Form 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 #35
June 7, 1974
Date of Application

MALE
Medical Examination Report Dated June 3 1974
Name of Physician David B. Haggard, M.D.

FEMALE
Medical Examination Report Dated June 3, 1974
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 Ralph Middle W. Last Bell
Date of Birth: Month March Day 9 Year 1955
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. R#1 Bx 14 City Coatesville Ind 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 Farmer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dept of Pub. Health # 2619.

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 Edison Bell Sr.
    Residence of father (if deceased so state) Coatesville Ind.
    Occupation of father Electrician Race of father W.
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Buena Vista Brown
    Residence of mother (if deceased so state) Coatesville Ind
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) North Carolina

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

Signed Ralph W. Bell
New Address P.O. #257, Clayton Indiana

Subscribed and sworn to before me this 7th day of June, 1974.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Sue Last Bodenhamer
Date of Birth: Month July Day 27 Year 1956
Place of Birth (State or foreign country) Greencastle Indiana
Residence Address: Street or R. R. R#2 Bx 54 City Indianapolis County Hend. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Putnam Co. Hospital # 49109 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 afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Harold Bodenhamer
   Residence of father (if deceased so state) Indianapolis, Ind.
   Occupation of father Farmer Race of father W.
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Kathryn Imogene Miller
   Residence of mother (if deceased so state) Indianapolis Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Amy Sue Bodenhamer
New Address P.O. Bx # 257, Clayton Ind.

Subscribed and sworn to before me this 7th day of June, 1974.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Marion Bodenhamer Father
Signed Katherine Bodenhamer Mother
Subscribed and sworn to before me this 7th day of June, 1974.
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* June, 19 74, *authorizing the joining together as husband and wife* Ralph W. Bell *and* Amy Sue Bodenhamer

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

I, Keith Purcell *hereby certify that on the* 15th *day of* June, *one thousand nine hundred and* 74 *at* Hendricks, *County of* Indiana, *State of Indiana, Groom* Ralph W. Bell *of* Hendricks *County, State of* Indiana *and, Bride* Amy Sue Bodenhamer *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 15th *day of* June, 19 74.

Signed Keith Purcell
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* June, 19 74.

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 #35
June 7, 1974
Date of Application

MALE
Medical Examination Report Dated June 6, 1974
Name of Physician Eric D. Clark, M.D.

FEMALE
Medical Examination Report Dated June 6, 1974
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 Larry Middle Wilburn Last Brown
Date of Birth: Month March Day 31 Year 1954
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R. R. R # 2 Bx 305 City Indpls, Ind. County Hendricks State
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1973 Hendricks Co.
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Tractor Supply Warehouse
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #137

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 William Brown
    Residence of father (if deceased so state) Same as applicant
    Occupation of father Roadway Dock Race of father W.
    Birthplace of father (State or foreign country) Pennsylvania
12. Full maiden name of mother Phillis Jean Corey
    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) Pennsylvania

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

Signed Larry W. Brown
New Address Plainfield, Indiana
Subscribed and sworn to before me this 7th day of June, 1974.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Terry Middle Lynn Last Johnson
Date of Birth: Month January Day 9 Year 1956
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. P.O. Bx 32 City Cartersburg County Ind. State Hendricks Co.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #259

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Allen Johnson
   Residence of father (if deceased so state) Cartersburg, Ind
   Occupation of father Bell Telephone Race of father W.
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Joyce Evelyn Wright
   Residence of mother (if deceased so state) Cartersburg, Ind
   Occupation of mother Shoe Land 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 Terry Johnson
New Address Plainfield, Indiana
Subscribed and sworn to before me this 7th day of June, 1974
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1974, authorizing the joining together as husband and wife Larry Wilburn Brown and Terry Lynn Johnson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Keith Purcell hereby certify that on the 21 day of June, one thousand nine hundred and Seventy Four at Bellevelle, County of Hendricks State of Indiana, Groom Larry William Brown of Hendricks County, State of Indiana, and, Bride Terry Lynn Johnson 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 21st day of June, 1974. Signed Keith Purcell
Official Designation Justice of Peace
Filed and recorded in accordance with the laws of the State of Indiana this 25 day of June, 1974.
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 BK #35
June 7, 1974
Date of Application

MALE
Medical Examination Report Dated 6-12-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-5-74
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 E. Last Stephenson
Date of Birth: Month 8 Day 3 Year 1954
Place of Birth (State or foreign country): Wichita Kansas (Sedgwick Co.)
Residence Address: Street or R. R. 3403 West First St. City Wichita County State Kansas
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Tool + Die maker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 54 031031

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

Subscribed and sworn to before me this 13 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Patrice Middle ~~Mills~~ Last
Date of Birth: Month 4 Day 8 Year 1954
Place of Birth (State or foreign country): Coleman Hospital Indpls. Marion In.
Residence Address: Street or R. R. R.R. #2 Box 310, City Indianapolis County In. 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) Certificate - 03215

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father David Sheldon Mills
   Residence of father (if deceased so state) R.R#2 Box 310, Indpls
   Occupation of father Farmer Race of father White
   Birthplace of father (State or foreign country) Marion Co.
8. Full maiden name of mother Wilma Ruth Barnett
   Residence of mother (if deceased so state) R.R#2, Box 310, Indpls.
   Occupation of mother Teacher Race of mother White
   Birthplace of mother (State or foreign country) Marion Co.

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

Signed Patrice Mills
New Address 3403 W. 1st, Wichita, Kansas 67203

Subscribed and sworn to before me this 7 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* June *19* 74, *authorizing the joining together as husband and wife* David E. Stephenson *and* Patrice Mills
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Alan H. Crosman *hereby certify that on the* 16th *day of* June, *one thousand nine hundred and* seventy-four *at* West Newton Friends Church, *County of* Marion, *State of Indiana, Groom,* David E. Stephenson *of* Sedgwick *County, State of* Kansas *and, Bride,* Patrice 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 16th *day of* June, *19* 74.

