. R. # 1 Box 129 A, 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 Library Asst.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 5378

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Raymond Matlock
   Residence of father (if deceased so state) Deceased
   Occupation of father..... Race of father.....
   Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Juanita E. Lewis
   Residence of mother (if deceased so state) Same
   Occupation of mother Cashier 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 X Susan Elaine Matlock
New Address Warthin apts. Indpls. Med Center
Subscribed and sworn to before me this 25th day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

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.....
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 parti.....a
HENDRICKS County.....Court by written order issued.....
in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit of Indiana dated the 29 day of June, 1973, authorizing the joining together as husband and wife Leslie B. Mc Glothlin and Susan Elaine Matlock
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Seal O Younce hereby certify that on the 30th day of June one thousand nine hundred and 73 at Avon Christian Church County of Hendricks State of Indiana, Groom Leslie B. Mc Glothlin of Hendricks County, State of Indiana, and, Bride Susan Elaine Matlock of Hendricks County, State of Indiana, were by me united 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 73. Signed Seal O Younce
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 10th day of July, 19 73
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 Book #34
June 25, 1973
Date of Application

MALE
Medical Examination Report Dated 6-30-73
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated June 8, 1973
Name of Physician Robert Flanders, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Fitzsimmons
Date of Birth: Month February Day 13 Year 1953
Place of Birth (State or foreign country) County of Wales England
Residence Address: Street or R. R. 1737 Summit Ave. City Columbus County Franklin State Ohio
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Postal 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 Robert Edward Fitzsimmons
    Residence of father (if deceased so state) Columbus Ohio
    Occupation of father Retired from Air Force Race of father W
    Birthplace of father (State or foreign country) Clark Co. Springfield Ohio
12. Full maiden name of mother Elizabeth Jones
    Residence of mother (if deceased so state) same
    Occupation of mother House wife Race of mother W
    Birthplace of mother (State or foreign country) Lower pool Lancheshire Britain Isle of. ~~England~~

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

✗ Signed Michael Edward Fitzsimmons
New Address 1737 Summit, Columbus Ohio

and sworn to before me this 2 day of July, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

OF PARENTS, PARENT OR GUARDIAN

arents, of this applicant hereby give consent for this marriage. If only one parent
e facts which render the consent of the other parent unnecessary.....

ndiana, HENDRICKS } ss:

Signed attached Father
Signed Mother
d and sworn to before me this day of , 19.....
Clerk

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Praay
Date of Birth: Month October 6, Day Year 1952
Place of Birth (State or foreign country) Indianapolis Marion Co. Indiana
Residence Address: Street or R. R. 224 Shaw St. City Plainfield County Hendricks Co. 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) Indpls. Dept. Pub. Health # 10452

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Nathaniel Praay
   Residence of father (if deceased so state) 224 Shaw St, Plainfield Ind
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Perry Michigan
8. Full maiden name of mother Mildred Viola Mafnell
   Residence of mother (if deceased so state) Same as above
   Occupation of mother Housewife 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 Patricia Ann Praay
New Address 1737 Summit, Columbus, Ohio

Subscribed and sworn to before me this 25th day of June, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19.....
Clerk

LETE IF MARRIAGE LICENSE ISSUED BY 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* 2nd *day of* July, 19 73, *authorizing the joining together as husband and wife* Michael Edward Fitzsimmons *and* Patricia Ann Praay
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Herbert S Hoffman *hereby certify that on the* Seventh *day of* July, *one thousand nine hundred and* Seventy-three *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Michael Edward Fitzsimmons *of* Franklin *County, State of* Ohio *and, Bride* Patricia Ann Praay *of* Hendricks *County, State of* Indiana, *were by me united 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 73.

Signed Herbert S Hoffman
Official Designation Mennonite

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* July, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

556

Form 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 Book #34
June 25, 1973
Date of Application

MALE
Medical Examination Report Dated 6-30-73
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated June 8, 1973
Name of Physician Robert Flanders, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Fitzsimmons
Date of Birth: Month February Day 13 Year 1953
Place of Birth (State or foreign country): County of Wilts England
Residence Address: Street or R. R. 1737 Summit Ave. City Columbus County Franklin State Ohio
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Postal 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: Robert Edward Fitzsimmons
    Residence of father (if deceased so state): Columbus Ohio
    Occupation of father: Retired from Air Force Clerk to ... Race of father: W
    Birthplace of father (State or foreign country): Springfield Ohio
12. Full maiden name of mother: Elizabeth Jones
    Residence of mother (if deceased so state): same
    Occupation of mother: House wife Race of mother: W
    Birthplace of mother (State or foreign country): Lucas [illegible] Lancheshire England Toledo.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Praay
Date of Birth: Month October Day 6 Year 1952
Place of Birth (State or foreign country): Indianapolis Marion Co. Indiana
Residence Address: Street or R. R. 224 Shaw St. City Plainfield County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Indpls. Dept of Pub. Health # 10452

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Nathaniel Praay
   Residence of father (if deceased so state): 224 Shaw St. Plainfield Ind
   Occupation of father: Retired Race of father: W
   Birthplace of father (State or foreign country): Perry Michigan
8. Full maiden name of mother: Mildred Viola Maxwell
   Residence of mother (if deceased so state): Same as above
   Occupation of mother: Housewife 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.

X Signed: Patricia Ann Praay
New Address: 1737 Summit, Columbus, Ohio
Subscribed and sworn to before me this 25th day of June, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF OHIO, COUNTY OF GREENE SS

I, ELIZABETH FITZSIMMONS (ROBERT E. FITZSIMMONS), hereby give my consent for my Son, Michael Edward Fitzsimmons to marry Patricia Ann Praay.

x Robert E. Fitzsimmons
x Elizabeth Fitzsimmons

Subscribed and sworn to before me this 29th day of June 19 73

Frances M. Shields

15 May 78 FRANCES M. SHIELDS, Notary Public
My Commission Expires/ In & For Greene & Montgomery Counties, Ohio

GUARDIAN

give consent for this marriage. If only one parent
t of the other parent unnecessary.....

} ss:

.....Father
.....Mother
.....day of....., 19.....
.....Clerk

efused to the above named parties, the
.....and filed
d parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 73, *authorizing the joining together as husband and wife* Michael Edward Fitzsimmons *and* Patricia Ann Praay

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Herbert S. Huffman hereby certify that on the Seventh day of July, one thousand nine hundred and Seventy-three at Plainfield, County of Hendricks, State of Indiana, Groom Michael Edward Fitzsimmons of Franklin County, State of Ohio and, Bride Patricia Ann Praay of Hendricks County, State of Indiana, were by me united 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 73.

Signed Herbert S. Huffman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* July, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 250
File Book 34
June 25 1973
Date of Application

MALE
Medical Examination Report Dated 6-11-73
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-11-73
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 Barry Middle Richard Last Bacon
Date of Birth: Month Sept Day 27 Year 1946
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 6505 Glenarm Ct. City Indpls 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 Iron Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) U. S. Government Operators I. D. Card 11-4-69

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Leland Alvin Bacon
    Residence of father (if deceased so state) Deceased
    Occupation of father..... Race of father.....
    Birthplace of father (State or foreign country) Mass.
12. Full maiden name of mother Jean Katherine Weber
    Residence of mother (if deceased so state) 6505 Glenarm Ct. Indpls.
    Occupation of mother Secretary Race of mother.....
    Birthplace of mother (State or foreign country) Cincinnatti Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barry Richard Bacon
New Address.....

Subscribed and sworn to before me this 25 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Denise Middle Marie Last Faulkenberg
Date of Birth: Month 4 Day 27 Year 1955
Place of Birth (State or foreign country) Tell City, Ind.
Residence Address: Street or R. R. 263 N. Vine City Plainfield 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 Waitress
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Perry Co. Mem. 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 Ray Joseph Faulkenberg
   Residence of father (if deceased so state) Same
   Occupation of father Voc. Teacher Ind. Boys School Race of father.....
   Birthplace of father (State or foreign country) Tell City, Ind.
8. Full maiden name of mother Ester Rebekah
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   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 Denise Faulkenberg
New Address.....

Subscribed and sworn to before me this 25 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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.....and filed in.....HENDRICKS.....County.....Court by written order issued.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 29 *day of* June, 19 73, *authorizing the joining together as husband and wife* Barry Richard Bacon *and* Denise Marie Faulkenberg.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, C. Luther Bostrom hereby certify that on the 30th day of June, 19 73, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and seventy-three at Marion County, State of Indiana, State of Indiana, Groom Barry Richard Bacon of Hendricks County, State of Indiana, and, Bride Denise Marie Faulkenberg of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30th day of June, 19 73. Signed C. Luther Bostrom
Official Designation Presbyterian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of July, 19 73. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 251
File Book 34
June 26, 1973
Date of Application

MALE
Medical Examination Report Dated 6-15-73
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-15-73
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 Terrence Middle Patrick Last Burdon
Date of Birth: Month June Day 26 Year 1955
Place of Birth (State or foreign country): Maywood Calyfornia
Residence Address: Street or R. R. R.R. #1 Box 517 City 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: Student - Hoover Company
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Maywood 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 George Burdon
    Residence of father (if deceased so state) California
    Occupation of father Bar Tender Race of father.....
    Birthplace of father (State or foreign country) California
12. Full maiden name of mother Delpha May Price
    Residence of mother (if deceased so state) Dead
    Occupation of mother Housewife Race of mother.....
    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 Terrence Patrick Burdon
New Address 1020 Raymond St Plainfield
Subscribed and sworn to before me this 26 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Mother has legal Custody

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed Delpha May Herpst Mother
Subscribed and sworn to before me this 26 day of June, 19 73
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Teresa Middle Kay Last Rentschler
Date of Birth: Month January Day 17 Year 1955
Place of Birth (State or foreign country): Cumberland County North Carolina
Residence Address: Street or R. R. 42 Almond Dr City Plfd. 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 Paul Harris
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Cumberland Co. N. C.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
7. Full name of father Merl Leon Rentschler
   Residence of father (if deceased so state) Dead
   Occupation of father Indpls Power & Light Co Race of father.....
   Birthplace of father (State or foreign country) Brazil, Ind.
8. Full maiden name of mother Nettie Lou Miller
   Residence of mother (if deceased so state) Dead
   Occupation of mother Lunderss Race of mother.....
   Birthplace of mother (State or foreign country) Clay City, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Teresa Kay Rentschler
New Address 1020 Raymond St Plfd. Ind.
Subscribed and sworn to before me this 26 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 26 *day of* June, 19 73, *authorizing the joining together as husband and wife* Terrence Patrick Burdon *and* Teresa Kay Rentschler

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, W. Jack Noble hereby certify that on the 30 day of June, one thousand nine hundred and Seventy-three at Plainfield, County of Hendricks, State of Indiana, Groom Terrence Patrick Burdon of Hendricks County, State of Indiana, and, Bride Teresa Kay Rentschler of Hendricks County, State of Indiana, were by me united 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 73.

Signed W. Jack Noble
Official Designation Minister - Hope United Presbyterian Church

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of July, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 952
File Book 34
June 26, 1973
Date of Application

MALE
Medical Examination Report Dated 6-18-73
Name of Physician Donald D. Cheesman

FEMALE
Medical Examination Report Dated 6-18-73
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 Robert Middle D. Last Gilliam
Date of Birth: Month Sept. Day 2 Year 1942
Place of Birth (State or foreign country): Harlan County Kentucky
Residence Address: Street or R. R. Box 41 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: Cutter & Welder
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 64434

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Gilliam
    Residence of father (if deceased so state) 1200 Lynn St. Cumberland, Ky.
    Occupation of father Retired Race of father
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Katie Caylor
    Residence of mother (if deceased so state) 1200 Lynn St.
    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 X Robert D. Gilliam
New Address 110 Lawton Ave Danville Ind
Subscribed and sworn to before me this 26 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Patricia Middle A. Last Jackson
Date of Birth: Month Dec. Day 12 Year 1948
Place of Birth (State or foreign country) Batesville Indiana
Residence Address: Street or R. R. 110 Lawson, 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 Artos Optr.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Birth Reg. 113-48-090799

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Geone Jackson
   Residence of father (if deceased so state) 40 Cave Rd. Ind.
   Occupation of father Allison Race of father
   Birthplace of father (State or foreign country) Jamestown, Ind.
8. Full maiden name of mother Gertrude Catherine Herbert
   Residence of mother (if deceased so state) Same
   Occupation of mother Air Craft Race of mother
   Birthplace of mother (State or foreign country) Batesville

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia A. Jackson
New Address 110 Lawton Ave. Danville, Ind.
Subscribed and sworn to before me this 26 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3 day of July, 19 73, authorizing the joining together as husband and wife Robert D. Gilliam and Patricia A. Jackson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ira B Stock hereby certify that on the 7th day of July, County of Hendricks, at Danville, one thousand nine hundred and Seventy-three, County, State of Indiana, State of Indiana, Groom Robert D. Gilliam of Hendricks County, State of Indiana, and, Bride Patricia A Jackson of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 7th day of July, 19 73. Signed Rev. Ira B Stock
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 10th day of July, 19 73
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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, 1973
Date of Application

MALE
Medical Examination Report Dated 6-25-73
Name of Physician Carl L. Heinlein M.D.

FEMALE
Medical Examination Report Dated 6-25-73
Name of Physician Carl L. Heinlein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle Richard Last Hays
Date of Birth: Month May Day 16 Year 1953
Place of Birth (State or foreign country) Linton Ind.
Residence Address: Street or R. R. 3402 Anderson, City Clermont, 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 Asst. Manager - Burger Chef.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 38313

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their 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 Bond Hays
    Residence of father (if deceased so state) P.O. 333 Danville Ind
    Occupation of father Soil Conservation Race of father
    Birthplace of father (State or foreign country) Worthington Ind
12. Full maiden name of mother Patricia Ann Wiper
    Residence of mother (if deceased so state) 517 N. High Danville
    Occupation of mother Nurse 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 Charles Richard Hays
New Address 3402 Anderson Clermont Ind
Subscribed and sworn to before me this 26 day of June, 19 73.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Joseph Bond Hays Father
Signed ..... Mother
Subscribed and sworn to before me this 26 day of June, 19 73.
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Janie Middle Elizabeth Last Posey
Date of Birth: Month 9 Day 2 Year 1954
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R.R. #1 Box 94 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 —0—
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 11905

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Gene D. Posey
   Residence of father (if deceased so state) Same
   Occupation of father Breakman - Penn Central Race of father
   Birthplace of father (State or foreign country) Evansville Ind.
8. Full maiden name of mother Martha Frances Wilson
   Residence of mother (if deceased so state) Same
   Occupation of mother Payroll Clerk Race of mother
   Birthplace of mother (State or foreign country) Georgia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Janie E Posey
New Address 3402 Anderson, Clermont
Subscribed and sworn to before me this 26 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 19 73, *authorizing the joining together as husband and wife* Charles Richard Hays *and* Janie Elizabeth Posey
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John L. Modesitt *hereby certify that on the* 7th *day of* July, *one thousand nine hundred and* 73 *at* Avon United Methodist Church, *County of* Hendricks, *State of Indiana, Groom* Charles Richard Hays *of* Marion *County, State of* Indiana *and, Bride* Janie Elizabeth Posey *of* Hendricks *County, State of* Indiana, *were by me united 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 73.

Signed John L Modesitt
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13th *day of* July, 1973.
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

Form 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 26, 1973
Date of Application

MALE
Medical Examination Report Dated 6-25-73
Name of Physician John P. Calhoon M.D.

FEMALE
Medical Examination Report Dated 6-8-73
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 H. Last Hopper
Date of Birth: Month Oct. Day 27 Year 1951
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R. R. 620 Lawndale City Pfld 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 Amax Coal Co.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 112-51-6860 77

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Hollie Hopper
    Residence of father (if deceased so state) 620 Lawndale Pfld.
    Occupation of father Amax Coal Race of father.....
    Birthplace of father (State or foreign country) Kansas
12. Full maiden name of mother Vera Marcella Rott
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother.....
    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 Michael H. Hopper
New Address 304 Sierra Circle, Gillette, Wyo. 82716
Subscribed and sworn to before me this 26 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Ann Last Ripley
Date of Birth: Month 12 Day 16 Year 1952
Place of Birth (State or foreign country) St. Louis Missouri
Residence Address: Street or R. R. 301 Louise St. City Pfld. 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 Bank Teller
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Russell Ripley
   Residence of father (if deceased so state) 2251 Hermitage Blvd. Spokane
   Occupation of father Warehouse Supervisor
   Birthplace of father (State or foreign country) Pittsfield, Ill.
8. Full maiden name of mother Barbara Josephine Waterstock
   Residence of mother (if deceased so state) Same
   Occupation of mother Office Manager Race of mother.....
   Birthplace of mother (State or foreign country) Herman Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Elizabeth Ann Ripley
New Address 304 Sierra Circle Gillette, Wyo.
Subscribed and sworn to before me this 26 day of June, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 27 1973 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... , 19....., authorizing the joining together as husband and wife of Indiana dated the 27 day of June and Elizabeth Ann Ripley Michael H. Hopper

Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 30th day of June

I, Reverend James D. Moriarty at Plainfield County of Hendricks

one thousand nine hundred and seventy three County, State of Wyoming

State of Indiana, Groom Michael H. Hopper of Hendricks County, State of Indiana

and, Bride Elizabeth Ann Ripley of Hendricks County, State of HENDRICKS

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30th day of June, 19 73

Signed Rev. James D. Moriarty
Official Designation Pastor of St. Susanna Church

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of July, 19 73

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 2551
File Book 34
June 29 1973
Date of Application

MALE
Medical Examination Report Dated 6-26-73
Name of Physician Joseph O. Flora

FEMALE
Medical Examination Report Dated 6-26-73
Name of Physician Joseph O. Flora

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Key
Date of Birth: Month March Day 11 Year 1951
Place of Birth (State or foreign country) Martinsville, Tenn.
Residence Address: Street or R. R. R 7242 Greenspring Rd 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 Machine Optr.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 141-51-2 4339

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Tinker Key
    Residence of father (if deceased so state) Deceased
    Occupation of father Farmer. Race of father
    Birthplace of father (State or foreign country) Tenn.
12. Full maiden name of mother Edna Gregory
    Residence of mother (if deceased so state) 208 White Oak St. Tenn.
    Occupation of mother Housewife Race of mother
    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 Robert E. Key
New Address 10229 Bacara Dr. Indpls. Ind.
Subscribed and sworn to before me this 29 day of June, 19 73
Glen W. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Lyn Last Burns
Date of Birth: Month Dec. Day 28 Year 1951
Place of Birth (State or foreign country) Indianapolis, Ind
Residence Address: Street or R. R. 10229 Lake of Lantern Blvd City Indpls County Hend State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1972 Marion Co.
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Waitress
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 13286

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Edward Hollworthy
   Residence of father (if deceased so state) 1822 N. Tatem, Indpls.
   Occupation of father Guard Race of father
   Birthplace of father (State or foreign country) Indpls Ind.
8. Full maiden name of mother Beulah Louise Smith
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother
   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 Diane Lyn Burns
New Address 10229 Bacara Dr. Indpls.
Subscribed and sworn to before me this 29 day of June, 19 73
Glen W. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* July, 19 73, *authorizing the joining together as husband and wife* Robert E. Key *and* Diane Lyn Burns

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William L. Fisher *hereby certify that on the* 9th *day of* July, *one thousand nine hundred and* 73 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Robert E. Key *of* Hendricks *County, State of* Indiana *and, Bride* Diane Lyn Burns *of* Hendricks *County, State of* Indiana, *were by me united 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 73.

Signed William L. Fisher
Official Designation J.P.

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* July, 19 73.

Signed Glen W. Harvey *Clerk* HENDRICKS *Circuit Court*

Form 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 Book 3#
June 28, 1973
Date of Application

MALE
Medical Examination Report Dated 6-13-73
Name of Physician James Black M. D.

FEMALE
Medical Examination Report Dated 6-13-73
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 Lee Last de Neal
Date of Birth: Month June Day 1 Year 1953
Place of Birth (State or foreign country) Danville, Vermillion Co. Illinois
Residence Address: Street or R. R. RR 1 Box 201A City Pittsboro County Hend. Co. 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 Dist 1010A Reg. No. 859
☐ Other (Specify) Ill. C. C. 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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐ (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses — Name / Age / Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert Lee de Neal
Residence of father (if deceased so state) P.O. Box 329, Paton, Ill.
Occupation of father Rural Letter Carrier Race of father W
Birthplace of father (State or foreign country) Vermillion Co. Ill.
12. Full maiden name of mother Lela Mae Daniel
Residence of mother (if deceased so state) P.O. Box 329, Paton, Ill.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Catlin, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
X Signed David Lee DeNeal
New Address Pittsboro Ind. RR 1 Box 15A
Subscribed and sworn to before me this 28 day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 L. DeNeal Father
Signed Lela Mae DeNeal Mother
Subscribed and sworn to before me this 28 day of June, 1973
Clerk

FEMALE APPLICANT

Name: First Terri Middle Roxanne Last Hudson
Date of Birth: Month March Day 11 Year 1953
Place of Birth (State or foreign country) Crawfordsville Mont. Co. Ind.
Residence Address: Street or R. R. Rt. 1 Box 201A City Pittsboro County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Consolidated Health Record Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Mont. Co. Culver Union Hosp. 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 Henry Hudson
Residence of father (if deceased so state) R.R.1 Box 201A Pittsboro
Occupation of father Supervisor Race of father W
Birthplace of father (State or foreign country) Alamo, Ind. (Mont.)
8. Full maiden name of mother Iris Berdine Jones
Residence of mother (if deceased so state) R.R.1 Box 201A - Pittsboro
Occupation of mother Beautician Race of mother W.
Birthplace of mother (State or foreign country) Newport, Vermillion Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Terri Roxanne Hudson
New Address Pittsboro, Ind. R.R.1, Box 15-A
Subscribed and sworn to before me this 28 day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 July, 1973, authorizing the joining together as husband and wife David Lee de Neal and Terri Roxanne Hudson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Bob G. Brazier hereby certify that on the 14th day of July, 1973, at Route 4 Lebanon, Ind. (Churches), County of Boone, one thousand nine hundred and seventy-three at New Brunswick Vermillion County, State of Illinois, State of Indiana, Groom David Lee DeNeal of Hendricks County, State of Indiana, and, Bride Terri Roxanne Hudson of HENDRICKS County. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of July, 1973. Signed Bob G. Brazier
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of July, 1973
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 257
File Book 34
July 2, 1973
Date of Application

MALE
Medical Examination Report Dated 6-29-73
Name of Physician Lloyd S. Terry M.D.

FEMALE
Medical Examination Report Dated 6-29-73
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 James Middle Thomas Last Stevens Jr.
Date of Birth: Month Dec. Day 3 Year 1947
Place of Birth (State or foreign country): Greencastle Hosp. Greencastle Putnam Co. Ind.
Residence Address: Box 17, 225 Ohio St. Street or R. R. Clayton 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: Laborer
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Putnam Co. Hosp. #29,256

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Thomas Steven Sr.
    Residence of father (if deceased so state) Box 17, 225 Ohio St Clayton
    Occupation of father Machinist Race of father W
    Birthplace of father (State or foreign country) Hendricks Co Ind.
12. Full maiden name of mother Mildred Evalin Thomas
    Residence of mother (if deceased so state) Box 17, 225 Ohio Clayton
    Occupation of mother Inspector Race of mother W
    Birthplace of mother (State or foreign country) Pulaski Co. Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James T. Stevens Jr.
New Address Country Village Apt. #35 Clayton
Subscribed and sworn to before me this 3 day of July 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Patsy Middle Lou Last Medlock
Date of Birth: Month June Day 27 Year 1954
Place of Birth (State or foreign country): St. Francis Hosp. Indianapolis Ind.
Residence Address: R.R. 4 Box 90, Street or R. R. Mooresville 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) Div. of Sub. Health # C4660

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Claude Chester Medlock
   Residence of father (if deceased so state) R.R. 4 Box 90. Mooresville
   Occupation of father Asst. Cond. Co. Race of father (W)
   Birthplace of father (State or foreign country) Lawrence Co. Ind.
8. Full maiden name of mother Mildred Caroline Palmer
   Residence of mother (if deceased so state) R.R. 4 Box 90, Mooresville
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Lawrence Co. Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patsy Lou Medlock
New Address Country Village apt. #35
Subscribed and sworn to before me this 3 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* July, 19 73, *authorizing the joining together as husband and wife* James Thomas Stevens Jr. *and* Patsy Lou Medlock

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stanley K. Hicks *hereby certify that on the* 7th *day of* July, *one thousand nine hundred and* 73, *at* Dagglewood, *County of* Hendricks, *State of Indiana, Groom* James Thomas Stevens Jr. *of* Hendricks *County, State of* Indiana *and, Bride* Patsy Lou Medlock *of* Hendricks *County, State of* Indiana, *were by me united 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 73.

Signed Stanley K. Hicks
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* July, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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
July 2, 1973
Date of Application

MALE
Medical Examination Report Dated July 12, 1973
Name of Physician Donald R. Cheesman

FEMALE
Medical Examination Report Dated June 15, 1973
Name of Physician Donald R. 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 Gerald Middle W. Last Hajdusiewicz
Date of Birth: Month Sept Day 30 Year 1945
Place of Birth (State or foreign country) Hammond, Ind.
Residence Address: Street or R. R. R2 Box 18N 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 Industrial Relations
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selec. Serv. RA 6803713 7

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Walter Hajdusiewicz
    Residence of father (if deceased so state) R2 Box 201 Mich. Cy., Ind.
    Occupation of father Stulworker Race of father W
    Birthplace of father (State or foreign country) Knox, Ind.
12. Full maiden name of mother Donalka Bicanic
    Residence of mother (if deceased so state) R2 Box 201 Mich. Cy. Ind.
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Hammond, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Gerald W. Hajdusiewicz
New Address 18492 Jamestown Circle, Northville, Mich

Subscribed and sworn to before me this 2 day of July, 1973.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Kay Last Bishop
Date of Birth: Month Sept. Day 4 Year 1944
Place of Birth (State or foreign country) Camden, Ind.
Residence Address: Street or R. R. R.R 2 Box 18 N. City Danville County Hendricks State Ind.
Maiden Name if Different Barbara Kay Bell
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 Div. Spec. Education
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License S 313-46-2385-04

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 Evan Dale Bell
   Residence of father (if deceased so state) RR2 Camden, Ind.
   Occupation of father Const. Race of father W
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Grace M. Burkett
   Residence of mother (if deceased so state) R2 Camden, Ind.
   Occupation of mother housewife 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 x Barbara K. Bishop
New Address 18492 Jamestown Circle Northville, Michigan

Subscribed and sworn to before me this 2 day of July, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... HENDRICKS ..... Circuit Court of Indiana dated the 6th day of July, 1973, authorizing the joining together as husband and wife Gerald W. Hajdusiewicz and Barbara Kay Bishop

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Eugene W Etheridge hereby certify that on the 17 day of July, 1973, at Terra Haute, County of Vigo, one thousand nine hundred and seventy-three, at Wayne County, State of Michigan, State of Indiana, Groom Gerald Walter Hajdusiewicz of Hendricks County, State of Indiana, and, Bride Barbara Kay Bishop of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of July, 1973. Signed Eugene W Etheridge B.D.
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of July, 1973.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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
July 2 1973
Date of Application

MALE
Medical Examination Report Dated June 21 1973
Name of Physician James Sullivan

FEMALE
Medical Examination Report Dated 6-21-73
Name of Physician James Sullivan

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Emil Last Sharp
Date of Birth: Month Nov. Day 11 Year 1950
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. 15 Stonybrook Dr City Brownsburg County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Brick mason
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Fred Alfred Sharp
    Residence of father (if deceased so state) Same
    Occupation of father Farm Implement Dealer Race of father W
    Birthplace of father (State or foreign country) N. Carolina
12. Full maiden name of mother Hulda Becker
    Residence of mother (if deceased so state) same
    Occupation of mother House wife Race of mother W
    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 Steven Emil Sharp
New Address 8252 W. 88th Indpls Ind
Subscribed and sworn to before me this 2 day of July, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Ann Last Weatherford
Date of Birth: Month June Day 20 Year 1951
Place of Birth (State or foreign country) Ind pls
Residence Address: Street or R. R. 5419 W. 26th City Speedway 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 med. Tech.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Albert Weatherford
   Residence of father (if deceased so state) Same
   Occupation of father Credit Mgr. Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Betty Lou Clark
   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 Kathleen Ann Weatherford
New Address 8252 W. 88th
Subscribed and sworn to before me this 2 day of July, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* July, 1973., *authorizing the joining together as husband and wife* Steven Emil Sharp *and* Kathleen Ann Weatherford
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Howard W. Beer *hereby certify that on the* 7th *day of* July, *one thousand nine hundred and* 73 *at* Speedway City, *County of* Marion, *State of Indiana, Groom* Steven Emil Sharp *of* Hendricks *County, State of* Indiana *and, Bride* Kathleen Ann Weatherford *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 7th *day of* July, 1973.
Signed Howard W. Beer
Official Designation Pastor
Filed and recorded in accordance with the laws of the State of Indiana this 11th *day of* July, 1973.
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form 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
July 3, 1973
Date of Application

MALE
Medical Examination Report Dated June 27, 1973
Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated June 28, 1973
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 Donald Middle Edward Last Wray
Date of Birth: Month Oct. Day 16 Year 1945
Place of Birth (State or foreign country) Columbus, Ohio
Residence Address: Street or R. R. Box 152 City Coatesville 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 Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 102287 7551 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 Donald Arthur Wray
    Residence of father (if deceased so state) 1460 Aven Dr. Columbus, Ohio
    Occupation of father Optician Race of father W
    Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Martha P. Cross
    Residence of mother (if deceased so state) 1460 Aven Dr. Columbus, Ohio
    Occupation of mother 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 X Donald Edward Wray
New Address Box 152 Coatsville Indiana
Subscribed and sworn to before me this 3 day of July, 1973.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Judith Middle Kay Last Hoch
Date of Birth: Month Sept. Day 8 Year 1948
Place of Birth (State or foreign country) Wabash, Ind.
Residence Address: Street or R. R. Box 152 City Coatesville, 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 Minister
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 4957

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Delbert A. Hoch
   Residence of father (if deceased so state) R2 La Fountain, Ind.
   Occupation of father Tool + Die Race of father W
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Ona C. Spiecker
   Residence of mother (if deceased so state) R2 La Fountain, Ind.
   Occupation of mother Housewife 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 X Judith Kay Hoch
New Address Box 152 Coatsville, Ind.
Subscribed and sworn to before me this 3 day of July, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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, 1973, authorizing the joining together as husband and wife Donald Edward Wray and Judith Kay Hoch.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Larry Ray hereby certify that on the 8th day of July, one thousand nine hundred and seventy-three at La Fontaine, County of Wabash State of Indiana, Groom Donald Edward Wray of Hendricks County, State of Indiana, and, Bride Judith Kay Hoch of Hendricks County, State of Indiana, were by me united 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, 1973.
Signed Larry Ray
Official Designation Pastor La Fontaine

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of July, 1973.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form 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
July 5, 1973
Date of Application

MALE
Medical Examination Report Dated 7-3-73
Name of Physician Eric D. Clark M.D.