Signed Alan H. Crosman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* June, *19* 74.
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. 242
File Book #35
June 7, 1974 Date of Application

MALE
Medical Examination Report Dated 6-7-74
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 6-7-74
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 Willard Middle E. Last Collier
Date of Birth: Month 9 Day 2 Year 1933
Place of Birth (State or foreign country) Morgan Co. Ind.
Residence Address: Street or R. R. Box 206 City Stilesville County Ind State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1972 Hend
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Excavating Contractor
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers license # S309-36-1580

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

Name	Age	Address
Joan Ann	7	Box 67 Stilesville
Charles Dean	5	

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

11. Full name of father Dewey Harold Collier
Residence of father (if deceased so state) Coatesville Ind
Occupation of father Excavating contractor Race of father
Birthplace of father (State or foreign country) Morgan
12. Full maiden name of mother Sarah Louise Erickson
Residence of mother (if deceased so state) Coatesville, Ind
Occupation of mother Housewife 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 Willard E. Collier
New Address RR2 Box 138 Indianapolis
Subscribed and sworn to before me this 7 day of June, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Antonette Middle Last Randolph
Date of Birth: Month Jet Day 17 Year 1947
Place of Birth (State or foreign country) Hillsboro Ill
Residence Address: R. #2 Street or R. R. Box 138 City Indpls County State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1972 Magan
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation —
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License # M308-56-0570

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Christian
Residence of father (if deceased so state) Hillsboro, Ill
Occupation of father Contractor Race of father
Birthplace of father (State or foreign country) Hillsboro, Ill.
8. Full maiden name of mother Matilda Louise Hall
Residence of mother (if deceased so state) Eminence, Ind
Occupation of mother Waitress Race of mother
Birthplace of mother (State or foreign country) Alton, Ill

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Antonette Randolph
New Address R.R.2 Box 138 Indpls, Ind.
Subscribed and sworn to before me this 7 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....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 ..... on June 7, 19 74, authorizing the joining together as husband and wife of Indiana dated the 7 day of June and Antonette Randolph Willard Eugene Collier
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Keith Burcell hereby certify that on the 7th day of June, at Bellville, County of Hendricks, one thousand nine hundred and 74 State of Indiana, Groom Willard Eugene Collier of Hendricks County, State of Indiana, and, Bride Antonette Randolph of Hendricks County, State of Indiana, were by me united 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 June, 19 74. Signed Keith Burcell
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of June, 19 74
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. 243
File Book 35
June 7, 1974
Date of Application

MALE
Medical Examination Report Dated 6-6-74
Name of Physician William B Kriel, M.D.

FEMALE
Medical Examination Report Dated 6-6-74
Name of Physician William B. Kriel, M.D.

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

MALE APPLICANT

Name: First Jimmy Middle James Last La Rocke

Date of Birth: Month Jan. Day 9 Year 1951

Place of Birth (State or foreign country): Indianapolis Marion Co. Ind.
St. Vincent Hosp.

Residence Address: 4403 Madison Ave. 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: Carpenter - Labor.

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Cert. # 424
☐ Other (Specify) City of Indpls. Bureau Vital Stat.

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Henry La Rocke
    Residence of father (if deceased so state) 1442 S. Mickley Ave. Indpls.
    Occupation of father Insulation Hauler Race of father W
    Birthplace of father (State or foreign country) Princeton, Ind.
12. Full maiden name of mother Lilly Mae Palmer
    Residence of mother (if deceased so state) 1442 S. Mickley Ave Indpls.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indianapolis Ind.

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

Signed Jimmy James LaRoche
New Address 4403 Madison Ave., Indpls.

Subscribed and sworn to before me this 7 day of June, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Sweeney

Date of Birth: Month Dec. Day 10 Year 1951

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

Residence Address: R. R #1, Box 632 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: Teacher

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Cert. # 12733
☐ Other (Specify) Dept. of Pub. Health, B. of Vital Statistics

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Verlin Sweeney
   Residence of father (if deceased so state) R.R. 1, Box 632 Plainfield
   Occupation of father Excavating work. Race of father W
   Birthplace of father (State or foreign country) Missouri
8. Full maiden name of mother Edith Marie Stanley
   Residence of mother (if deceased so state) R.R. 1 Box 632 Plainfield
   Occupation of mother School Cooker Race of mother W
   Birthplace of mother (State or foreign country) Plainfield Ind.

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

Signed Carol Ann Sweeney
New Address 4403 Madison Ave. Indpls.

Subscribed and sworn to before me this 7 day of June, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* June, 19 74, *authorizing the joining together as husband and wife* Jimmy James La Rocke *and* Carol Ann Sweeney

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

I, Warren A Robbins *hereby certify that on the* 22nd *day of* June, *one thousand nine hundred and* seventy four *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Jimmy James La Rocke *of* Marion *County, State of* Indiana *and, Bride* Carol Ann Sweeney *of* Hendricks *County, State of* Indiana, *were by me united 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 74.

Signed Warren A Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25th *day of* June, 19 74.

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 Bk. 35
June 10, 1974 Date of Application

MALE
Medical Examination Report Dated 5-20-74
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated 5-20-74
Name of Physician David M. Hadley

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

MALE APPLICANT

Name: First Gary Middle Byron Last Helton
Date of Birth: Month November Day 7 Year 1953
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 197 E. Columbia 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 Carpenter
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 11467

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Cecil Samuel Helton
    Residence of father (if deceased so state) Hazelwood, Ind.
    Occupation of father Machinist Race of father W
    Birthplace of father (State or foreign country) Indianapolis Ind.
12. Full maiden name of mother Dorothy June Lieske
    Residence of mother (if deceased so state) Hazelwood, Ind.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) New Winchester, Ind.

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

Signed Gary Byron Helton
New Address 197 E Columbia Danville Ind.
Subscribed and sworn to before me this 10 day of June, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Lynn Last Johnson
Date of Birth: Month August Day 20 Year 1955
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 215 West 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 Counter
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #9002

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Sidney Wayne Johnson
   Residence of father (if deceased so state) Plainfield, Ind.
   Occupation of father Machinist Race of father W
   Birthplace of father (State or foreign country) New Winchester, Ind.
8. Full maiden name of mother Carolyn Sue Schwier
   Residence of mother (if deceased so state) Plainfield, Ind.
   Occupation of mother Bus Driver 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 Cynthia Lynn Johnson
New Address 197 East Columbia Danville, Ind.
Subscribed and sworn to before me this 10 day of June, 19 74.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 14 day of June, 19 74, authorizing the joining together as husband and wife Helton and Johnson

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

I, Donald S. Wallace hereby certify that on the 15th day of June, 19 74, at Plainfield, County of Hendricks, one thousand nine hundred and seventy-four State of Indiana, Groom Gary Byron Helton of Hendricks County, State of Indiana, and, Bride Cynthia Lynn 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 14 day of June, 19 74.

Signed Donald Wallace
Official Designation Pastor, Calvary Baptist Church Ind.

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of June, 19 74.

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. 245
File Book 35
June 10, 1974
Date of Application

MALE
Medical Examination Report Dated 6-5-74
Name of Physician David B. Haggard M.D.

FEMALE
Medical Examination Report Dated 6-5-74
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 Stephen Middle Eric Last Wissen
Date of Birth: Month April Day 18 Year 1952
Place of Birth (State or foreign country) Coleman Hosp., Indianapolis Marion Co. Ind.
Residence Address: Street or R.R. R.R. 2, Box 269 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 Service operator
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Cert #. 3791
☐ Other (Specify) Dept of Health, Bureau of Vital Stat

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name / Age / Address
    (b) Are you supporting or contributing to their 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 Augusta Wissen
    Residence of father (if deceased so state) R.R. 2, Box 269 Plainfield
    Occupation of father Heavy Grader Race of father W
    Birthplace of father (State or foreign country) Indianapolis Ind.
12. Full maiden name of mother Mildred Naomi Ramsey
    Residence of mother (if deceased so state) R.R. 2, Box 269, Plainfield
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Stephen E. Wissen
New Address Crestwood apts, Indianapolis apt. 202 B. Bldg. 8.
Subscribed and sworn to before me this 10 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Ann Last Colbert
Date of Birth: Month Nov. Day 30 Year 1955
Place of Birth (State or foreign country) Barstow, San Bernadino Co, Calif.
Residence Address: Street or R. R. R.R. 8 Box 408 City Indianapolis 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 Kitchen Helper
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree # 5556
☐ Other (Specify) State of Calif. - Book 310, P 50

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Edgar Colbert
   Residence of father (if deceased so state) R.R. 8, Box 408, Indianapolis
   Occupation of father Miller Race of father W
   Birthplace of father (State or foreign country) Rush Co. Ind.
8. Full maiden name of mother Jacqueline Sherryl Robinson
   Residence of mother (if deceased so state) R.R. 8 Bx 408 Indpls.
   Occupation of mother Secretary Race of mother W
   Birthplace of mother (State or foreign country) Boone Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Pamela A. Colbert
New Address Crestwood apt. Indpls. apt. 202 B. Bldg 8
Subscribed and sworn to before me this 10 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 74, authorizing the joining together as husband and wife Stephen Eric Wissen and Pamela Ann Colbert

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

I, Teal O'Neil Younce hereby certify that on the 29 day of June, one thousand nine hundred and 74 at Avon Christian Church County of Hendricks, State of Indiana, Groom Stephen E. Wissen of Hendricks County, State of Indiana, and, Bride Pamela A. Colbert of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29 day of June, 19 74.

Signed Teal O Younce
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of July, 19 74
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 BK # 35
June 10, 1974
Date of Application

MALE
Medical Examination Report Dated 6-1-74
Name of Physician James Black md.

FEMALE
Medical Examination Report Dated 6-1-74
Name of Physician James Black md.

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

MALE APPLICANT

Name: First Donald Middle Lee Last Ritchie Jr.
Date of Birth: Month July Day 8 Year 1953
Place of Birth (State or foreign country) Howard Co. Kokomo, Ind.
Residence Address: Street or R. R. 510 Douglas Dr. City Brownsburg County Hend. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Machine Operator
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 146

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Donald Lee Ritchie Sr.
    Residence of father (if deceased so state) 510 Douglas Dr. B'Burg Ind
    Occupation of father Salesman - Mfg. Race of father White
    Birthplace of father (State or foreign country) Gary Ind.
12. Full maiden name of mother Emma Jean McCauley
    Residence of mother (if deceased so state) 510 Douglas Dr. B'Burg
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Howard Co. Ind.

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

Signed Donald Lee Ritchie Jr.
New Address 206 N. Grant Brownsburg In.
Subscribed and sworn to before me this 10 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Jane Last Ingram
Date of Birth: Month May Day 18 Year 1956
Place of Birth (State or foreign country) Delphi Ind. Marion.
Residence Address: Street or R. R. 625 S. Jefferson 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) # 5330

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Charles Ingram
   Residence of father (if deceased so state) 625 S. Jefferson B'Burg
   Occupation of father Garage Foreman Race of father White
   Birthplace of father (State or foreign country) Delphi Ind. (illegible)
8. Full maiden name of mother Betty Lou Barton
   Residence of mother (if deceased so state) 625 S. Jefferson B'Burg Ind
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Indianapolis Ind

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

Signed Patsy Jane Ingram
New Address 206 N. Grant, B'burg.
Subscribed and sworn to before me this 11 day of June, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 14th day of June, 19 74, authorizing the joining together as husband and wife Donald Lee Ritchie Jr. and Patsy Jane Ingram

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

I, Rev. R.B. Jackson hereby certify that on the 22nd day of June one thousand nine hundred and seventy four at Indianapolis, County of Marion, State of Indiana, Groom Donald Lee Ritchie Jr. of Hendricks County, State of Indiana, and, Bride Patsy Jane Ingram of Hendricks County, State of Indiana, were by me united 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 74.

Signed Rev. R.B. Jackson
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of June, 19 74.

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. #247
File Book #35
June 11, 1974
Date of Application

MALE
Medical Examination Report Dated June 10, 1974
Name of Physician George B. Keenan, M.D.

FEMALE
Medical Examination Report Dated June 10, 1974
Name of Physician George B. 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 Ledford Middle Allen Last
Date of Birth: Month April Day 24 Year 1935
Place of Birth (State or foreign country) Manchester Kentucky
Residence Address: Street or R. R. 3802 Cassell Rd City Indpls County Hendricks 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 Inspector - G.M.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Ind. Opr. Lic # 3402-46-3958

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

Name	Age	Address
Dale Allen	13	
Lewis Keith Allen	9	Xenia, Ohio

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Lewis Allen
    Residence of father (if deceased so state) deceased
    Occupation of father — Race of father W.
    Birthplace of father (State or foreign country) Owlsley Co. Ky.
12. Full maiden name of mother Martha Jane Woods
    Residence of mother (if deceased so state) deceased
    Occupation of mother — Race of mother W.
    Birthplace of mother (State or foreign country) Owlsley Co, Ky.

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

Signed Ledford Allen
New Address R#8 Box 405-K Indpls Ind.

Subscribed and sworn to before me this 11th day of June, 1974
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Josephine Middle M. Last Reed
Date of Birth: Month May Day 25 Year 1935
Place of Birth (State or foreign country) Chesnwood W. Virginia
Residence Address: Street or R. R. R#8 Box 405 City Indpls County Hendricks State Ind.
Maiden Name if Different Josephine M. Angle
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 Emphonite Plastic Division
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Ind. Opr Lic # 3340-32-1159

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Avery Thomas Angle
   Residence of father (if deceased so state) McRoss, W. Virginia
   Occupation of father Retired Race of father W.
   Birthplace of father (State or foreign country) Motake W Va
8. Full maiden name of mother Bertha Esther Garner
   Residence of mother (if deceased so state) deceased
   Occupation of mother — Race of mother W.
   Birthplace of mother (State or foreign country) Motake, W Va.