FEMALE
Medical Examination Report Dated 7-3-73
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 Dallas, Middle Gene, Last Turner
Date of Birth: Month Feb. Day 2 Year 1935
Place of Birth (State or foreign country) Lester Raleigh Co., West Va
Residence Address: Street or R. R. R.R. 2, Box 112 City Clayton County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Hend. Co Superior Ct. July 1971
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Truck Driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Soc. Sec. - ETS
☒ Other (Specify) U.S. Army discharge - AR 635-200 & AR 635-250 SP4 E5

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Ricky Gene Turner	14	4346 Kinder Dr. Indpls.
Pamela Joan Turner	13	" "
Kevin Frank Turner	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 Fred Turner
    Residence of father (if deceased so state) Deceased
    Occupation of father Coal Miner Race of father W
    Birthplace of father (State or foreign country) Fort Blackmore, Virginia
12. Full maiden name of mother Patsy Stallard
    Residence of mother (if deceased so state) R.R. 2 Box 112 Clayton
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Coeburn, Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

☒ Signed Dallas G. Turner
New Address R.R. 2, Box 38, Clayton

Subscribed and sworn to before me this 5 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Annette, Middle —, Last Coleman
Date of Birth: Month May Day 24 Year 1935
Place of Birth (State or foreign country) Inman, Inman Wise Co., Va.
Residence Address: Street or R. R. Box 2552, City Pikeville County Pike State Ky.
Maiden Name if Different Annette Bowman
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 L.P.N.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Richmond, Va
☒ Other (Specify) U.S. Dept. Census - Vol. 2687 File 20011

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Hurdle Bowman
   Residence of father (if deceased so state) Rogersville, Tenn.
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Tenn.
8. Full maiden name of mother Ethel Frye
   Residence of mother (if deceased so state) Rogersville Tenn
   Occupation of mother Housewife 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 Annette Coleman
New Address R.R. 2 Box 38, Clayton Ind.

Subscribed and sworn to before me this 5 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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, 19 73, *authorizing the joining together as husband and wife* Dallas Gene Turner *and* Annette Coleman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jewell Reed *hereby certify that on the* 9th *day of* July, *one thousand nine hundred and* 73 *at* Liberty Twp., *County of* Hendricks, *State of Indiana, Groom* Dallas Gene Turner *of* Hendricks *County, State of* Indiana *and, Bride* Annette Coleman *of* Pike *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 9 *day of* July, 19 73.

Signed Jewell Reed
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* July, 19 73.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form 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
July 6, 1973
Date of Application

MALE
Medical Examination Report Dated July 3, 1973
Name of Physician Eric D. Clark, M.D.

FEMALE
Medical Examination Report Dated July 3, 1973
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 Earl Middle John Last Steele
Date of Birth: Month May Day 21 Year 1941
Place of Birth (State or foreign country) Campbell Missouri
Residence Address: Street or R. R. Rt 193 City Quincy County Owen State Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1972 Owen Co.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Diamond Chair
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) State of Missouri #28402

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Tonya Jean	9	Quincy, Ind.
Cynthia Kay	4	Quincy, Ind.

(b) Are you supporting or contributing to their support? Yes ☑ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐

11. Full name of father John James Steele
Residence of father (if deceased so state) Quincy, Indiana
Occupation of father Allisons-Fire Dept. Race of father W
Birthplace of father (State or foreign country) Spencer
12. Full maiden name of mother Catherine Adriana Vanderbel
Residence of mother (if deceased so state) Same as above
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Earl John Steele
New Address Rt 193, Quincy, Indiana
Subscribed and sworn to before me this 6th day of July, 1973.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Janet Middle Irene Last Bensley
Date of Birth: Month October Day 19 Year 1945
Place of Birth (State or foreign country) Buck Grove Marion Indiana
Residence Address: Street or R. R. 2 Michael Dr. City Plainfield County Hendricks State Indiana
Maiden Name if Different Janet Irene Huber
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1968 Marion Co.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ind. Div. of Vital Health #09013

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Orville Huber
Residence of father (if deceased so state) #2 Michael Dr, Plainfield
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Owen
8. Full maiden name of mother Frances Lucille Childs
Residence of mother (if deceased so state) Same as above
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Putnam

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janet Bensley
New Address Rt 193, Quincy, Indiana
Subscribed and sworn to before me this 6th day of July, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 ..... and filed in ..... HENDRICKS County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10 day of July, 19 73, authorizing the joining together as husband and wife Earl John Steele and Janet Irene Bensley.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles J. Bair hereby certify that on the 12th day of July, one thousand nine hundred and Seventy-Three at Monrovia, County of Hendricks, State of Indiana, State of Indiana, Groom Earl John Steele of Owen County, State of Indiana, and, Bride Janet Irene Bensley of Hendricks County, State of Indiana, were by me united 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, 19 73. Signed Charles J Bair
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of July, 19 73. Signed Glen M Harvey 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. 263
File Book 3X
July 6, 1973
Date of Application

MALE
Medical Examination Report Dated July 2, 1973
Name of Physician Elmer L. Koch, M.D.

FEMALE
Medical Examination Report Dated July 2, 1973
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 Joseph Middle Hayden Last Lehr

Date of Birth: Month Nov. Day 1 Year 1950

Place of Birth (State or foreign country) St. Vincent Hosp., Indianapolis Marion Co. Ind.

Residence Address: Street or R. R. R.R. 2 Box 138 City Indianapolis 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 Draftsman

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Cert. No. 10485
☐ Other (Specify) Dept. of Public Health

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their 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 Joseph Lehr
    Residence of father (if deceased so state) Truck Driver - Ready Mix
    Occupation of father 818 W. Main St. Danville Race of father W
    Birthplace of father (State or foreign country) Indpls. - Marion Co.
12. Full maiden name of mother Patricia Jean Foreman
    Residence of mother (if deceased so state) 818 W. Main St. Danville
    Occupation of mother Cashier - Hook Drugs Race of mother W
    Birthplace of mother (State or foreign country) Indpls. Marion Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Joseph H. Lehr
New Address Box 138, R.R. 2 Indpls. Ind.

Subscribed and sworn to before me this 6 th day of July, 1973
Glen M. Harvey, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 — Last Rodriguez

Date of Birth: Month Oct. Day 8 Year 1955

Place of Birth (State or foreign country) Mayaguez, Puerto Rico

Residence Address: Street or R. R. 818 W. Main City Danville County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Cert. # 2465 Vol. 167
☐ Other (Specify) Departamento de Salud

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Roberto Rodriguez
   Residence of father (if deceased so state) 9853 Bozmarc St. El Paso, Texas
   Occupation of father Student - Retired Army Race of father W
   Birthplace of father (State or foreign country) Cabo Rojo, Puerto Rico
8. Full maiden name of mother Diana Lozada
   Residence of mother (if deceased so state) 9853 Bozmarc St. El Paso Texas
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Cabo Rojo, Puerto Rico.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Diana Rodriguez
New Address Box 138, R.R. 2 Indpls. Ind.

Subscribed and sworn to before me this 6 day of July, 1973
Glen M. Harvey, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only 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. Diana L. Rodriguez Mother
Subscribed and sworn to before me this 11 day of July, 1973
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 73, *authorizing the joining together as husband and wife* Joseph Hayden Lehr *and* Diana Rodriguez

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph McCrisaken *hereby certify that on the* 14 *day of* July, *one thousand nine hundred and* 73 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Joseph Lehr *of* Marion *County, State of* Indiana *and, Bride* Diana Rodriguez *of* El Paso *County, State of* Texas, *were by me united 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, 19 73.

Signed Joseph McCrisaken
Official Designation R. C. Priest

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* July, 19 73.

Signed Glen M. Harvey *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. 263
File Book 34
July 6, 1973
Date of Application

MALE
Medical Examination Report Dated July 3, 1973
Name of Physician Elmer L. Koch, M.D.

FEMALE
Medical Examination Report Dated July 3, 1973
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 Joseph Middle Hayden Last Lehr
Date of Birth: Month Nov. Day 1 Year 1950
Place of Birth (State or foreign country) St. Vincent Hosp., Indianapolis Marion Co. Ind.
Residence Address: Street or R. R. R.R. 2 Box 138 City Indianapolis 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 Draftsman
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Cert. No. 10485
☐ Other (Specify) Dept. of Public Health

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Joseph Lehr
    Residence of father (if deceased so state) Truck Driver - Ready Mix
    Occupation of father 818 W. Main St. Danville Race of father W
    Birthplace of father (State or foreign country) Lapaz - Marion Co.
12. Full maiden name of mother Patricia Jean Foreman
    Residence of mother (if deceased so state) 818 W. Main St. Danville
    Occupation of mother Cashier - Hook Drugs Race of mother W
    Birthplace
    State of India
    County of.....

Subscribed and
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CONSENT OF
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State of Indian
County of.....

Subscribed and

FEMALE APPLICANT

Name: First Diana Middle — Last Rodriguez
Date of Birth: Month Oct. Day 8 Year 1955
Place of Birth (State or foreign country) Mayaguez, Puerto Rico
Residence Address: Street or R. R. 818 W. Main City Danville County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Cert. # 3465 Vol. 167
☐ Other (Specify) Departamento de Salud

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Roberto Rodriguez
   Residence of father (if deceased so state) 9853 Bozmare St. El Paso, Texas
   Occupation of father Retired Army Race of father W
   Birthplace of father (State or foreign country) Cabo Rojo, Puerto Rico
8. Full maiden name of mother Diana Lozada
   Residence of mother (if deceased so state) 9853 Bozmare St. El Paso Texas
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Cabo Rojo, Puerto Rico.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Diana Rodriguez

I, Roberto Rodriguez, hereby give my consent for my daughter, Diana Rodriguez AGE 17 yr. 8 Mo 5 Days to marry Joseph Hayden Lehr over 21.

× Roberto Rodriguez

Subscribed and sworn to before me this 12 day of Apr 1973.

MILDRED J. PARKER, Notary Public
In and for the County of El Paso, Texas
My Commission Expires June 1, 1973

Mildred J. Parker
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* 11 *day of* July, 19 73, *authorizing the joining together as husband and wife* Joseph Hayden Lehr *and* Diana Rodriguez

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph Mc Crisaken *hereby certify that on the* 14 *day of* July, *one thousand nine hundred and* 73 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Joseph Lehr *of* Marion *County, State of* Indiana *and, Bride* Diana Rodriguez *of* El Paso *County, State of* Texas, *were by me united 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, 19 73.

Signed Joseph Mc Crisaken
Official Designation R. C. Priest

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* July, 19 73.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form 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
July 6, 1973
Date of Application

MALE
Medical Examination Report Dated July 3, 1973
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated July 3 1973
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 Harold Middle Wayne Last Bragg
Date of Birth: Month June Day 16 Year 1944
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R. R. R.R 2 Box 145 City Indpls. County Hend. Co. 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 Roofer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Driver's License S 314-46-3189

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Rhea Ann Bragg	9	Columbus, Ind.
Sonya Lynn Bragg	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 Melvin C. Bragg
    Residence of father (if deceased so state) 307 W Culver Pheonix, Ariz.
    Occupation of father Roofer Race of father —
    Birthplace of father (State or foreign country) Del.
12. Full maiden name of mother Ruth O. Christie
    Residence of mother (if deceased so state) 307 W Culver Pheonix, Ariz.
    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 x Harold Wayne Bragg
New Address RR#2 B. 145 Indianapolis Ind.

Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Mary Middle Ann Last Everett
Date of Birth: Month Sept. Day 12 Year 1949
Place of Birth (State or foreign country) Greer S. C.
Residence Address: Street or R. R. R.R 2 Box 145 City Indpls. County Hend. Co. State Ind.
Maiden Name if Different Mary Ann Stewart
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) Driver's License S 496-56-6826

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Harley Stewart
   Residence of father (if deceased so state) S.C.
   Occupation of father — Race of father —
   Birthplace of father (State or foreign country) N.C.
8. Full maiden name of mother Mary Ruth Bailey
   Residence of mother (if deceased so state) Pfld, Ind.
   Occupation of mother Housewife Race of mother —
   Birthplace of mother (State or foreign country) S.C.

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 Everett
New Address RR#2 B. 145, Indianapolis Ind.

Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in HENDRICKS County Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* July, 19 73., *authorizing the joining together as husband and wife* Harold Wayne Bragg *and* Mary Ann Everett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Franklin D. Dodd *hereby certify that on the* 7th *day of* September, one thousand nine hundred and seventy-three *at* Indianapolis, *County of* Marion *State of Indiana, Groom* Harold Wayne Bragg *of* Marion *County, State of* Indiana, *and, Bride* Mary Ann Everett *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 10th day of July, 19 73. Signed Franklin D. Dodd
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* Sept., 19 73
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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
July 9, 1973
Date of Application

MALE
Medical Examination Report Dated July 7, 1973
Name of Physician Eric D. Clark, M.D.

FEMALE
Medical Examination Report Dated July 7, 1973
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 Terry Middle Lynn Last Hunter
Date of Birth: Month June 22 Day Year 1955
Place of Birth (State or foreign country) Indianapolis, Marion Co, Indiana
Residence Address: Street or R. R. #243 Ralston, City Indianapolis, County Marion Co, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation U.S. Army
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☒ Other (Specify) Selective Serv. #30960158

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Hunter
    Residence of father (if deceased so state) deceased
    Occupation of father Truck Driver Race of father W.
    Birthplace of father (State or foreign country) Marion Co. Indiana
12. Full maiden name of mother Irene Katherine Bradford.
    Residence of mother (if deceased so state) #243 Ralston, Indpls. Ind.
    Occupation of mother Waitress Race of mother W.
    Birthplace of mother (State or foreign country) Coopersburg, Pennsylvania

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

☒ Signed Terry Lynn Hunter
☒ New Address Ft Hood, Texas
Subscribed and sworn to before me this 9th day of July, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Father deceased - Mother legal guardian

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
☒ Signed Irene K Ogle Mother
Subscribed and sworn to before me this 9th day of July, 19 73.
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Carmen Middle Lorraine Last Haymaker
Date of Birth: Month November 18, Day Year 1955
Place of Birth (State or foreign country) Indianapolis, Marion Co, Indiana
Residence Address: Street or R. R. R.R. #2 Box 419, City Hendricks Co, 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) Life Ins Policy # 661902056 Commonwealth Life 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 afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Jesse Vernon Haymaker
   Residence of father (if deceased so state) R.R. #2 Box 419 Indpls, Ind.
   Occupation of father Railroader Race of father W
   Birthplace of father (State or foreign country) Morgan Co, Indiana
8. Full maiden name of mother Mary Virginia Kore
   Residence of mother (if deceased so state) Same as above
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Marion Co, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carmen Lorraine Haymaker
New Address Ft. Hood, Texas
Subscribed and sworn to before me this 9th day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

☒ Signed Jesse Vernon Haymaker Father
☒ Signed Mary V. Haymaker Mother
Subscribed and sworn to before me this 9th day of July, 19 73
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 19 73, *authorizing the joining together as husband and wife* Terry Lynn Hunter *and* Carmen Lorraine Haymaker

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Paul W. Ragsdale hereby certify that on the 14th day of July, one thousand nine hundred and 73 at Center Friends Church, County of Hendricks, State of Indiana, Groom Terry Hunter of Marion County, State of Indiana, and, Bride Carmen Haymaker of Hendricks County, State of Indiana, were by me united 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, 19 73.

Signed Paul W. Ragsdale
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* July, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 Bundle 34
July 9 1973
Date of Application

MALE
Medical Examination Report Dated 7-16-73
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 7-2-73
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 Daniel Middle Vernon Last Carlisle
Date of Birth: Month Dec. Day 9. Year 1954
Place of Birth (State or foreign country) Evansville Ind.
Residence Address: 2144 Street or R. R. Ishmala Dr. City Indpls. 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 U. S. Air Force
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-54-007364

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their 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 Carlisle Jr.
    Residence of father (if deceased so state) 2144 Ishmala Dr.
    Occupation of father Construction Race of father.....
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Shirley Lucille Trucker
    Residence of mother (if deceased so state) R#1 Box 356 Rogersville Alba.
    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 x Daniel V Carlisle
New Address Fremont Neb.

Subscribed and sworn to before me this 18 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
Mother Has Legal Custody

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 Celia Middle Lynn Last Mears
Date of Birth: Month Dec. Day 18 Year 1954
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: R R 18 Box 155C Street or R. R. 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) 13771

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 LeMeans
   Residence of father (if deceased so state) same
   Occupation of father Tool & Die maker Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Clara Ann Bowles
   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 Celia Lynn Mears
New Address Fremont Neb.