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

Signed Josephine M Reed
New Address R#8 Box 405-K Indpls Ind.

Subscribed and sworn to before me this 11th day of June, 1974
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 74, *authorizing the joining together as husband and wife* Ledford Allen *and* Josephine M. Reed
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Myron Barnard *hereby certify that on the* 15th *day of* June, *one thousand nine hundred and* 74 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Ledford Allen *of* Marion *County, State of* Indiana *and, Bride* Josephine M. Reed *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 15th *day of* June, 19 74.

Signed Myron Barnard
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* June, 19 74.
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 # 35
June 12, 1974
Date of Application

MALE
Medical Examination Report Dated 6-10-74
Name of Physician Dr. M.O. Seamahorn

FEMALE
Medical Examination Report Dated 6-10-74
Name of Physician Dr. M.O. Seamahorn

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

MALE APPLICANT

Name: First Walter Middle C. Last Bailey
Date of Birth: Month June Day 29 Year 1933
Place of Birth (State or foreign country) Lizton
Residence Address: Street or R. R. R.R.#1 Pittsboro City Ind. County Indiana State
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Machine Operator - J+L Steel
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-33-022290

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

Name	Age	Address
Clinton Allen Bailey	17	Lizton 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 Clarence Clapp Bailey
    Residence of father (if deceased so state) Lizton Ind.
    Occupation of father Retired Race of father White
    Birthplace of father (State or foreign country) Lizton Ind.
12. Full maiden name of mother Ruby Woodard
    Residence of mother (if deceased so state) deceased
    Occupation of mother Race of mother
    Birthplace of mother (State or foreign country) Boone County

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

Signed Walter C. Bailey
New Address Pittsboro Ind

Subscribed and sworn to before me this 12 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Edna Middle L. Last Ashley
Date of Birth: Month October Day 7 Year 1940
Place of Birth (State or foreign country) Middle Twp. Hendricks Co.
Residence Address: Street or R.R. Pittsboro City Indiana County State
Maiden Name if Different Garland
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Accounting Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Record #119 BK. Jan 1, 1938 Ind. State

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Herman Garland
   Residence of father (if deceased so state) deceased
   Occupation of father Race of father White
   Birthplace of father (State or foreign country) Dubois Co. Ind.
8. Full maiden name of mother Effie Marie Ragan
   Residence of mother (if deceased so state) deceased
   Occupation of mother Race of mother White
   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 Edna L Ashley
New Address Pittsboro, Ind.

Subscribed and sworn to before me this 12 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 17 day of June, 19 74, authorizing the joining together as husband and wife Walter C Bailey and Edna L. Ashley

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

I, James I. Shockley hereby certify that on the 29 day of June, at Danville, County of Hendricks, one thousand nine hundred and 74 State of Indiana, Groom Walter C. Bailey of Hendricks County, State of Indiana, and, Bride Edna L. Ashley 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 29 day of June, 19 74.

Signed James I. Shockley
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of July, 19 74

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 35
June 12, 1974
Date of Application

MALE
Medical Examination Report Dated 6-11-74
Name of Physician William Lentz

FEMALE
Medical Examination Report Dated 6-11-74
Name of Physician William Lentz

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

MALE APPLICANT

Name: First Daryl Middle — Last Bratcher
Date of Birth: Month January Day 28 Year 1953
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Box 38 Street or R. R. Coatesville City Putnam 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) Selective Service # 12-30-53-29

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 Maurice C. Bratcher
Residence of father (if deceased so state) Acton, Ind.
Occupation of father Machinist Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Millie Rose Thompson
Residence of mother (if deceased so state) Kentucky
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 Daryl Bratcher
New Address x Box 38 Coatesville, Ind.
Subscribed and sworn to before me this 12 day of June, 19 74.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Dawna Middle S. Last Woods
Date of Birth: Month August Day 22 Year 1956
Place of Birth (State or foreign country) Pikeville Kentucky
Residence Address: Rt 1 Bx 781 Street or R. R. Danville 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 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 Richard A Woods
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Crane Operator Race of father W
Birthplace of father (State or foreign country) Scottsville, Ky.
8. Full maiden name of mother Thelma L. Hall
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Seamstress 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 Dawna Woods
New Address Box 38 Coatesville Ind.
Subscribed and sworn to before me this 12 day of June, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 the legal guardian.

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed Thelma L. Shanklin Mother
Subscribed and sworn to before me this 13 day of June, 19 74
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 Circuit Court by written order issued 3 day Waiver and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* June, 19 74, *authorizing the joining together as husband and wife* Daryl Bratcher *and* Dawna S. Woods

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

I, Rev. Maurice Bratcher *hereby certify that on the* 14 th *day of* June, *one thousand nine hundred and* 74 *at* Acton, *County of* Marion, *State of Indiana, Groom* Daryl Bratcher *of* Hendricks *County, State of* Indiana *and, Bride* Dawna S. Woods *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14 th *day of* June, 19 74.

Signed Rev. Maurice Bratcher
Official Designation Elder Church of the Nazarene

Filed and recorded in accordance with the laws of the State of Indiana this 17 th *day of* June, 19 74.

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 # 35
June 12, 1974
Date of Application

MALE
Medical Examination Report Dated 6/3/74
Name of Physician A. N. Scudder, MD.

FEMALE
Medical Examination Report Dated 6/3/74
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 K. Last Mooney
Date of Birth: Month 1 Day 24 Year 1956
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R. R. R.R.#1 Box 163, City Brownsburg County Marion State Ind.
Previous Marital Status: Never Married [X] Number of Previous Marriages.....
Last Marriage Ended By: Death [ ] Divorce [ ] Annulment [ ]
Color or Race: White [X] Negro [ ] Other [ ] (specify).....
Usual Occupation: Salesman - K-Mart
Date of birth verified by: [X] Birth Cert. [ ] Judicial Decree
[ ] Other (Specify) Marion Co. Dept of Pub. Health # 000124

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 F. Mooney
    Residence of father (if deceased so state) R.R.#1, Box 33, Maxville Ind.
    Occupation of father Police Force Race of father White
    Birthplace of father (State or foreign country) Indpls. Ind.
12. Full maiden name of mother Florence Lorraine Vanter
    Residence of mother (if deceased so state) R.R.#1 Box 163, Brownsburg Ind.
    Occupation of mother Lakeview Nursery Home Race of mother White
    Birthplace of mother (State or foreign country) Indpls. Ind.

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Michael K. Mooney
New Address 120 William Dr. Apt. H.
Subscribed and sworn to before me this 12 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Vest
Date of Birth: Month 1 Day 23 Year 1956
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 120 Williams Dr. Apt. H. City Brownsburg County Marion State Ind.
Maiden Name if Different
Previous Marital Status: Never Married [X] Number of Previous Marriages.....
Last Marriage Ended By: Death [ ] Divorce [ ] Annulment [ ]
Color or Race: White [X] Negro [ ] Other [ ] (specify).....
Usual Occupation: Cashier - K Mart
Date of birth verified by: [ ] Birth Cert. [ ] Judicial Decree
[ ] Other (Specify) Ind. St. Dept Health # 113-56-005334

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No [X] Yes [ ]
   Of Unsound Mind? No [X] Yes [ ]
2. Are you under guardianship as a person of unsound mind? No [X] Yes [ ]
3. Are you afflicted with a transmissible disease? No [X] Yes [ ]
4. Are you related to the groom closer than second cousin? No [X] Yes [ ]
5. Are you now under the influence of intoxicating liquor? No [X] Yes [ ]
6. Are you now under the influence of a narcotic drug? No [X] Yes [ ]
7. Full name of father ~~Edward Paul Sr.~~ Roscoe Vest
   Residence of father (if deceased so state) deceased
   Occupation of father ..... Race of father White
   Birthplace of father (State or foreign country) ~~Indiana~~ Kentucky
8. Full maiden name of mother Ruth Rosemary Hoskin
   Residence of mother (if deceased so state) 1533 Spruce Indpls. Ind.
   Occupation of mother Housemaker Race of mother White
   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 Joyce Ann Vest
New Address 120 Williams Drive, Apt H
Subscribed and sworn to before me this 12 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 ..... June ....., 19 74, authorizing the joining together as husband and wife of Indiana dated the 17th day of ..... and Joyce Ann Vest
Michael K Mooney
Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 22nd day of June
I, David A. Engart at 120 Williams Dr Brownsburg, County of Hendricks
one thousand nine hundred and Seventy four at 120 Williams Dr Brownsburg, County of Hendricks, State of Indiana
State of Indiana, Groom Michael K. Mooney of Marion County, State of Indiana,
and, Bride Joyce Ann Vest of Marion 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 17th day of June, 19 74. Signed David A. Engart Minister
Official Designation Glenning Garden Christian Church
Filed and recorded in accordance with the laws of the State of Indiana this 25 day of June, 19 74
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 #35
June 12, 1974
Date of Application

MALE
Medical Examination Report Dated June 11, 1974
Name of Physician Eric D. Clark, M. D.

FEMALE
Medical Examination Report Dated June 11, 1974
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 Wayne Middle Dale Last Mynatt
Date of Birth: Month July Day 18 Year 1939
Place of Birth (State or foreign country): Hendricks County Indiana
Residence Address: Street or R. R. R#2 Bx 75-A City Indpls, Ind. County Hendy Co. State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1972 Marion Co.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Self-Employed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Ind. Opr. Lic # 5305-40-1013

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

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

Signed Wayne D Mynatt
New Address L#2 Bx 75-A Indpls, Ind.

Subscribed and sworn to before me this 12th day of June, 19 74.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Bates
Date of Birth: Month July Day 25 Year 1956
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. R#2 Bx 75-A City Indpls, County Hends 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) Ind St. Bd of Health 56-057682

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

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

Signed Pamela Sue Bates
New Address L#2 Bx 75-A Indpls, Ind.

Subscribed and sworn to before me this 12th day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF ~~PARENTS, PARENT~~ OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Loren E. Piper Grand. Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... 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 12, 1974 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3 day Wave

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* ..... *day of* June, 1974, *authorizing the joining together as husband and wife* Wayne Dale Mynatt *and* Pamela Sue Bates
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Keith Purcell *hereby certify that on the* 12th *day of* June, *one thousand nine hundred and* 74 *at* Belleville, *County of* Hendricks, *State of Indiana, Groom* Wayne Dale Mynatt *of* Hendricks *County, State of* Indiana, *and, Bride* Pamela Sue Bates *of* Hendricks *County, State of* Indiana, *were by me united 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 74.

Signed Keith Purcell
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* June, 19 74.
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. #252
File BK. 35
June 12, 1974
Date of Application

MALE
Medical Examination Report Dated 6/3/74
Name of Physician Joseph Kerlin M.D.

FEMALE
Medical Examination Report Dated 6/3/74
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 Stephen Middle W. Last Crouch
Date of Birth: Month 11 Day 29 Year 1952
Place of Birth (State or foreign country) Salem, Illinois Marion Co.
Residence Address: Street or R. R. 65 N. Montgomery City Spencer County Owen State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Consultant Forrester
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Salem Memorial Hosp. Salem, 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 Louis Dean Crouch
    Residence of father (if deceased so state) 65 N. Montgomery, Spencer Ind.
    Occupation of father Minister Race of father White
    Birthplace of father (State or foreign country) Illinois (Centralia)
12. Full maiden name of mother Norma Jean Burge
    Residence of mother (if deceased so state) 65 N. Montgomery, Spencer Ind.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Illinois (Centralia)

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

Signed Stephen Crouch
New Address 169 N.E. St. Apt #7 Spencer, Ind.
Subscribed and sworn to before me this 12 day of June, 1974
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Marisa Middle Dee Last Honaker
Date of Birth: Month 11 Day 20 Year 1955
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. Box 11A 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 Unemployed.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #12786

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Alonzo Mack Honaker
   Residence of father (if deceased so state) deceased
   Occupation of father..... Race of father White
   Birthplace of father (State or foreign country) West Virginia
8. Full maiden name of mother Mary Frances Brown
   Residence of mother (if deceased so state) Box 11A, North Salem Ind.
   Occupation of mother ASCS Office Race of mother White
   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 Marisa Dee Honaker
New Address 169 N. Cadle Apt 7 Spencer, Ind.
Subscribed and sworn to before me this 12 day of June, 1974
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 17 day of June, 1974, authorizing the joining together as husband and wife Stephen W. Crouch and Marisa Dee Honaker

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

I, Glen A. Clarkson hereby certify that on the 22 day of June, 1974 at Lizton, County of Hendricks, State of Indiana, one thousand nine hundred and 74 Stephen W. Crouch of Hendricks County, State of Indiana, State of Indiana, Groom, and, Bride Marisa Dee Honaker 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 17 day of June, 1974.

Signed Glen A. Clarkson
Official Designation Pastor - Lizton United Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of June, 1974

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 35
June 12, 1974
Date of Application

MALE
Medical Examination Report Dated 6-12-74.
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 6-12-74
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 Glen, Middle Steven, Last Weaver
Date of Birth: Month July, Day 3, Year 1949
Place of Birth (State or foreign country): Indianapolis, Ind.
Residence Address: Street or R. R. R# 2 Box 374, City Clayton, County Hendricks, State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Salesman
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service # 12-3049-210

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

    Name ..... Age ..... Address .....