Subscribed and sworn to before me this 9 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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.....and filed in HENDRICKS County.....Court by written order issued.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of July, 19 73, authorizing the joining together as husband and wife Daniel Vernon Carlisle and Celia Lynn Mears

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald J. Finley hereby certify that on the 21st day of July, 19 73 at Clermont, County of Marion, one thousand nine hundred and Nebraska County, State of Nebraska, State of Indiana, Groom Daniel V. Carlisle of Liberty, County, State of Indiana, and, Bride Celia Lynn Mears of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of July, 19 73. Signed D. J. Finley
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of July, 19 73
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form 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 Book 34
July 9 1973
Date of Application

MALE
Medical Examination Report Dated 7-16-73
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 7-2-73
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 Daniel Middle Vernon Last Carlisle
Date of Birth: Month Dec. Day 9. Year 1954
Place of Birth (State or foreign country) Evansville Ind.
Residence Address: Street or R. R. 2144 Ishmala Dr. City Indpls. 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 U. S. Air Force
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-54-007364

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☑
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Noah Carlisle Jr.
    Residence of father
    Occupation of father
    Birthplace of father
12. Full maiden name o
    Residence of mother
    Occupation of mothe
    Birthplace of mother

State of Indiana, HENDRICKS
County of

New A

Subscribed and sworn to
Glen M.

CONSENT OF PAREN
We, the parents, of this
signs, state facts which
Mo

State of Indiana, HENDRICKS } ss:
County of

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Cella Middle Lynn Last Mears
Date of Birth: Month Dec. 18 Day Year 1954
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. RR 18 Box 155C City Judges Hend. 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 Unemployed
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) 13771

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 LaFrance Mears
   Residence of father (if deceased so state) Same
   Occupation of father Tool & Die makes Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Clara Ann Bowles
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W

I, Shirley L. Masonia, hereby give my consent for my son, Daniel V Carlisle to marry Cella Lynn Mears.

Shirley L. Masonia

Subscribed and sworn to before me this 14 day of July 1973

J. C. Maulding
Notary Public

J. C. MAULDIN NOTARY PUBLIC LAUDERDALE COUNTY, ALABAMA

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued..... and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1973, authorizing the joining together as husband and wife Daniel Vernon Carlisle and Cella Lynn Mears

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald J. Finley hereby certify that on the 21st day of July, 1973 at Clermont, County of Marion, one thousand nine hundred and 73 State of Indiana, Groom Daniel V. Carlisle of Sparta, County, State of Nebraska and, Bride Cella Lynn Mears of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of July, 1973

Signed D. J. Finley
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of July, 1973

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

574

Form 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 9, 1973
Date of Application

MALE
Medical Examination Report Dated July 3, 1973
Name of Physician Wm. B. Kriel

FEMALE
Medical Examination Report Dated July 3, 1973
Name of Physician Wm. B. Kriel

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Edward; Middle Louis; Last Church
Date of Birth: Month May; Day 31; Year 1952
Place of Birth (State or foreign country): Los Angeles. Calif.
Residence Address: 3236 S. Tippecanoe Rd Apt 9, Street or R. R.; Indpls., 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: Construction
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 16323

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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. Church
    Residence of father (if deceased so state): Mo., Pleasant Hope
    Occupation of father: Truck Driver; Race of father: W
    Birthplace of father (State or foreign country): Penn.
    Full maiden name of mother: Nancy Louise Snedeker
    Residence of mother (if deceased so state): Mo., Pleasant Hope
    Occupation of mother: Factory; Race of mother: W
    Birthplace of mother (State or foreign country): Penn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: X Edward L. Church
New Address: 3236 S Tippecanoe Rd Indpls Ind.

Subscribed and sworn to before me this 9 day of July, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Sonia; Middle Louise; Last Mills
Date of Birth: Month August; Day 12; Year 1955
Place of Birth (State or foreign country): Park Co. Kentucky
Residence Address: 318 W. North St., Street or R. R.; Pfld, 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) 268

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Gerald I. Mills
   Residence of father (if deceased so state): Cincinnati, Ohio
   Occupation of father..... Race of father: W
   Birthplace of father (State or foreign country): Barkin Ky.
8. Full maiden name of mother: Sonia A. Vaughn
   Residence of mother (if deceased so state): Woodbine, Ky.
   Occupation of mother: unemployed Race of mother: W
   Birthplace of mother (State or foreign country): Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: X Sonia Louise Mills
New Address: 3236 S Tippecanoe Rd #9 Indpls, Ind

Subscribed and sworn to before me this 9 day of July, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* July, 19 73, *authorizing the joining together as husband and wife* Edward Louis Church and Sonia L Mills

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John Hesseldenz hereby certify that on the 28 day of July, one thousand nine hundred and 73 at Indianapolis, County of Marion, State of Indiana, Groom, Edward L. Church of Hendricks County, State of Indiana, and, Bride, Sonia L. Mills of Hendricks County, State of Indiana, were by me united 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 73

Signed John Hesseldenz
Official Designation J.P.

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of Aug., 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 268
File Book 34
July 9 1973
Date of Application

MALE
Medical Examination Report Dated 7-2-73
Name of Physician Donald D. Cheeseman

FEMALE
Medical Examination Report Dated 7-2-73
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 Cletus Middle T. Thomas Last Summers
Date of Birth: Month Feb. Day 3 Year 1951
Place of Birth (State or foreign country) RR4 Brazil 2nd.
Residence Address: Street or R. R. RR2 Box 88 City Hendricks County Coatsville State 2nd.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Trade Foreman Penn. Cent.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 T. Summers
    Residence of father (if deceased so state): Same
    Occupation of father: Retired Race of father: W
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Eloise Starrett
    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 Cletis Thomas Summers
New Address 562 S. Center Plainfield
Subscribed and sworn to before me this 9 day of July, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Lawana Middle Jo Last Wilson
Date of Birth: Month Sept. Day 20 Year 1955
Place of Birth (State or foreign country) St. Vincents Rudolfo 2nd
Residence Address: Street or R. R. 300 S. Rd. 225 E. City Danville County Hend. State 2nd.
Maiden Name if Different
Previous 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: Glendel Edward Wilson
   Residence of father (if deceased so state): Same
   Occupation of father: Siding Applicator Race of father: W
   Birthplace of father (State or foreign country): Kentucky
8. Full maiden name of mother: Edith Douse
   Residence of mother (if deceased so state): Same
   Occupation of mother: House wife 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 Lawana Jo Wilson
New Address 562 S. Center Plainfield
Subscribed and sworn to before me this 9 day of July, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Glendel Wilson Father
Signed Edith Wilson 9th July Mother
Subscribed and sworn to before me this 13 day of July, 1973
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 13 day of July, 1973, authorizing the joining together as husband and wife Cletus Thomas Summers and Lawana Jo Wilson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Cleveland Johnson hereby certify that on the 14th day of July one thousand nine hundred and 73 at First Baptist Church, County of Hendricks, State of Indiana, Groom Cletus T. Summers of Hendricks County, State of Indiana, and, Bride Lawana 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 13 day of July, 1973.

Signed Cleveland Johnson
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of July, 1973

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 9, 1973
Date of Application

MALE
Medical Examination Report Dated July 6, 1973
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated July 6, 1973
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 Johnny Middle Mac Last Mercer
Date of Birth: Month Nov. Day 10 Year 1945
Place of Birth (State or foreign country) Florida
Residence Address: Street or R. R. R 2 Box 138 City Indpls, County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Construction
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 109-45-46609

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Mickey Mercer
    Residence of father (if deceased so state) Florida
    Occupation of father Roofer Race of father w
    Birthplace of father (State or foreign country) Florida
12. Full maiden name of mother Anna May Alvarez
    Residence of mother (if deceased so state) R 2 Box 138 Indpls. Ind.
    Occupation of mother housewife Race of mother w
    Birthplace of mother (State or foreign country) Florida

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Johnny Mercer
New Address Rt. 2 Box 138 Indianapolis, Ind.

Subscribed and sworn to before me this 9 day of July, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Jean Last Powers
Date of Birth: Month Dec. Day 27 Year 1950
Place of Birth (State or foreign country) Knoxville Tenn.
Residence Address: Street or R. R. R 2 Box 138 City Indpls. County Hend. State Ind.
Maiden Name if Different Pamela Jean Satterfield
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)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Allen Satterfield
   Residence of father (if deceased so state) 15263 E Colonial Dr. Orando, Fla.
   Occupation of father brick mason Race of father w
   Birthplace of father (State or foreign country) Tenn.
8. Full maiden name of mother Dorothy Ellen Yeasont
   Residence of mother (if deceased so state) 15263 E Colonial Dr, Orando, Fla.
   Occupation of mother housewife Race of mother w
   Birthplace of mother (State or foreign country) Del

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Pamela Jean Powers
New Address Rt. 2 Box 138 Indianapolis, Ind.

Subscribed and sworn to before me this 9 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* July, 19 73, *authorizing the joining together as husband and wife* Johnny Mac Mercer *and* Pamela Jean Powers

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Myron Barnard hereby certify that on the 14th day of July, one thousand nine hundred and 73 at Indianapolis, County of Marion, State of Indiana, Groom Johnny Mac Mercer of Hendricks County, State of Indiana, and, Bride Pamela Jean Powers of Hendricks County, State of Indiana, were by me united 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, 19 73.

Signed Myron Barnard
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* July, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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
July 10, 1973
Date of Application

MALE
Medical Examination Report Dated July 2, 1973
Name of Physician Robert B. Grief m.d.

FEMALE
Medical Examination Report Dated July 2, 1973
Name of Physician Robert B. Grief, m.d.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Hayden
Date of Birth: Month March Day 7 Year 1954
Place of Birth (State or foreign country) Chattahoochee Co. Ft. Benning, Georgia
Residence Address: Street or R. R. 5 Elm Drive City Brownsburg County Hend. Co. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Salesman
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree #26-339
☐ Other (Specify) Cert. Copy Ba. Dept. of Health 28705

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Jimmy Eugene Hayden
    Residence of father (if deceased so state) 5 Elm Drive Brownsburg
    Occupation of father Salesman Race of father W
    Birthplace of father (State or foreign country) Rudolph, Marion Co. Ind.
12. Full maiden name of mother Anna Earlene Larrison
    Residence of mother (if deceased so state) 5 Elm Drive Brownsburg
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Danville Hend. Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
X Signed David L. Hayden
New Address 923 Dover Drive apt. 129 Greenwood, Ind.
Subscribed and sworn to before me this 10 day of July, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Jimmy E. Hayden Father
Signed ..... Mother
Subscribed and sworn to before me this 10 day of July, 1973
Glen M Harvey Clerk

FEMALE APPLICANT

Name: First Peggy Middle Sue Last Lawler
Date of Birth: Month April Day 4 Year 1955
Place of Birth (State or foreign country) General Hospital, Indpls. Marion Co. Ind.
Residence Address: Street or R. R. 1407 S. Worchester City Indpls. County Marion Co. 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) Div. Public Health Record #3589

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 — Lawler
   Residence of father (if deceased so state) 1407 S. Worchester, Indpls.
   Occupation of father Electrician Race of father W
   Birthplace of father (State or foreign country) New Whiteland, Ind. Johnson Co.
8. Full maiden name of mother Gleneva Imogene Potter
   Residence of mother (if deceased so state) 1407 S. Worchester
   Occupation of mother Employee-RCA Race of mother W
   Birthplace of mother (State or foreign country) Frankfort, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state th... in this application i...
X Signed Peggy Sue ...
New Address 923 Dover Drive
Subscribed and sworn to before me this 10 day of Ju...
Glen M. Harvey Clerk HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. I... signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed .....
Signed .....
Subscribed and sworn to before me this ..... day of ..... 19...
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 14 day of July, 1973, authorizing the joining together as husband and wife Hayden and Lawler

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. W. Dale Miller hereby certify that on the 14th day of July one thousand nine hundred and 73 at Indianapolis, County of Marion State of Indiana, Groom David Lee Hayden of Hendricks County, State of Indiana, and, Bride Peggy Sue Lawler of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of July, 1973. Signed Rev. W. Dale Miller
Official Designation United Methodist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of July, 1973
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form 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
July 10, 1973
Date of Application

MALE
Medical Examination Report Dated July 2, 1973
Name of Physician Robert B. Grief M.D.

FEMALE
Medical Examination Report Dated July 2, 1973
Name of Physician Robert B. Grief. M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Hayden
Date of Birth: Month March Day 7 Year 1954
Place of Birth (State or foreign country) Chattahoochee Co. Ft. Benning, Georgia
Residence Address: Street or R. R. 5 Elm Drive City Brownsburg County Hend. Co. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Salesman
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree #26.339
☐ Other (Specify) Cert. Copy Ga. Dept. of Health 28705

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Jimmy Eugene Hayden
    Residence of father (if deceased so state) 5 Elm Drive Brownsburg
    Occupation of father Salesman Race of father W
    Birthplace of father (State or foreign country) Rudolph, Marion Co. Ind.
12. Full maiden name of mother Anna Carlene Lawson Hayden
    Residence of mother (if deceased so state)
    Occupation of mother
    Birthplace of mother (St
    State of Indiana, HENDRIC
    County of
    ☒ Sign
    New Addre
    Subscribed and sworn to befo
    Glen M.

CONSENT OF PARENTS, P
We, the parents, of this appli
signs, state facts which rende
.....
.....
State of Indiana, HENDRICKS
County of
Signed
Signed
Subscribed and sworn to before m
.....
.....Clerk

FEMALE APPLICANT

Name: First Peggy Middle Sue Last Lawler
Date of Birth: Month April Day 4 Year 1955
Place of Birth (State or foreign country) General Hospital, Indpls. Marion Co. Ind.
Residence Address: Street or R. R. 1407 S. Worchester City Indpls. County Marion Co. 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) Div. Public Health Local #3589

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 — Lawler
   Residence of father (if deceased so state) 1407 S. Worchester, Indpls.
   Occupation of father Electrician Race of father W
   Birthplace of father (State or foreign country) New Whiteland, Ind. Johnson Co.
8. Full maiden name of mother Geneva Imogene Potter
   Residence of mother (if deceased so state) 1407 S. Worchester
   Occupation of mother Employee-RCA Race of mother W
   Birthplace of mother (State or foreign country) Frankfort, Indiana.

State of Indiana,
County of HENDRICKS

I, Anna Carlene Hayden, hereby give my consent for my Son, David Lee Hayden to marry Peggy Lawler.

× Anna Carlene Hayden

Subscribed and sworn to before me this 13th day of July 1973

Phillip R Wright
Notary Public

My Commission Expires April 20, 1974

Phillip R. Wright

.....Mother
Subscribed and sworn to before me this .....day of ..... 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued and filed
in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of July, 1973, authorizing the joining together as husband and wife Hayden and Lawler

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. W. Dale Miller hereby certify that on the 14th day of July at Indianapolis, County of Marion, one thousand nine hundred and 73 in the State of Indiana, Groom David Lee Hayden of Hendricks County, State of Indiana, and, Bride Peggy Sue Lawler of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of July, 1973.

Signed Rev. W. Dale Miller
Official Designation United Methodist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of July, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

578

Form 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 10 1973
Date of Application

MALE
Medical Examination Report Dated 7-5-73
Name of Physician John F. Sfahr MD

FEMALE
Medical Examination Report Dated 7-5-73
Name of Physician John F. Sfahr Jr.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle Wayne Last Miller
Date of Birth: Month July Day 13 Year 1950
Place of Birth (State or foreign country) Coleman Hosp. Rudolph Marion Ind
Residence Address: Street or R. R. 1622 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 ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Wilton Wayne Miller
    Residence of father (if deceased so state) Same
    Occupation of father Naval Aviator Race of father W
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Betty Jean Hamlee
    Residence of mother (if deceased so state) Same
    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 × Gary Wayne Miller
New Address —
Subscribed and sworn to before me this 11 day of July, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Johnna Middle Elaine Last Motsinger
Date of Birth: Month July Day 9 Year 1950
Place of Birth (State or foreign country) Seymour Ind.
Residence Address: Street or R. R. 1633 Rolling Hill Rd City Rudolph County Johnson State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License S308-56-0757 09

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father John William Motsinger
   Residence of father (if deceased so state) RR 2 Seymour Ind
   Occupation of father Steam Fitter Race of father W
   Birthplace of father (State or foreign country) Crothersville Ind.
8. Full maiden name of mother Doris Jean Wilson
   Residence of mother (if deceased so state) Same as above
   Occupation of mother R.E. Salesman Race of mother W
   Birthplace of mother (State or foreign country) Bedford Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed × Johnna Elaine Motsinger
New Address.....
Subscribed and sworn to before me this 11 day of July, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 2 do and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1973, authorizing the joining together as husband and wife Gary Wayne Miller and Johnna Elaine Motsinger

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, B. G. Wiggs hereby certify that on the 22nd day of July, one thousand nine hundred and Seventy-Three at Indianapolis, County of Marion, State of Indiana, Groom, Gary Wayne Miller of Hendricks County, State of Indiana, and, Bride, Johnna Elaine Motsinger 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 22nd day of July, 1973.