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Lodney James Weaver
    Residence of father (if deceased so state): Clayton, Ind.
    Occupation of father: Post Master Race of father: W
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Elinora Brewer
    Residence of mother (if deceased so state): Clayton, Ind.
    Occupation of mother: Housewife Race of mother: W
    Birthplace of mother (State or foreign country): Indpls, Ind.

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

Signed: Glen Steven Weaver
New Address: UNKNOWN

Subscribed and sworn to before me this 12 day of June, 1974.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Lynn, Last Ferrell
Date of Birth: Month December, Day 28, Year 1951
Place of Birth (State or foreign country): Indianapolis, Ind.
Residence Address: Street or R. R. 1835 W. Washington, 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) # 4775

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Ferrell
   Residence of father (if deceased so state): Greenfield, Ind.
   Occupation of father: Meat Packer Race of father: W
   Birthplace of father (State or foreign country): Kentucky
8. Full maiden name of mother: Alberta Fay Clark
   Residence of mother (if deceased so state): Indpls., Ind.
   Occupation of mother: Housewife Race of mother: W
   Birthplace of mother (State or foreign country): Indpls., Ind.

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

Signed: Vicki Lynn Ferrell
New Address: unknown

Subscribed and sworn to before me this 12 day of June, 1974.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* June, 19 74, *authorizing the joining together as husband and wife* Glen Steven Weaver, *and* Vickie Lynn Ferrell, *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Charles K. Stone *hereby certify that on the* 22 *day of* June, *one thousand nine hundred and* 74 *at* 2:30 P.M., *County of* Hendricks, *State of Indiana, Groom* Glen Steven Weaver *of* Hendricks *County, State of* Indiana, *and, Bride* Vickie Lynn Ferrell *of* ~~Hendricks~~ 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 17 *day of* June, 19 74.

Signed Charles Stone
Official Designation Reverend

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* June, 19 74

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 12. 1974
Date of Application

MALE
Medical Examination Report Dated 6-10-74
Name of Physician Joseph C. Herlin, M.D.

FEMALE
Medical Examination Report Dated 6-10-74
Name of Physician Joseph C. Herlin M.D

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

MALE APPLICANT

Name: First Boyd Middle D. Last Uselton
Date of Birth: Month Dec. Day 15 Year 1949
Place of Birth (State or foreign country): Detroit Michigan
Residence Address: Street or R. R. R.8. Box 409, City Indianapolis 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: Collection Mgr.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Reg. 3/1/72
☒ Other (Specify) Voter's Reg. - affidavit # 8445

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Aaron H. Uselton
    Residence of father (if deceased so state) R.8 Bx 409 - Indpls. Ind.
    Occupation of father Carpenter Race of father W
    Birthplace of father (State or foreign country) Tenn. Coffee Co.
12. Full maiden name of mother Mildred Rose Bailey
    Residence of mother (if deceased so state) R.8, Bx 409, Indpls. Ind.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Hazard Ky. Perry Co. Floyd Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Boyd D. Uselton
New Address 3236 S. 6 Pts Rd Indpls
Subscribed and sworn to before me this 12 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Jill Middle Ann Last Blayden
Date of Birth: Month Feb. Day 21 Year 1955
Place of Birth (State or foreign country) Methodist Hosp. Indpls. Marion Co. Ind.
Residence Address: Street or R. R. 10 Roundhill Rd. 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: Telephone Solicitor
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Dept. of Pub Health Cert # 2083

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Farron Blayden
   Residence of father (if deceased so state) 10 Roundhill Rd. Danville
   Occupation of father Salesman Race of father W
   Birthplace of father (State or foreign country) Rockdale Ind.
8. Full maiden name of mother Jacqueline Theresa Lape
   Residence of mother (if deceased so state) 10 Roundhill Rd. Danville
   Occupation of mother Cashier Race of mother W
   Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jill Ann Blayden
New Address 3236 S. 6 Pts Rd, Indpls - Ind.
Subscribed and sworn to before me this 12 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3 day waiver and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. Judge Vircie 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 12 day of June, 19 74, authorizing the joining together as husband and wife Boyd D. Uselton and Jill Ann Blayden
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen Melvin McFarland hereby certify that on the 15th day of June, one thousand nine hundred and 74 at Danville, County of Hendricks, State of Indiana, Groom Boyd D. Uselton of Hendricks County, State of Indiana, and, Bride Jill Ann Blayden of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 12 day of June, 19 74. Signed Glen McFarland
Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of June, 19 74. 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. 955
File #35
June 13 1974
Date of Application

MALE
Medical Examination Report Dated 6/11/74
Name of Physician Carl A. Freed

FEMALE
Medical Examination Report Dated 6/11/74
Name of Physician Carl A. Freed

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

MALE APPLICANT

Name: First David Middle Michael Last Kuner

Date of Birth: Month 11 Day 12 Year 1952

Place of Birth (State or foreign country): St. Francis Hospital Indpls Marion Ind.

Residence Address: Street or R. R. R.R.#3 Box 483 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: Mold Maker

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St. Francis Hospital, 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 Oscar Josiah Kuner
    Residence of father (if deceased so state) 2350 East Raymond Indpls Ind.
    Occupation of father Tool & Die Maker Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Anna Marie James
    Residence of mother (if deceased so state) 7409 E. 10th St., Indpls.
    Occupation of mother Sales Person Race of mother White
    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 David M. Kuner
New Address RR 3 BOX 483 Plainfield Ind.

Subscribed and sworn to before me this 13 day of June, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Kimbra Middle Ann Last Gray

Date of Birth: Month 9 Day 14 Year 1955

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

Residence Address: Street or R. R. 1646 Fairmeade Rd., City Indpls County Marion State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Cert # 55-076281

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 S. Gray
   Residence of father (if deceased so state) deceased
   Occupation of father..... Race of father White
   Birthplace of father (State or foreign country) Missouri
8. Full maiden name of mother Mary Agnes Rushing
   Residence of mother (if deceased so state) 1646 Fairmeade, Indpls.
   Occupation of mother Hostess Race of mother White
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Kimbra Ann Gray
New Address RR 3 Box 483 Plainfield Ind.

Subscribed and sworn to before me this 13 day of June, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* June, 19 74, *authorizing the joining together as husband and wife* David Michael Kuner *and* Kimbra Ann Gray

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

I, Rev. Joseph G. Riedman *hereby certify that on the* 21st *day of* June, *one thousand nine hundred and* seventy four *at* Greenfield, *County of* Hancock, *State of Indiana, Groom* David Michael Kuner *of* Hendricks *County, State of* Indiana *and, Bride* Kimbra Ann Gray *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21st *day of* June, 19 74.

Signed (RR) Joseph G. Riedman
Official Designation Catholic Priest

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

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. 256
File Book 35
June 13, 1974 Date of Application

MALE
Medical Examination Report Dated 6-10-74
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 6-10-74
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 Kurt Middle Donald Thomas Last Gimbel
Date of Birth: Month December Day 8 Year 1954
Place of Birth (State or foreign country) Elmhurst Illinois
Residence Address: Street or R. R. 1417 Miami Ct. 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: Student - Part time Employment
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #112-65221

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Edwin Gimbel
    Residence of father (if deceased so state) Plainfield, Ind.
    Occupation of father Electrical Engineer Race of father W.
    Birthplace of father (State or foreign country) Chicago, Illinois
12. Full maiden name of mother Beverly Jean Boggs
    Residence of mother (if deceased so state) Indianapolis, Ind.
    Occupation of mother L. P. N. Race of mother W
    Birthplace of mother (State or foreign country) Chicago, Illinois

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

Signed X Kurt Donald Thomas Gimbel
New Address 1245 N Vine Street Apt 1

Subscribed and sworn to before me this 13 day of June, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Arlene Last Wernke
Date of Birth: Month December Day 3 Year 1956
Place of Birth (State or foreign country) Beech Grove, Ind.
Residence Address: Street or R. R. 230 Meadows Dr. City Plainfield County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #113-56-109262

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Raymond Joseph Wernke
   Residence of father (if deceased so state) Plainfield, Ind.
   Occupation of father Builder Race of father W.
   Birthplace of father (State or foreign country) Adpla, Indiana
8. Full maiden name of mother Edna Mable Tucker
   Residence of mother (if deceased so state) Plainfield, Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Cain [illegible]

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

Signed X Debbie Wernke
New Address X 245 N. Vine, St. apt.

Subscribed and sworn to before me this 13 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed X Ray Wernke Father
Signed ..... Mother
Subscribed and sworn to before me this 13 day of June, 19 74.
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 17 day of June, 19 74, authorizing the joining together as husband and wife Kurt Donald Gimbel and Debra Arlene Wernke

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

I, John P. Roof hereby certify that on the 20th day of July, one thousand nine hundred and 74 at Danville, County of Hendricks, State of Indiana, Groom Kurt Donald Thomas Gimbel of Hendricks County, State of Indiana, and, Bride Debra Arlene Wernke of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 day of July, 19 73.

Signed John P. Roof
Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of July, 19 74

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. 256
File Book 35
June 13, 1974
Date of Application

MALE
Medical Examination Report Dated 6-10-74
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 6-10-74
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 Kurt Middle Donald Thomas Last Gimbel
Date of Birth: Month December Day 8 Year 1954
Place of Birth (State or foreign country) Elmhurst Illinois
Residence Address: Street or R. R. 1417 Miami Ct. 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: Student - Pontiac Employment
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #112-65221

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

Name	Age	Address

(b) Are you supporting
(c) Are you complying their support?

11. Full name of father
    Residence of father (if
    Occupation of father
    Birthplace of father
12. Full maiden name of
    Residence of mother
    Occupation of mother
    Birthplace of mother

State of Indiana,
County of HEN

New

Subscribed and sworn to
Glen M

FEMALE APPLICANT

Name: First Debra Middle Arlene Last Wernke
Date of Birth: Month December Day 3 Year 1956
Place of Birth (State or foreign country) Beech Grove, Ind.
Residence Address: Street or R. R. 230 Meadows Dr. City Plainfield County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #113-56-109262

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Raymond Joseph Wernke
   Residence of father (if deceased so state) Plainfield, Ind
   Occupation of father Builder Race of father W
   Birthplace of father Indianola, Indiana

I, Edna Wernke, hereby give my consent for my daughter Debra Wernke to marry Kurt Gimbel.

Edna Wernke

Subscribed and sworn to before me this 14 day of June 1974

Joyce Bracey
Notary Public
(7/17/77)

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 X Ray Wernke Father
Signed ..... Mother
Subscribed and sworn to before me this 13 day of June, 19 74.
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 17 day of June, 19 74, authorizing the joining together as husband and wife Kurt Donald Gimbel and Debra Arlene Wernke.

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

I, John P. Roof hereby certify that on the 20th day of July, at Danville, County of Hendricks, one thousand nine hundred and 74 County, State of Indiana, State of Indiana, Groom Kurt Donald Thomas Gimbel of Hendricks County, State of Indiana, and, Bride Debra Arlene Wernke 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 20 day of July, 19 73.

Signed John P. Roof
Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of July, 19 74

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 BK. #35
June 14, 1974
Date of Application

MALE
Medical Examination Report Dated 6-13-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-13-74
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 Frank Middle D. Last Bradford
Date of Birth: Month March Day 16 Year 1933
Place of Birth (State or foreign country): Indianapolis Marion Ind.
Residence Address: Street or R. R. 278 Linden Lane City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages two
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Sheet Metal Worker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 54831

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

Name	Age	Address
Teresa Kay Bradford	10	5 Landsdown Dr. Carmel Ind.
Shawn Marie Bradford	5	Same "

    (b) Are you supporting or contributing to their support? Yes ☒ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐
11. Full name of father Paul Bradford
    Residence of father (if deceased so state) Indianapolis, Ind.
    Occupation of father Retired Race of father White
    Birthplace of father (State or foreign country) Hendricks Co.
12. Full maiden name of mother Helen Lucille Long
    Residence of mother (if deceased so state) Indianapolis Ind.
    Occupation of mother Homemaker Race of mother White
    Birthplace of mother (State or foreign country) Greensburg Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Frank D. Bradford
New Address 278 Linden Ln. Plfd Ind.
Subscribed and sworn to before me this 14 day of June, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Sue Last Mills
Date of Birth: Month May Day 21 Year 1949
Place of Birth (State or foreign country): New Castle Henry Indiana
Residence Address: Street or R. R. R.R.#1 City Springport (Henry) 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: Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 61756

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Robert Mills
   Residence of father (if deceased so state) R.R.#1 Springport Ind.
   Occupation of father Loan Mgr. Race of father White
   Birthplace of father (State or foreign country) New Castle, Ind.
8. Full maiden name of mother Dorothy ~~Ellen~~ Loren Kusicek
   Residence of mother (if deceased so state) R.R.#1 Springport In.
   Occupation of mother Homemaker Race of mother White
   Birthplace of mother (State or foreign country) New Castle, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Marilyn Sue Mills
New Address 278 Linden Lane, Plainfield
Subscribed and sworn to before me this 14 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 19 74, authorizing the joining together as husband and wife Frank D. Bradford and Marilyn Sue Mills
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Starling E. Wamsley hereby certify that on the 22nd day of June, one thousand nine hundred and Seventy Four at Indianapolis, County of Hendricks, State of Indiana, Groom Frank D. Bradford of Hendricks County, State of Indiana, and, Bride Marilyn Sue Mills of Henry County, State of Indiana, were by me united 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 74.
Signed Starling E. Wamsley
Official Designation Pastor - United Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of June, 19 74.
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 #35
June 14, 1974
Date of Application

MALE
Medical Examination Report Dated June 14, 1974
Name of Physician Malcolm O. Scanlon, M.D.