Signed B. G. Wiggs
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Aug, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS 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. 272

HENDRICKS County

File Book 34

July 11, 1973 Date of Application

MALE
Medical Examination Report Dated 7-5-73
Name of Physician James Black - M.D.

FEMALE
Medical Examination Report Dated 7-5-73
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 Christopher Middle Leslie Last Hague

Date of Birth: Month Dec. Day 26 Year 1951

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 408 N. Green 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 Asst. Supt. of Golf Course

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 113-51-0976 41

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☒
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Frederick Leslie Hague
    Residence of father (if deceased so state) R. R. #1 Box 97 Pittsboro
    Occupation of father Salesman Race of father.....
    Birthplace of father (State or foreign country) Indianapolis
12. Full maiden name of mother Helen Edith Cox
    Residence of mother (if deceased so state) ~~Indiana~~ Same
    Occupation of mother Payroll Sect. 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 Christopher Leslie Hague
New Address 408 N. Green St. Brownsburg

Subscribed and sworn to before me this 11 day of July, 19 73

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Diane Last Stevenson

Date of Birth: Month Dec. Day 24 Year 1952

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 408 N. Green St. 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 —

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 13458

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Stevenson
   Residence of father (if deceased so state) R #3 Box 129 Danville
   Occupation of father Farmer Race of father.....
   Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Christine Clara Groover
   Residence of mother (if deceased so state) Same
   Occupation of mother Rental Manager 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 Sharon Diane Stevenson
New Address 408 N. Green St. Brownsburg

Subscribed and sworn to before me this 11 day of July, 19 73

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. Judge Hoover

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11 day of July, 19 73, authorizing the joining together as husband and wife Christopher Leslie Hague and Sharon Diane Stevenson

Be it further remembered, the following marriage certificate was filed in my office, to-wit: on the 14th day of July

I, Ben H. Strasser hereby certify that on the 14th day of July, 19 73 at Pittsboro, County of Hendricks, State of Indiana, one thousand nine hundred and 73 Christopher Leslie Hague of Hendricks County, State of Indiana, and, Bride Sharon Diane Stevenson of Hendricks County, State of Indiana, State of Indiana, Groom were by me united 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, 19 73.

Signed Ben H. Strasser
Official Designation Minister of Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of July, 19 73

Signed Glen M. Harvey 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. 273
File Book 34
July 11 1973
Date of Application

MALE
Medical Examination Report Dated July 9, 1973
Name of Physician A. M. Sendder

FEMALE
Medical Examination Report Dated July 9 1973
Name of Physician A. M. Sendder.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 G. Last Portwood
Date of Birth: Month July Day 12 Year 1917
Place of Birth (State or foreign country) Brownsburg Ind.
Residence Address: Street or R. R. 120 Williams Dr. City Brownsburg, County, 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 Tool Selector
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License 571416674

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Nancy Jo Portwood	13	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 John L. Portwood
    Residence of father (if deceased so state) —
    Occupation of father Dec Race of father W
    Birthplace of father (State or foreign country) Ky.
12. Full maiden name of mother Rohoda Richardson
    Residence of mother (if deceased so state) —
    Occupation of mother Dec Race of mother —
    Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Paul G Portwood
New Address 420 E College
Subscribed and sworn to before me this ..... day of ....., 19.....
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 Opal Middle L. Last Portwood
Date of Birth: Month May Day 28 Year 1925
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. 410 E. College City Brownsburg, County, State Ind.
Maiden Name if Different Opal L. Anderson
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) 31748-5256 TO Drivers Licens

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 R Anderson
   Residence of father (if deceased so state) Brownsburg, Ind.
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Ky.
8. Full maiden name of mother Mary F. Edwards
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Occupation of mother Retired Race of mother W
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Opal L. Portwood
New Address 410 E. College
Subscribed and sworn to before me this ..... day of ....., 19.....
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* 16 *day of* July, 19 73., *authorizing the joining together as husband and wife* Paul G. Portwood *and* Opal L. Portwood

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash hereby certify that on the 18th day of July, one thousand nine hundred and seventy-three at Brownsburg, County of Hendricks, State of Indiana, Groom Paul G. Portwood of Hendricks County, State of Indiana, and, Bride Opal L. Portwood of Hendricks County, State of Indiana, were by me united 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 73.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of July, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 3X
July 16. 1973
Date of Application

MALE
Medical Examination Report Dated July 10, 1973
Name of Physician J. Thomas Vieira. M.D.

FEMALE
Medical Examination Report Dated July 10. 1973
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 James Middle William Last Baumgardner Jr.
Date of Birth: Month Jan. Day 18 Year 1953
Place of Birth (State or foreign country) Somerset Pulaski Co. Kentucky.
Residence Address: Street or R. R. R.R. #1 City Stilesville County Hendricks State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Mechanic
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dept of Health - Kentucky # 77029

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 William Baumgardner
    Residence of father (if deceased so state) R.R.1. Stilesville Ind
    Occupation of father Mechanic Race of father W
    Birthplace of father (State or foreign country) Eubank, Kentucky
12. Full maiden name of mother Dorothy Mae Pence
    Residence of mother (if deceased so state) R.R.1. Stilesville Ind
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Eubank, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed James W. Baumgardner, Jr.
New Address R.R.1, Stilesville Ind.

Subscribed and sworn to before me this 16 day of July, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

× Signed..... Father
× Signed Dorothy M Baumgardner Mother
Subscribed and sworn to before me this 16 day of July, 1973
Glen M Harvey Clerk

FEMALE APPLICANT

Name: First Janice Middle Gail Last Harman
Date of Birth: Month May Day 15 Year 1955
Place of Birth (State or foreign country) Tazewell, Virginia
Residence Address: Street or R. R. Box 164 City Stilesville County Hend Co. 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 Form 132 (Indiana C.)
☒ Other (Specify) General affidavit to prove Birth 9-6-61 Roley-Leonard Wonder

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Howard Harman
   Residence of father (if deceased so state) Box 164 - Stilesville
   Occupation of father Roofer Race of father W
   Birthplace of father (State or foreign country) Virginia
8. Full maiden name of mother Norma Jean Brewer
   Residence of mother (if deceased so state) Box 164. Stilesville
   Occupation of mother Housewife 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 Janice Gail Harman
New Address R.R.1. Stilesville Ind.

Subscribed and sworn to before me this 16 day of July, 19
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of July, 1973, authorizing the joining together as husband and wife James William Baumgardner and Janice Gail Harman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rebecca J. Bunton hereby certify that on the 21st day of July, one thousand nine hundred and 73 at Stilesville, County of Hendricks, State of Indiana, Groom James William Baumgardner of Jr. Hendricks County, State of Indiana, and, Bride Janice Gail Harman of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of July, 1973.

Signed Rebecca J. Bunton
Official Designation Pastor - Stilesville Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of July, 1973
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 3X
July 16. 1973
Date of Application

MALE
Medical Examination Report Dated July 10, 1973
Name of Physician J. Thomas Vieira. M.D.

FEMALE
Medical Examination Report Dated July 10. 1973
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 James Middle William Last Baumgardner Jr.
Date of Birth: Month Jan. Day 18 Year 1953
Place of Birth (State or foreign country) Somerset Pulaski Co. Kentucky.
Residence Address: R.R. #1 Street or R. R. Stilesville 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: mechanic
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dept of Health - Kentucky # 77029

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their f
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(b) Are you
(c) Are you c
their sup
11. Full name of
Residence of
Occupation
Birthplace
12. Full maider
Residence
Occupation
Birthplace
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County of.....

Subscribed a
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County o

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FEMALE APPLICANT

Name: First Janice Middle Gail Last Harmon
Date of Birth: Month May Day 15 Year 1955
Place of Birth (State or foreign country) Tazewell, Virginia
Residence Address: Box 164 Street or R. R. Stilesville City, Hend Co. 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 Form 132 (Hendricks Co.)
☒ Other (Specify) General affidavit & Proof Birth 9-6-61 Roley-Leonard Wonder

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Howard Harmon
Residence of father (if deceased so state) Box 164 - Stilesville W

COMPLETE IF MARRIAGE LICENSE ISSUED BY ... HENDRICKS ... Court by written order issued .....
in ..... County ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of July, 1973, authorizing the joining together as husband and wife James William Baumgardner and Janice Gail Harmon

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rebecca J. Bunton hereby certify that on the 21st day of July, at Stilesville, County of Hendricks, one thousand nine hundred and 73, State of Indiana, Groom James William Baumgardner, of Jr. Hendricks County, State of Indiana, and, Bride Janice Gail Harman, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of July, 1973. Signed Rebecca J. Bunton
Official Designation Pastor - Stilesville Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of July, 1973. Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

NOTARY SEAL INDIANA

July 12, 1973
Ruth A. Foster
Notary Public
My Commission expires
Sept. 12, 1975

I certify that on the 21 day of July 1973, James William Baumgardner Jr. and Janice Gail Harmon came to me and each separately and severally acknowledged the execution of the foregoing instrument. Witness my hand and Notarial Seal this 21 day of July 1973.

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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. 275
File Book 34
July 16 1973
Date of Application

MALE
Medical Examination Report Dated 7-11-73
Name of Physician Lloyd Terry

FEMALE
Medical Examination Report Dated 7-11-73
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 John; Middle William; Last Berry
Date of Birth: Month Sept; Day 17; Year 1954
Place of Birth (State or foreign country): ~~Sept~~ Vermillion Co. Ind.
Residence Address: Street or R. R. 514 Enderly Ave apt 1; 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: Material Handler
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Forest Ray Berry
    Residence of father (if deceased so state): North Salem Ind.
    Occupation of father: Mat. Burner Race of father: W
    Birthplace of father (State or foreign country): Parke Co Ind
12. Full maiden name of mother: Lois Lillian Clark
    Residence of mother (if deceased so state): Same
    Occupation of mother: Aircraft Spec. Race of mother: W
    Birthplace of mother (State or foreign country): Parke 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 John William Berry
New Address: Same as above

Subscribed and sworn to before me this 16 day of July, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
.....
.....

State of Indiana, County of HENDRICKS } ss:

Signed: Forest R. Berry Father
Signed: Lois L. Berry Mother
Subscribed and sworn to before me this 16 day of July, 1973
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Debra; Middle Louise; Last Lowe
Date of Birth: Month Dec.; Day 23; Year 1952
Place of Birth (State or foreign country): Methodist Hosp. Indpls Marion Ind
Residence Address: Street or R. R. 509 W. Pearl; City Lebanon; County Boone; 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: Aircraft Spec. - Terminal
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Eugene Lowe
   Residence of father (if deceased so state): ~~Same~~ Deceased
   Occupation of father: Farmer Race of father: W
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Alice Louise McDonald
   Residence of mother (if deceased so state): Same
   Occupation of mother: Aircraft Spec. 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 Debra Louise Lowe
New Address: 514 Enderly Apt 1

Subscribed and sworn to before me this 16 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
.....
.....
.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20 *day of* July, 1973, *authorizing the joining together as husband and wife* John William Berry *and* Debra Louise Lowe

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Earl C. Davis, B.D. *hereby certify that on the* 22nd *day of* July, *one thousand nine hundred and* seventy-three *at* North Salem Christian Church, *County of* Hendricks, *State of Indiana, Groom* John William Berry *of* Hendricks *County, State of* Indiana, *and, Bride* Debra Louise Lowe *of* Boone *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 22nd *day of* July, *19* 73.

Signed Earl C. Davis B.D. & Harold Dodson
Official Designation Clergymen

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* July, *19* 73
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form 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 July 16 1973

Book 34

Date of Application

MALE
Medical Examination Report Dated 7-14-73
Name of Physician Lloyd Terry

FEMALE
Medical Examination Report Dated 7-14-73
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 John Middle Russell Last York

Date of Birth: Month Sept Day 27 Year 1953

Place of Birth (State or foreign country) Marion Co Ind.

Residence Address: Street or R. R. 177 S. Rd 150 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 Carpet Laying

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☑ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Jay York
    Residence of father (if deceased so state) Same
    Occupation of father Truck Driver Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Betty Louise Herring
    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 John Russell York

New Address 5719 Williams Cloverdale Ind.

Subscribed and sworn to before me this 16 day of July, 1973

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Donald York Father

Signed Betty Lyork Mother

Subscribed and sworn to before me this 16 day of July, 1973

Glen M Harvey Clerk

FEMALE APPLICANT

Name: First Pamela Middle Gail Last Hensley

Date of Birth: Month May Day 18 Year 1950

Place of Birth (State or foreign country) Methodist Judge Marion Ind

Residence Address: Street or R. R. 639 Allendale City Judge County Marion State Ind.

Maiden Name if Different Hornaday

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 Salesgirl

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Hornaday
   Residence of father (if deceased so state) Same
   Occupation of father Truck Driver Race of father (W)
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Katherine George
   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 X Pamela Gail Hensley

New Address 5719 Williams

Subscribed and sworn to before me this 16 day of July, 1973

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20 *day of* July, 1973, *authorizing the joining together as husband and wife* John Russell York *and* Pamela Gail Hensley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Fredrick R. Brooks hereby certify that on the 21st day of July, County of Hendricks, one thousand nine hundred and 73 at Danville, County, State of Indiana, State of Indiana, Groom John Russel York of Hendricks, Marion County, State of Indiana, and, Bride Pamela Gail Hensley of Indianapolis, Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of July, 1973. Signed Rev Fredrick R. Brooks

Official Designation Minister, 1973.

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* July, 1973 Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

584

Form 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 16 1973
Date of Application

MALE
Medical Examination Report Dated 7-9-73
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated July 9-1973
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 Dennis | Middle Ray | Last Gray
Date of Birth: Month March | Day 29 | Year 1949
Place of Birth (State or foreign country) Judges Marion Ind.
Residence Address: Street or R. R. RR 1 Box 286 | 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 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 John Gray
    Residence of father (if deceased so state) Same
    Occupation of father Storeroom Keeper Race of father W
    Birthplace of father (State or foreign country) Dugger Ind.
12. Full maiden name of mother Zelma Fleenor
    Residence of mother (if deceased so state) same
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Dugger Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Dennis Ray Gray
New Address RI Box 61B Plainfield

Subscribed and sworn to before me this 16 day of July, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Cathy | Middle Elaine | Last Collier
Date of Birth: Month Sept | Day 12 | Year 1955
Place of Birth (State or foreign country) Washington Co. memorial Wash. Ind.
Residence Address: Street or R. R. R 2 | City Danville | County Hend | State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation 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 Lewis James Collier
   Residence of father (if deceased so state) Same
   Occupation of father Mechanic Race of father Cl
   Birthplace of father (State or foreign country) Bedford Ind
8. Full maiden name of mother Wilma Fern Gilstrap
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) 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 Cathy Elaine Collier
New Address RI Box 61B Plainfield

Subscribed and sworn to before me this 16 day of July, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Lewis J. Collier Father
Signed Wilma F. Collier Mother
Subscribed and sworn to before me this 16 day of July, 1973
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20 *day of* July, 19 73, *authorizing the joining together as husband and wife* Dennis Ray Gray *and* Cathy Elaine Collier

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Morris Hafley hereby certify that on the 21st day of July, one thousand nine hundred and 73 at Plainfield Church of Christ, County of Hendricks, State of Indiana, Groom Dennis Gray of Hendricks County, State of Indiana, and, Bride Cathy E. 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 5th day of August, 19 73.

Signed Morris Hafley
Official Designation Minister Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* Aug., 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 17 1973
Date of Application

MALE
Medical Examination Report Dated 7-12-73
Name of Physician J. Thomas Viera

FEMALE
Medical Examination Report Dated 7-12-73
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 Donald Middle Eugene Last Wingler

Date of Birth: Month Apr Day 16 Year 1954

Place of Birth (State or foreign country) Mellwood Ind

Residence Address: Street or R. R. Box 117 City Coatesville 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 B F Goodrich

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) .....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Jesse Dr. Wingler
    Residence of father (if deceased so state) Same
    Occupation of father Funeral Director Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Jean Myers
    Residence of mother (if deceased so state) Same
    Occupation of mother Bank Teller 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 × Donald Eugene Wingler
New Address Coatesville Ind

Subscribed and sworn to before me this 17 day of July, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 Kenna Middle Dawn Last Settles

Date of Birth: Month Dec. Day 27 Year 1953

Place of Birth (State or foreign country) Beech Grove

Residence Address: Street or R. R. Box 134 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 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 Earl L. Settles
   Residence of father (if deceased so state) ~~Co~~ Same
   Occupation of father Carpenter Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother ~~Earl L. Settles~~ Shirley V. McKinley
   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 × Kenna Dawn Settles
New Address Coatesville

Subscribed and sworn to before me this 17 day of July, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 ..... and filed in ..... HENDRICKS County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of July, 1973, authorizing the joining together as husband and wife Donald Eugene Wingler and Kenna Dawn Settles.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ronald C. Gabbard hereby certify that on the 21st day of July, one thousand nine hundred and 73 at Clayton, County of Hendricks, State of Indiana, Groom Donald Eugene Wingler of Hendricks County, State of Indiana, and, Bride Kenna Dawn Settles of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of July, 1973. Signed Ronald C. Gabbard
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of July, 1973. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form 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 17 1973
Date of Application

MALE
Medical Examination Report Dated 7-12-73
Name of Physician J. Thomas Viera

FEMALE
Medical Examination Report Dated 7-12-73
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 Donald Middle Eugene Last Wingler

Date of Birth: Month Apr Day 16 Year 1954

Place of Birth (State or foreign country) Methodist Hospital Indpls Marion Ind

Residence Address: Street or R. R. Box 117 City Coglesville 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 B F Goodrich

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Jesse J. Wingler
    Residence of father (if deceased so state) Same
    Occupation of father Funeral Director Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name
    Residence of moth
    Occupation of mo
    Birthplace of mot

State of Indiana,
County of H

Subscribed and swor

CONSENT OF PAR
We, the parents, of
signs, state facts w

State of Indiana,
County of

Subscribed and swo

FEMALE APPLICANT

Name: First Kenna Middle Dawn Last Settles

Date of Birth: Month Dec. Day 27 Year 1953

Place of Birth (State or foreign country) Beech Grove Marion Ind.

Residence Address: Street or R. R. Box 134 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 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 Earl L. Settles
   Residence of father (if deceased so state) ~~Ind~~ Same
   Occupation of father Carpenter Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Earl L Settles, Shirley V. McKelvey
   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.

We give our permission for our son, Donald Eugene Wingler,
to marry Kenna Settles.

Jesse J Wingler
Jean Wingler
Ethel Hostetler
NOTARY PUBLIC
1-14-75

NOTARY PUBLIC SEAL HENDRICKS IND.

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed
HENDRICKS County ..... Court by written order issued .....
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of July, 1973., authorizing the joining together as husband and wife of Donald Eugene Wingler and Kenna Dawn Settles

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ronald C. Gabbard hereby certify that on the 21st day of July, 1973 at Clayton, County of Hendricks, State of Indiana, one thousand nine hundred and 73 Groom Donald Eugene Wingler of Hendricks County, State of Indiana, and, Bride Kenna Dawn Settles of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of July, 1973. Signed Ronald C. Gabbard
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of July, 1973. Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

586

Form 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
July 17 1973
Date of Application

MALE
Medical Examination Report Dated 7-13-73
Name of Physician M. D. Scamahorn

FEMALE
Medical Examination Report Dated 7-13-73
Name of Physician M. D. 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 Gary Middle Duane Last McKee

Date of Birth: Month Nov. Day 5 Year 1951

Place of Birth (State or foreign country): Mercy Hosp. Urbana Ill.

Residence Address: Street or R. R. 7484 Rockleigh City Indpls County Marion State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Welder

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 J. McKee
    Residence of father (if deceased so state): 9 E. College B'burg
    Occupation of father: Realtor Race of father: W
    Birthplace of father (State or foreign country): Mansfield Ill.
12. Full maiden name of mother: Joy Elaine Cox
    Residence of mother (if deceased so state): Same
    Occupation of mother: Housewife Race of mother: W
    Birthplace of mother (State or foreign country): Marion Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: x Gary Duane McKee
New Address: 7484 Rockleigh Indpls

Subscribed and sworn to before me this 17 day of July, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Amy Middle Last Keenan

Date of Birth: Month Sept. Day 20 Year 1953

Place of Birth (State or foreign country): Champaign Ill.

Residence Address: Street or R. R. 214 Pamela Pl. 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: Dental Asst.

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Rice Keenan
   Residence of father (if deceased so state): Same
   Occupation of father: Penn Central Race of father: W
   Birthplace of father (State or foreign country): Champaign Ill.
8. Full maiden name of mother: Barbara Ellen Moody
   Residence of mother (if deceased so state): Same
   Occupation of mother: R N Race of mother: W
   Birthplace of mother (State or foreign country): Calumet Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: x Amy Keenan
New Address: 7484 Rockleigh Indpls

Subscribed and sworn to before me this 17 day of....., 19.....
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21 *day of* July, 1973, *authorizing the joining together as husband and wife* Gary Duane McKee *and* Amy Keenan

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, L. Howard Davidson hereby certify that on the 22nd day of July one thousand nine hundred and Seventy-three at Calvary United Methodist Church Brownsburg, County of Hendricks, State of Indiana, Groom Gary Duane McKee of Marion County, State of Indiana, and, Bride Amy Keenan of Hendricks County, State of Indiana, were by me united 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, 1973.

Signed L. Howard Davidson
Official Designation L. Howard Davidson Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* July, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 280

File Book 34

July 18 1973
Date of Application

MALE
Medical Examination Report Dated July 19-73
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 7-17-73
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 Kenneth Middle Wayne Last Everhart
Date of Birth: Month July Day 5 Year 1951
Place of Birth (State or foreign country) Sabina Kansas
Residence Address: Street or R. R. R R 2 City Judges 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 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 Wayne Harvey Everhart
    Residence of father (if deceased so state) Same
    Occupation of father Supt. Construct. Race of father W
    Birthplace of father (State or foreign country) Kansas
12. Full maiden name of mother Wanda Arlene Marion
    Residence of mother (if deceased so state) Same
    Occupation of mother House wife 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 Kenneth Wayne Everhart
New Address 7069 Bono Rd Terre Haute
Subscribed and sworn to before me this 18 day of July, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Lou Last Snyder
Date of Birth: Month June Day 27 Year 1951
Place of Birth (State or foreign country) Terre Haute Ind.
Residence Address: Street or R. R. 1406 Miami 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 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 Charles E. Snyder
   Residence of father (if deceased so state) Same
   Occupation of father Supt. AT&T Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Lou Loos
   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 Vicki Lou Snyder
New Address 7069 Bono Rd Terre Haute
Subscribed and sworn to before me this 18 day of July, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 July 18 1973 and filed in Clerk's authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of July, 1973., authorizing the joining together as husband and wife Kenneth Wayne Everhart and Vicki Lou Snyder

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Warren A Robbins hereby certify that on the 21st day of July, at Plainfield, County of Hendricks, one thousand nine hundred and 73 State of Indiana, Groom Kenneth Wayne Everhart of Hendricks County, State of Indiana, and, Bride Vicki Lou Snyder of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of July, 1973.
Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of July, 1973.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 281
File Book #34
July 18, 1973
Date of Application

MALE
Medical Examination Report Dated 7-13-73
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 7-13-73
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 James Middle E Last Smith
Date of Birth: Month 3 Day 23 Year 1939
Place of Birth (State or foreign country) Indianapolis, Ind
Residence Address: Street or R. R. R.R. #1, Box 219 City Danville, County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1970 Hancock
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Salesman
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 1617

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☑
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Losco Olef Smith
    Residence of father (if deceased so state) R.#1 Box 219 Danville
    Occupation of father Retired Race of father
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Katherine La Vedia Taylor
    Residence of mother (if deceased so state) Same
    Occupation of mother Retired Race of mother
    Birthplace of mother (State or foreign country) Okla Arcatta, Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed James E. Smith
New Address RR 3 Box 89 Danville Ind
Subscribed and sworn to before me this 18 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Jane Middle Anne Last Murdock
Date of Birth: Month 10 Day 7 Year 1946
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R.#3 Box 89 City Danville, County State Ind.
Maiden Name if Different Jane Anne Heavilin
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1973 Hend.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Asst. Rest. Manager
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 8241

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father George Elmer Heavilin
   Residence of father (if deceased so state) R. #3 Box 89 Danville
   Occupation of father Custodian Race of father
   Birthplace of father (State or foreign country) Grant Co. Ind.
8. Full maiden name of mother Barbara Anne Davis
   Residence of mother (if deceased so state) Same
   Occupation of mother Cook Race of mother
   Birthplace of mother (State or foreign country) Grant Co. Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jane Anne Murdock
New Address RR 3 Box 89 Danville
Subscribed and sworn to before me this 18 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 23 *day of* July, 19 73, *authorizing the joining together as husband and wife* James E. Smith *and* Jane Anne Murdock

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald L. McKee hereby certify that on the 25th day of July, one thousand nine hundred and 73 at Pittsboro, County of Hendricks, State of Indiana, Groom James E. Smith of Hendricks County, State of Indiana, and, Bride Jane A. Murdock of Hendricks County, State of Indiana, were by me united 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 July, 19 73.

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 27 day of July, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 18 1973
Date of Application

MALE
Medical Examination Report Dated July 9 1973
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated July 9 1973
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 James Middle E. Last Collier
Date of Birth: Month March Day 5 Year 1951
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address: Street or R. R. R 2 Box 138 City Indpls. County Hend. Co. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Truck Driver
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St. Francis 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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their 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 James Collier
    Residence of father (if deceased so state) R2 Box 138 Danville, Ind.
    Occupation of father Mechanic Race of father W
    Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Wilma Fern Gelstrap
    Residence of mother (if deceased so state) R2 Box 138 Danville, Ind.
    Occupation of mother Housewife 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 x James E. Collier
New Address R.R.2 Box 138 Indpls, Ind.

Subscribed and sworn to before me this 18 day of July, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Linda Middle Lou Last Howard
Date of Birth: Month July Day 14 Year 1952
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address: Street or R. R. R2 Box 139 City Hendrick Co. County Indpls, 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 Baby sitter
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-52-054653

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 J. Howard
   Residence of father (if deceased so state) R2 Box 77 Plainfield, Ind.
   Occupation of father mechanic Race of father W
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Eva M. Parker
   Residence of mother (if deceased so state) R2 Box 139, Indpls, Ind.
   Occupation of mother Store Manager 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 x Linda Lou Howard
New Address x R#2 Box 139 Indpls Indiana

Subscribed and sworn to before me this 18 day of July, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 July 18, 1973 and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of July, 1973, authorizing the joining together as husband and wife James E. Collier and Linda Lou Howard.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Morris Hafley hereby certify that on the 21st day of July one thousand nine hundred and 73 at Plainfield Church of Christ County of Hendricks State of Indiana, Groom James E. Collier of Hendricks County, State of Indiana, and, Bride Linda Lou Howard of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of August, 1973. Signed Morris Hafley
Official Designation Minister Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Aug., 1973.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form 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 Book 34
July 19- 1973
Date of Application

MALE
Medical Examination Report Dated 7-16-73
Name of Physician Robert K. Stirling

FEMALE
Medical Examination Report Dated 7-16-73
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 Jerry Middle Wayne Last Rhude
Date of Birth: Month Aug Day 2 Year 1940
Place of Birth (State or foreign country) Franklin, Indiana
Residence Address: 321½ Street or R. R. Keystone Ave. City Indpls. County State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ 1973 Johnson
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Construction
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Book H-31- p. 17

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Berry Wayne	12	Bargersville, Ind
Karin Colette	11	Bargersville, 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 Roscoe Earl Rhude
    Residence of father (if deceased so state) Deceased
    Occupation of father ____ Race of father ____
    Birthplace of father (State or foreign country) Brown Co.
12. Full maiden name of mother Mary Lorraine Ashley
    Residence of mother (if deceased so state) R # 5 Martinsville
    Occupation of mother Head Cook - School Race of mother ____
    Birthplace of mother (State or foreign country) Brown Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jerry Wayne Rhude
New Address RR # 1 Box 282 Comby Ind.
Subscribed and sworn to before me this 19 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Gloria Middle Elaine Last Killinger
Date of Birth: Month March Day 26 Year 1946
Place of Birth (State or foreign country) Bloomington Ind.
Residence Address: R.R. #1 Box 282 Street or R. R. City Comby, County State Ind.
Maiden Name if Different Schooling
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1973 - Hend.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Housewife
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Book # CH-44- p. 71

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Edward Schooling
   Residence of father (if deceased so state) Box 154 Ellettsville
   Occupation of father Construction Race of father ____
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Wanda Jean Conard
   Residence of mother (if deceased so state) Same
   Occupation of mother Keypunch 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 Gloria Elaine Killinger
New Address RR # 1 Box 282 Comby Ind.
Subscribed and sworn to before me this 19 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 23 *day of* July, 19 73, *authorizing the joining together as husband and wife* Jerry Wayne Rhude *and* Gloria Elaine Killinger
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Hubert F. Mason *hereby certify that on the* 23rd *day of* July, *one thousand nine hundred and* 73 *at* Centerton, *County of* Morgan, *State of Indiana, Groom* Jerry W. Rhude *of* Johnson *County, State of* Indiana, *and, Bride* Gloria E. Killinger *of* Hendricks *County, State of* Indiana, *were by me united 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* July, 19 73.
Signed Hubert F. Mason
Official Designation Elder
Filed and recorded in accordance with the laws of the State of Indiana this 25 *day of* July, 19 73.
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form 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 19 1973
Date of Application

MALE
Medical Examination Report Dated 7-16-73
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 7-16-73
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 Donald Middle Eugene Last Dooley
Date of Birth: Month Feb Day 15 Year 1930
Place of Birth (State or foreign country) Indpls
Residence Address: Street or R. R. RR 18 City Indpls County Marion State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Eli Lilly Co.
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 Hubert Howal Dooley
    Residence of father (if deceased so state) Indpls Ind
    Occupation of father Pipe Fitter Race of father W
    Birthplace of father (State or foreign country) Parke Co Ind
12. Full maiden name of mother Jessie Janice Pryor
    Residence of mother (if deceased so state) ~~Marion~~ Hend Co.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Florida

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Donald Eugene Dooley
New Address Monte Zuma Ind

Subscribed and sworn to before me this 19 day of July, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Leona Middle ~~E~~ E. Last Young
Date of Birth: Month January Day 18 Year 1918
Place of Birth (State or foreign country) Parke Co. Ind.
Residence Address: Street or R. R. 922 Jefferson St City Montezuma County Parke State Ind.
Maiden Name if Different Burch
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 Rest. Counter - Mgr.
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 James W. Burch
   Residence of father (if deceased so state) Deceased
   Occupation of father Supt. Race of father W
   Birthplace of father (State or foreign country) Parke Co Ind
8. Full maiden name of mother Bertha Matilda Fisher
   Residence of mother (if deceased so state) Parke Co.
   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 Leona E Young
New Address Same as above

Subscribed and sworn to before me this 19 day of July, 1973
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 July 19 1973 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ....., 1973., authorizing the joining together as husband and wife of Indiana dated the 19 day of July and Leona E. Young Donald Eugene Dooley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles J Bair hereby certify that on the 19 day of July, at Danville, County of Hendricks, one thousand nine hundred and 73 State of Indiana, Groom Donald Eugene Dooley of Hendricks County, State of Indiana, and, Bride Leona E. Young of Parke County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19 day of July, 19 73.

Signed Charles J. Bair
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of July, 1973
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 19 1973
Date of Application

MALE
Medical Examination Report Dated 7-13-73
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 7-13-73
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 Marion Middle A. Last Ennis
Date of Birth: Month 6 Day 5 Year 1914
Place of Birth (State or foreign country) Brownsburg Ind.
Residence Address: Street or R. R. 110 Franklin St. Apt 2 City Brownsburg County Hend. 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 C.I. Clerk
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License # 304-05-0656

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Matthew Ennis
    Residence of father (if deceased so state) Deceased
    Occupation of father Race of father
    Birthplace of father (State or foreign country) Hendricks Co.,
12. Full maiden name of mother Mercy Myrtle Milles
    Residence of mother (if deceased so state) Logansport, Ind.
    Occupation of mother None Race of mother
    Birthplace of mother (State or foreign country) Hendricks Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marion A Ennis
New Address 28 Leeman St Brownsburg

Subscribed and sworn to before me this 19 day of July, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Pearl Middle Last Neese
Date of Birth: Month 2 Day 7 Year 1919
Place of Birth (State or foreign country) Taylor Co. Kentucky
Residence Address: Street or R. R. 28 Seamin St. City Brownsburg County State
Maiden Name if Different Pearl Osborn
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1968 Hend.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation License Branch Manager
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 56539

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Duncan Osborn
   Residence of father (if deceased so state) deceased
   Occupation of father Race of father
   Birthplace of father (State or foreign country) Ash Co. N. Carolina
8. Full maiden name of mother Fannie Swon
   Residence of mother (if deceased so state) Deceased
   Occupation of mother Ash Co. N. Carolina 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 Pearl Neese
New Address 28 Seamin St. Brownsburg

Subscribed and sworn to before me this 19 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* day of, 19, *authorizing the joining together as husband and wife* Marion A. Ennis *and* Pearl Neese

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, S. Howard Davidson *hereby certify that on the* 28th *day of* July, *one thousand nine hundred and* 73, *at* Calvary United Methodist Church Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Marion A. Ennis *of* Hendricks *County, State of* Indiana, *and, Bride* Pearl Neese *of* Hendricks *County, State of* Indiana, *were by me united 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* July, 19 73

Signed S. Howard Davidson
Official Designation S. Howard Davidson Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 *day of* July, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 20, 1973 Date of Application

MALE
Medical Examination Report Dated July 17 1973
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated July 16, 1973
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 Donald Middle Gene Last Barker
Date of Birth: Month November Day 25 Year 1951
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address: Street or R. R. RR 1 City North Salem 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 Self Employed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 12325

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Lawrence R. Barker
    Residence of father (if deceased so state) Same
    Occupation of father Farmer Race of father W
    Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Elizabeth F. Parsons
    Residence of mother (if deceased so state) same
    Occupation of mother Meat cutter 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 x Donald G. Barker
New Address RR 2 Ladoga, Ind.
Subscribed and sworn to before me this 20th day of July, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Walker
Date of Birth: Month October Day 31 Year 1955
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address: Street or R. R. R.R 2 Box 339A City Danville County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-55-298687

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Ramon Dean Walker
   Residence of father (if deceased so state) same
   Occupation of father Hole digger Race of father W
   Birthplace of father (State or foreign country) Arkansas
8. Full maiden name of mother Jo Ann ~~Walker~~ Thorpe
   Residence of mother (if deceased so state) same
   Occupation of mother Office Worker 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 x Deborah Ann Walker
New Address RR 2 Ladoga, Ind.
Subscribed and sworn to before me this 20th day of July, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Ramon D Walker Father
Signed Jo Ann Walker Mother
Subscribed and sworn to before me this 20 day of July, 1973
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26th day of July, 1973, authorizing the joining together as husband and wife Donald Gene Barker and Deborah Ann Walker

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rebecca J. Buntons hereby certify that on the 27th day of July, one thousand nine hundred and 73 at Stilesville, County of Hendricks, State of Indiana, Groom Donald Gene Barker of Hendricks County, State of Indiana, and, Bride Deborah Ann Walker of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27th day of July, 1973. Signed Rebecca J. Buntons
Official Designation Pastor, Stilesville Christian Church, 1973

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of July, 1973. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 287
File Book 34
July 23, 1973
Date of Application

MALE
Medical Examination Report Dated 7-2-73
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 7-2-73
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 Steven Middle Mark Last Pyatte

Date of Birth: Month May Day 28 Year 1956

Place of Birth (State or foreign country) Evansville Ind.

Residence Address: Street or R. R. 37 E. Silden 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 verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 56-253102

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 Wesley Pyatte Jr
    Residence of father (if deceased so state) 37 E. Silden Brownsburg.
    Occupation of father Arco. Race of father.....
    Birthplace of father (State or foreign country) North Carolina
    Full maiden name of mother Joy Carol Wycoff
    Residence of mother (if deceased so state) Same
    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 Steven Pyatte
New Address 34 E. Silden Dr.

Subscribed and sworn to before me this 23 day of July, 19.....
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 Kathleen Middle Ann Last Knutson

Date of Birth: Month Sept. Day 1 Year 1955

Place of Birth (State or foreign country) North Dakota

Residence Address: Street or R. R. 34 E. Silden 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 —

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 123-55-011952

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Wayne Knutson
   Residence of father (if deceased so state) 1 Philips Dr. Speedway, Ind.
   Occupation of father Tinder Race of father.....
   Birthplace of father (State or foreign country) Minnesota
8. Full maiden name of mother Delores LaVonne Kruse
   Residence of mother (if deceased so state) 346. Silden Brownsburg.
   Occupation of mother ~~Sec~~ Secretary Race of mother.....
   Birthplace of mother (State or foreign country) Minnesota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathleen Knutson
New Address 34 E Silden Brownsburg.

Subscribed and sworn to before me this.....day of....., 19.....
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 Circuit Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of July, 19 73, authorizing the joining together as husband and wife Steven Mark Pyatte and Kathleen Ann Knutson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, J. Kincaid Smith hereby certify that on the Tenth day of August, one thousand nine hundred and 73 at 07:25 P.M., County of Hendricks, State of Indiana, Groom Steven Mark Pyatte of Hendricks County, State of Indiana, and, Bride Kathleen Ann Knutson of Hendricks County, State of Indiana, were by me united 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, 19 73.

Signed J. Kincaid Smith
Official Designation Pastor Messian Lutheran Church Brownsburg Ind

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Aug., 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 287
File Book 34
July 23, 1973
Date of Application

MALE
Medical Examination Report Dated 7-2-73
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 7-2-73
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 Steven Middle Mark Last Pyatte

Date of Birth: Month May Day 28 Year 1956

Place of Birth (State or foreign country) Evansville Ind.

Residence Address 37 E. Street or R. R. Dilden 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 verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 56-253102

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 Wesley Pyatte Jr
Residence of father (if deceased so state) 37 E. Dilden Brownsburg.
Occupation of father Arco. Race of father
South Carolina

I, Charles & Joy Pyatte, hereby give my consent for my son, Steven Pyatte to marry Kathleen Knutson.

x Charles W Pyatte Jr.
x Joy C. Pyatte

Subscribed and sworn to before me this 7th day of July 1973

Beverly A. Skaggs
Notary Public

NOTARY PUBLIC, STATE OF INDIANA
MY COMMISSION EXPIRES JULY 25, 1976
Issued through Indiana Notary Assoc.

Signed .....
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Kathleen Middle Ann Last Knutson

Date of Birth: Month Sept. Day 1 Year 1955

Place of Birth (State or foreign country) North Dakota

Residence Address 346 Street or R. R. Dilden 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 —

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 122-55-01195-2

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Wayne Knutson
   Residence of father (if deceased so state) 1 Philips Dr. Speedway, Ind
   Occupation of father Tinder Race of father.....
   Birthplace of father (State or foreign country) Minnesota
8. Full maiden name of mother Delores LaVonne Kruse
   Residence of mother (if deceased so state) 346 Dilden Brownsburg.
   Occupation of mother Secretary Race of mother.....
   Birthplace of mother (State or foreign country) Minnesota

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Knutson
Brownsburg.

....., 19.....
.....Circuit Court

If only one parent
.....
.....
.....
.....
.....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 Circuit Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* July, 19 73, *authorizing the joining together as husband and wife* Steven Mark Pyatte *and* Kathleen Ann Knutson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, J. Kincaid Smith hereby certify that on the Tenth day of August, one thousand nine hundred and 73 at 07:25 P.M., County of Hendricks, State of Indiana, Groom Steven Mark Pyatte of Hendricks County, State of Indiana, and, Bride Kathleen Ann Knutson of Hendricks County, State of Indiana, were by me united 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, 19 73.

Signed J. Kincaid Smith
Official Designation Pastor Messian Lutheran Church Brownsburg Ind.

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Aug., 19 73.

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 287
File Book 34
July 23, 1973
Date of Application

MALE
Medical Examination Report Dated 7-2-73
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 7-2-73
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 Steven Middle Mark Last Pyatte
Date of Birth: Month May Day 28 Year 1956
Place of Birth (State or foreign country) Evansville Ind.
Residence Address 37 E. Street or R. R. Dilden 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 verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 56-253102

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their 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 Wesley Pyatte Jr
    Residence of father (if deceased so state) 275 S. 7th St. Lebanon Ind
    Occupation of father Retired Race of father White
    Birthplace of father (State or foreign country) Indiana
    Full maiden name of mother Mary Ann Dilden
    Residence of mother (if deceased so state) 275 S. 7th St. Lebanon Ind
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Indiana

I hereby certify that the information given herein is true and correct.
Signed Steven Mark Pyatte
Signed Mary Ann Pyatte Mother
Subscribed and sworn to before me this 9th day of July, 1973
Beverly A. Skaggs
Notary Public
NOTARY PUBLIC, STATE OF INDIANA
MY COMMISSION EXPIRES JULY 25, 1976
Issued through Indiana Notary Assoc.
Clerk

FEMALE APPLICANT

Name: First Kathleen Middle Ann Last Knutson
Date of Birth: Month Sept. Day 1 Year 1955
Place of Birth (State or foreign country) North Dakota
Residence Address 346 E. Street or R. R. Dilden 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 —
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 122-55-0119-52

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Wayne Knutson
   Residence of father (if deceased so state) 5 Philips Dr. Speedway, Ind
   Occupation of father Tinder Race of father White
   Birthplace of father (State or foreign country) Minnesota
8. Full maiden name of mother Delores LaVonne Kruse
   Residence of mother (if deceased so state) 346 Dilden Brownsburg.
   Occupation of mother ~~Seal~~ Secretary Race of mother White
   Birthplace of mother (State or foreign country) Indiana

I hereby certify that the information given herein is true and correct.
Signed Kathleen Ann Knutson
Signed Delores Knutson Mother
Subscribed and sworn to before me this 9th day of July, 1973
Beverly A. Skaggs
Notary Public
NOTARY PUBLIC, STATE OF INDIANA
MY COMMISSION EXPIRES JULY 25, 1976
Issued through Indiana Notary Assoc.
Clerk

I, Delores and Arthur Knutson, hereby give my consent for my daughter, Kathleen Ann Knutson to marry Steven Pyatte.

Delores L. Knutson
Arthur W. Knutson

Subscribed and sworn to before me this 9th day of July 1973

Beverly A. Skaggs
Notary Public
NOTARY PUBLIC, STATE OF INDIANA
MY COMMISSION EXPIRES JULY 25, 1976
Issued through Indiana Notary Assoc.

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 days 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 23 day of July, 1973, authorizing the joining together as husband and wife Steven Mark Pyatte and Kathleen Ann Knutson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, J. Kincaid Smith hereby certify that on the Tenth day of August, one thousand nine hundred and 73 at 07:25 PM, County of Hendricks, State of Indiana, Groom Steven Mark Pyatte of Hendricks County, State of Indiana, and, Bride Kathleen Ann Knutson of Hendricks County, State of Indiana, were by me united 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, 1973.

Signed J. Kincaid Smith
Official Designation Pastor Messian Lutheran Church Brownsburg Ind

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Aug. 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 Book 34
July 23 1973
Date of Application

MALE
Medical Examination Report Dated 7-18-73
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 7-18-73
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 Carl Middle B. Last Brown
Date of Birth: Month Dec. Day 25 Year 1954
Place of Birth (State or foreign country) Fort Dodge - Iowa
Residence Address: 106½ Carter St. Plfd. 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 Printer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service -12-30-54-539

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Arthur Kenneth Brown
    Residence of father (if deceased so state) Oskaloosa, Iowa
    Occupation of father Welder Race of father.....
    Birthplace of father (State or foreign country) Fort Dodge Iowa
12. Full maiden name of mother Elizabeth Rosina Lepley
    Residence of mother (if deceased so state) 529 Brookside Dr. Plfd.
    Occupation of mother Custom Accounts Race of mother.....
    Birthplace of mother (State or foreign country) Fort Dodge, Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Carl Brown
New Address 106 ½ Carter St. Plainfield
Subscribed and sworn to before me this 23 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Sue Last Milnes
Date of Birth: Month April Day 2 Year 1955
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: 106½ Carter St. Plainfield, Ind
Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Cashier
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 3281

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Eugene Milnes
   Residence of father (if deceased so state) R#2 Box 279 Edwood
   Occupation of father Self-Employed Race of father.....
   Birthplace of father (State or foreign country) Jefferson County, Ind
8. Full maiden name of mother Patricia Sue Tate
   Residence of mother (if deceased so state) Same
   Occupation of mother Self Employed 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 Pamela S. Milnes
New Address 106½ Carter St. Plainfield
Subscribed and sworn to before me this 23 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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, Elizabeth R. S
give my consent

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued..... and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 19 73, authorizing the joining together as husband and wife Carl B. Brown and Pamela Sue Madden

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Lloyd H. Shannon hereby certify that on the Twenty-eighth day of July one thousand nine hundred and 73 at Smyth Valley, County of Johnson State of Indiana, Groom Carl B. Brown of Hendricks County, State of Indiana, and, Bride Pamela Sue Milnes of Hendricks County, State of Indiana, were by me united 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 July, 19 73. Signed Rev. Lloyd H. Shannon
Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of July, 1973
Signed Glen M. Harvey Clerk HENDRICKS 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. # 288

HENDRICKS County

File Book 34

July 23 1973
Date of Application

MALE
Medical Examination Report Dated 7-18-73
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 7-18-73
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 Carl Middle B. Last Brown

Date of Birth: Month Dec. Day 25 Year 1954

Place of Birth (State or foreign country) Fort Dodge - Iowa

Residence Address: Street or R. R. 106½ Carter 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 Printer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service -12-30-54-539

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    .....
    .....
    .....

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father .....
    Residence of father .....
    Occupation of father .....
    Birthplace of father .....
12. Full maiden name .....
    Residence of mother .....
    Occupation of mother .....
    Birthplace of mother .....

State of Indiana, HE
County of.....

Subscribed and sworn
Glen M.

FEMALE APPLICANT

Name: First Pamela Middle Sue Last Miles

Date of Birth: Month April Day 2 Year 1955

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 106½ Carter 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 Cashier

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 3281

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Eugene Miles
   Residence of father (if deceased so state) R#2 Box 279 Edwood
   Occupation of father Self-Employed Race of father .....
   Birthplace of father (State or foreign country) Jefferson County, Ind
8. Full maiden name of mother Patricia Sue Tate
   Residence of mother (if deceased so state) Same
   Occupation of mother Self Employed Race of mother .....
   Birthplace of mother Indianapolis Ind

State of Indiana, HENDRICKS } ss:
County of.....

Signed ..... Father
Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

Elizabeth R. Sircy

Rachel L. Gentry, Notary Public

My commission expires
Nov 28 1977

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

State of Indiana, HENDRICKS } ss:
County of.....

Signed ..... Father
Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27 day of July, 19 73, authorizing the joining together as husband and wife Carl B. Brown and Pamela Sue Madden

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Lloyd H. Shannon hereby certify that on the Twenty-eighth day of July one thousand nine hundred and 73 at Smyth Valley, County of Johnson State of Indiana, Groom Carl B. Brown of Hendricks County, State of Indiana, and, Bride Pamela Sue Miles of Hendricks County, State of Indiana, were by me united 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 July, 19 73.

Signed Rev. Lloyd H. Shannon
Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of July, 1973.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 Book 34
July 23, 1973
Date of Application

MALE
Medical Examination Report Dated July 20, 1973
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 7-20-73
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle W. Last Archer
Date of Birth: Month April Day 5 Year 1947
Place of Birth (State or foreign country): Putnam Co. Hospital
Residence Address: Street or R. R. 1623 Tarpon, City Plfd. County Ind. State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1973 Morgan
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Burdett Oxygen Co.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) (See M.R. 33 p. 286)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☒
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Melissa	3	Anderson Ind
Marlene	1	Bloomington

    (b) Are you supporting or contributing to their support? Yes ☒ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐
11. Full name of father: Warren Leon Archer
    Residence of father (if deceased so state): R#5 Greencastle, Ind
    Occupation of father: Truck Driver Race of father:
    Birthplace of father (State or foreign country): Tenn. Co.
12. Full maiden name of mother: Mildred Lucille Bodenhammer
    Residence of mother (if deceased so state): 1623 Tarpon Plfd. Ind
    Occupation of mother: Accountant Race of mother:
    Birthplace of mother (State or foreign country): Tenn. Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David D. Archer
New Address 1051 Windsor Rd.
Subscribed and sworn to before me this 23 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Sharon Middle L. Last Mitchell
Date of Birth: Month Sept Day 11 Year 1945
Place of Birth (State or foreign country): San Francisco
Residence Address: 1051 Windsor Rd. City Brownsburg. County State
Maiden Name if Different: Sharon Dill
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1973 Hend.
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Beautician
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Julius Clark Dill
   Residence of father (if deceased so state): 422 E Main Brownsburg.
   Occupation of father: Insurance Race of father:
   Birthplace of father (State or foreign country): Fairland, Ind.
8. Full maiden name of mother: Elizabeth Jane Smith
   Residence of mother (if deceased so state): 422 E main
   Occupation of mother: Recpt. Race of mother:
   Birthplace of mother (State or foreign country): Hend. Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon Mitchell
New Address 1051 Windsor Rd
Subscribed and sworn to before me this 23 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* July, 19 73, *authorizing the joining together as husband and wife* David D. Archer *and* Sharon Mitchell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Wilson *hereby certify that on the* 28th *day of* July, *one thousand nine hundred and* 73 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* David Archer *of* Hendricks *County, State of* Indiana, *and, Bride* Sharon Mitchell *of* Hendricks *County, State of* Indiana, *were by me united 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* July, 19 73.

Signed Joseph D. Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 *day of* July, 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS 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. 290
File Book 34
July 23 1973
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 7-19-73
Name of Physician Martin D. Garfield

FEMALE
Medical Examination Report Dated 7-19-73
Name of Physician Martin D. Garfield

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Fay Middle C. Last Worden
Date of Birth: Month Dec. Day 29 Year 1953
Place of Birth (State or foreign country) Parke County
Residence Address: Street or R. R. R.R. # 8 Box 372 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 Printer
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-52-10206

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☑
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Wallace Eugene Worden Sr.
    Residence of father (if deceased so state) Same
    Occupation of father Painter Race of father.....
    Birthplace of father (State or foreign country) Michigan
12. Full maiden name of mother Phyllis Adale Spencer
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Parke Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Fay C. Worden
New Address R.R. 8 Box 372 Indy, Ind
Subscribed and sworn to before me this 23 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed Phyllis Adale Worden Mother
Subscribed and sworn to before me this 23 day of July, 19 73
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Shirley Middle Last Willoughby
Date of Birth: Month July Day 27 Year 1953
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: Street or R. R. R.R. # 8 Box 272 City Indpls County State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 7820

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Shirley Willoughby
   Residence of father (if deceased so state) Same
   Occupation of father Truck Driver Race of father.....
   Birthplace of father (State or foreign country) Marion Co.
8. Full maiden name of mother Ethel Pearl Grutts
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Marion Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information in this application is true and
Signed Shirley Willoughby
New Address R.R. 8 Box 372 Indy Ind 46
Subscribed and sworn to before me this 23 day of July
Glen M. Harvey 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 Ethel Pearl Willoughby Mother
Subscribed and sworn to before me this 23 day of July 19 73
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ....., 19 73, authorizing the joining together as husband and wife of Indiana dated the 27 day of July and Shirley Willoughby Fay C. Worden

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Buddy Fehrman hereby certify that on the 11th day of August, one thousand nine hundred and seventy-three at Pikes Peak, County of Brown, State of Indiana, State of Indiana, Groom Fay C. Worden of Hendricks County, State of Indiana, and, Bride Shirley Willoughby of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this Eleventh day of August, 19 73. Signed Buddy Fehrman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Sept. 19 73
Signed Glen M. Harvey Clerk HENDRICKS 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. 290

HENDRICKS County

File Book 34

July 23 1973
Date of Application

MALE
Medical Examination Report Dated 7-19-73
Name of Physician Martin D. Garfield

FEMALE
Medical Examination Report Dated 7-19-73
Name of Physician Martin D. Garfield

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jay Middle C. Last Worden

Date of Birth: Month Dec. Day 29 Year 1953

Place of Birth (State or foreign country) Parke County

Residence Address: Street or R. R. R.R. # 8 Box 372 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 Printer

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 113-52-10201G

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complyin... their support?

11. Full name of father..
    Residence of father
    Occupation of father
    Birthplace of father
12. Full maiden name o...
    Residence of mother
    Occupation of moth...
    Birthplace of mothe...

State of Indiana, HEN...
County of.....

New...

Subscribed and sworn ...
Glen M.

CONSENT OF PARE...
We, the parents, of t...
signs, state facts wh...

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father
Signed Phyllis Adele Worden Mother
Subscribed and sworn to before me this 23 day of July, 19 73
Glen M Harvey Clerk

FEMALE APPLICANT

Name: First Shirley Middle Last Willoughby

Date of Birth: Month July Day 27 Year 1953

Place of Birth (State or foreign country) Indianapolis, Ind

Residence Address: Street or R. R. R.R. # 8 Box 272 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 Clerk

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 7820

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Shirley Willoughby
   Residence of father (if deceased so state) Same
   Occupation of father Truck Driver Race of father
   Birthplace of father (State or foreign country) Marion Co.
8. Full maiden name of mother Ethel Pearl Grubbs
   Residence of mother (if deceased so state) Same

I, Herman Willoughby, hereby give my consent for my Daughter Shirley Willoughby to marry Jay Worden Jr.

Herman Willoughby

Subscribed and sworn to before me this 23 day of July 1973

9-28-73

Wayne M. Spencer
Notary Public

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father
Signed X Ethel Pearl Willoughby Mother
Subscribed and sworn to before me this 23 day of July 1973
Glen M Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed
HENDRICKS
..... County ..... Court by written order issued .....
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27 day of July, 19 73, authorizing the joining together as husband and wife Jay C. Worden and Shirley Willoughby

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Buddy Fehrman hereby certify that on the 11th day of August, one thousand nine hundred and seventy-three at Pikes Peak County of Brown State of Indiana, State of Indiana, Groom Jay C. Worden of Hendricks County, State of Indiana, and, Bride Shirley Willoughby of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this Eleventh day of August, 19 73

Signed Buddy Fehrman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of Sept., 19 73

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 Book 34
July 23 1973
Date of Application

MALE
Medical Examination Report Dated 7-19-73
Name of Physician Martin D. Garfield

FEMALE
Medical Examination Report Dated 7-19-73
Name of Physician Martin D. Garfield

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jay Middle C. Last Worden
Date of Birth: Month Dec. Day 29 Year 1953
Place of Birth (State or foreign country) Parke County
Residence Address: Street or R. R. R.R. # 8 Box 372 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 Printer
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-53-102016

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name Age Address

(b) Are you suppo... Yes ☐ No ☐
(c) Are you compl... their support?

11. Full name of fath...
    Residence of fath...
    Occupation of fat...
    Birthplace of fath...
12. Full maiden nam...
    Residence of mot...
    Occupation of mo...
    Birthplace of mo...

State of Indiana, H...
County of.....

Subscribed and swo...
Glen M...

CONSENT OF PA...
We, the parents, ...
signs, state facts wh...

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed Phyllis Adair Worden July 23 19 73 Mother
Subscribed and sworn to before me this 23 day of July, 19 73
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Shirley Middle Last Willoughby
Date of Birth: Month July Day 27 Year 1953
Place of Birth (State or foreign country) Indianapolis, Ind
Residence Address: Street or R. R. R. R. # 8 Box 372, 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 Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 7820

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Shirley Willoughby
   Residence of father (if deceased so state) Same
   Occupation of father Truck Driver Race of father.....
   Birthplace of father (State or foreign country) Marion Co.
8. Full maiden name of mother Ethel Pearl Grutts
   Residence of mother (if deceased so state) Same

I Wallace Eugene Worden Sr, hereby give my consent for my son, Jay C. Worden to marry Shirley Willoughby.
Wallace Eugene Worden Sr
Subscribed and sworn to before me this 23 day of July 1973
9-28-73
Wayne M. Spicer
Notary Public

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed Ethel Pearl Willoughby Mother
Subscribed and sworn to before me this 23 day of July 19 73
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ... HENDRICKS County ... Court by written order issued ... and filed ... in ... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July 19 73, authorizing the joining together as husband and wife Jay C. Worden and Shirley Willoughby.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Buddy Fehrman hereby certify that on the 11th day of August one thousand nine hundred and seventy-three at Pikes Peak, County of Brown State of Indiana, Groom Jay C. Worden of Hendricks County, State of Indiana, and, Bride Shirley Willoughby of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this Eleventh day of August, 19 73.

Signed Buddy Fehrman
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Sept. 19 73
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 291
File Book 34
July 24 1973
Date of Application

MALE
Medical Examination Report Dated 7-20-73
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 7-20-73
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 Joe Middle Preston Last Hays
Date of Birth: Month February Day 1 Year 1952
Place of Birth (State or foreign country) Fort Leonard Wood - U.S. Army Hosp. - Mo.
Residence Address: Street or R. R. 51 N. Hugh St. 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 Bryant Air Cond.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Joe Bond Hays
    Residence of father (if deceased so state) Unknown
    Occupation of father Soil Conservation Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Patricia Dyar
    Residence of mother (if deceased so state) Same
    Occupation of mother Nurse - Meth. 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 Joe Preston Hays
New Address 2171 Fontana Dr. Lake Lauderdale Dudley
Subscribed and sworn to before me this 24 day of July, 19 73.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Gail Middle Lynn Last Watson
Date of Birth: Month July Day 13 Year 1955
Place of Birth (State or foreign country) Indianapolis Marion Ind
Residence Address: Street or R. R. 314 Rolton St. City Rudolph 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 Link Belt
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Wayne W. Watson
   Residence of father (if deceased so state) Same
   Occupation of father Inspector Race of father W
   Birthplace of father (State or foreign country) Arkansas
8. Full maiden name of mother Marjorie Berry
   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 Gail Lynn Watson
New Address 2171 Fontana Dr. Rudolph Ind.
Subscribed and sworn to before me this 24 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* July, 1973, *authorizing the joining together as husband and wife* Joe Preston Hays *and* Gail Lynn Watson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David A. Enyart hereby certify that on the 4th day of August, one thousand nine hundred and 73 at Fleming Garden Christian Church, County of Marion, State of Indiana, Groom Joe Preston Hays of Marion County, State of Indiana, and, Bride Gail Lynn Watson 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 30th day of July, 19 73.

Signed David A. Enyart, Minister
Official Designation Fleming Garden Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* Aug., 19 73.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form 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 Book 34
July 24 1973
Date of Application

MALE
Medical Examination Report Dated July 23, 1973
Name of Physician Lloyd D. Ferry

FEMALE
Medical Examination Report Dated July 23, 1973
Name of Physician Lloyd D. Ferry

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Wayne Last Rutledge
Date of Birth: Month Jan. Day 5 Year 1952
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address: Street or R. R. RR 2 Box 226 City Danville County Hend. Co. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Farm Bureau
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 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 Wayne K. Rutledge
    Residence of father (if deceased so state) same
    Occupation of father self employed Race of father w
    Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Rosalie Schulmeister
    Residence of mother (if deceased so state) same
    Occupation of mother housewife 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 X John Rutledge
New Address 1178 W LINCOLN

Subscribed and sworn to before me this 24 day of July, 1973.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Deanna Middle Joyce Last Kelly
Date of Birth: Month March Day 11 Year 1956
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address: Street or R. R. R.R. 1 Box 36 City Danville County Hend. Co. 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) 3264

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Allan Kelly
   Residence of father (if deceased so state) same
   Occupation of father Custodian Race of father w
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Joyce Ferne Wiggam
   Residence of mother (if deceased so state) same
   Occupation of mother Custodian 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 X Deanna Kelly
New Address 1178 W. LINCOLN

Subscribed and sworn to before me this 24 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 Robert A. Kelly Father
Signed Joyce F. Kelly Mother
Subscribed and sworn to before me this 26 day of July, 1973
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27 day of July, 1973, authorizing the joining together as husband and wife John Wayne Rutledge and Deanna Joyce Kelly.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Stump hereby certify that on the 28th day of July one thousand nine hundred and 73 at Danville, County of Hendricks, State of Indiana, Groom John Wayne Rutledge of Hendricks County, State of Indiana, and, Bride Deanna Joyce Kelley of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of July, 1973. Signed Dr. Joseph D. Stump
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of July, 1973
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

600

Form 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 25, 1973
Date of Application

MALE
Medical Examination Report Dated 7-16-73
Name of Physician Donald R. Hampshire

FEMALE
Medical Examination Report Dated 7-16-73
Name of Physician Donald Hampshire

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Richardson Last Baird
Date of Birth: Month July Day 2 Year 1952
Place of Birth (State or foreign country) Evansville, Ind.
Residence Address: 3208 Street or R. R. Watergate Rd. #5 City Indpls. 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) 113-52-057014

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Percy Lyburn Baird
    Residence of father (if deceased so state) 800 Jefferson Ave Apt C. Evansville, Ind.
    Occupation of father Retired Race of father.....
    Birthplace of father (State or foreign country) Memphis, Tenn.
12. Full maiden name of mother Charolette Victoria Nunn
    Residence of mother (if deceased so state) Box 186 Lincoln City, Ind.
    Occupation of mother Admn. Assistance Race of mother.....
    Birthplace of mother (State or foreign country) Evansville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Paul Richardson Baird
New Address Same
Subscribed and sworn to before me this 25 day of July, 19 73
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Marcia Middle Ann Last Garing
Date of Birth: Month January Day 17 Year 1953
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: R. R. #1 Street or R. R. Box 91-95 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 Credit Investigator
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-53-004660

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Lee Garing
   Residence of father (if deceased so state) Same
   Occupation of father Supervisor Race of father.....
   Birthplace of father (State or foreign country) Indpls.
8. Full maiden name of mother Charolette Ann Doyle
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Indpls.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Marcia Ann Garing
New Address 3208 Watergate Rd #5
Subscribed and sworn to before me this 25 day of July, 19 73
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 July, 19 73, authorizing the joining together as husband and wife Paul Richardson Baird and Marcia Ann Garing
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph McCrisaken hereby certify that on the 4th day of August, one thousand nine hundred and 73 at Danville, County of Hendricks, State of Indiana, Groom Paul Baird of Marion County, State of Indiana, and, Bride Marcia Garing of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 4 day of August, 19 73.

Signed Joseph McCrisaken
Official Designation R.C. Priest

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Aug., 19 73.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court