FEMALE
Medical Examination Report Dated June 14, 1974
Name of Physician Malcolm O. Scanlon, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 B. Last Ketcham
Date of Birth: Month Sept Day 23 Year 1907
Place of Birth (State or foreign country) New York City, New York
Residence Address: Street or R.R. #9 Glen Acres Ct, City Brownsburg, County Ind. State Hend Co.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Sales
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Ind. Op'r Lic # S 391-07-7388 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 Ira Benton Ketcham
    Residence of father (if deceased so state) deceased
    Occupation of father ——— Race of father W
    Birthplace of father (State or foreign country) New York
12. Full maiden name of mother Elsie Welch
    Residence of mother (if deceased so state) deceased
    Occupation of mother ——— Race of mother W
    Birthplace of mother (State or foreign country) Baltimore, Maryland

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

Signed Richard B. Ketcham
New Address #19 Glen Acres Dr Brownsburg.

Subscribed and sworn to before me this 14th day of June, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Davis Last
Date of Birth: Month Sept Day 13 Year 1912
Place of Birth (State or foreign country) Lexington Kentucky
Residence Address: Street or R.R. #8 Glen Acres Ct, City Brownsburg, County Ind. State Hendricks Co.
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 Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Ind. Op'r Lic # S 305-54-0223

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Wilson Dunn Nash
   Residence of father (if deceased so state) deceased
   Occupation of father ——— Race of father W
   Birthplace of father (State or foreign country) Danville, Ky.
8. Full maiden name of mother Mabel Virginia Mullen
   Residence of mother (if deceased so state) deceased
   Occupation of mother ——— Race of mother W
   Birthplace of mother (State or foreign country) Xenia, Ohio

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

X Signed Evelyn W Davis
New Address #9 Glen Acres Dr Brownsburg
Subscribed and sworn to before me this 14th day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 18th day of June, 19 74, authorizing the joining together as husband and wife Richard B Ketcham and Evelyn Davis

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

I, Jerry R. Nash hereby certify that on the 20th day of June, one thousand nine hundred and 74 at Brownsburg, County of Hendricks, State of Indiana, Groom Richard B. Ketcham of Hendricks County, State of Indiana, and, Bride Evelyn W. Davis of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20th day of June, 19 74.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of June, 19 74.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FRONT

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. #259
File BK #35
June 17, 1974
Date of Application

MALE
Medical Examination Report Dated 6-8-74
Name of Physician R. L. Smith Jr. M.D.

FEMALE
Medical Examination Report Dated 6-3-74
Name of Physician Eric D. Clark

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

MALE APPLICANT

Name: First Ronald Middle Ray Last Denman
Date of Birth: Month December Day 25 Year 1954
Place of Birth (State or foreign country): St. Joseph County Indiana
Residence Address: 1607 Street or R. R. Independence City Elkhart (Millard) 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: Shipper
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Status Card Sel. Serv. # 12-6-54 3A

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

    Name Age Address

    (b) Are you supporting or contributing to their 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..... Race of father.....
    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): 17 W. Main, Jamestown Ind.
    Occupation of mother: Housewife Race of mother: White
    Birthplace of mother (State or foreign country): South Bend, Ind.

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

Signed: Ronald Ray Denman
New Address: Elkhart Ind.

Subscribed and sworn to before me this 17 day of June, 1974.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Rosemary Middle G. Last Henley
Date of Birth: Month January Day 17 Year 1957
Place of Birth (State or foreign country): Cuyahoga Falls Ohio
Residence Address: 24 Ridgewood Lane Street or R. R. Newark City Licking County Ohio 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) Green Cross Gen. 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: Randolph Harold Henley
   Residence of father (if deceased so state): West Virginia (Unknown)
   Occupation of father..... Race of father: White
   Birthplace of father (State or foreign country): East Bank W. Va.
8. Full maiden name of mother: Betty Ann Johnson
   Residence of mother (if deceased so state): P.O. Box 82, Fortville Ind.
   Occupation of mother: Nurse's Aide Race of mother: White
   Birthplace of mother (State or foreign country): St. Albans, W. Va.

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

Signed: Rosemary G. Henley
New Address: Elkhart Indiana

Subscribed and sworn to before me this 17 day of June, 1974.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary: divorced and have sole custody of children

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed: Betty Ann Justice Mother
Subscribed and sworn to before me this 17 day of June, 1974.
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* 21 *day of* June, 1974, *authorizing the joining together as husband and wife* Ronald Ray Denman *and* Rosemary G Henley
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Charles G. Burnside *hereby certify that on the* 21st *day of* June, *one thousand nine hundred and* 74 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Ronald Ray Denman *of* Elkhart *County, State of* Indiana *and, Bride* Rosemary G. Henley *of* Hendricks *County, State of* Indiana, *were by me united 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, 1974.

Signed: C. Glen Burnside
Official Designation: Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24th *day of* June, 1974.
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 35
June 17, 1974
Date of Application

MALE
Medical Examination Report Dated June 13, 1974
Name of Physician Irving Cohen, M.D.

FEMALE
Medical Examination Report Dated June 13, 1974
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 Donald Middle Lee Last Bennett
Date of Birth: Month December Day 25th Year 1952
Place of Birth (State or foreign country) Sullivan County Indiana
Residence Address: Street or R. F. R.R. #1 Box 170 City Clayton County Hendricks Co. State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1968 Marion
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Carpet Layer
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Sherman Memorial Hosp. Sullivan 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
Sheryl Dawn	8	Avon, Ind.
Debra	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 Ernest Dawn Bennett
    Residence of father (if deceased so state) Haylewood, Ind.
    Occupation of father Allisons Race of father W.
    Birthplace of father (State or foreign country) Sullivan Co Indiana
12. Full maiden name of mother Velma Lorene Dale
    Residence of mother (if deceased so state) Haylewood, Ind.
    Occupation of mother Housewife 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 Donald L Bennett
New Address unknown

Subscribed and sworn to before me this 17th day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Vonda Middle Carlene Last Sharp
Date of Birth: Month June Day 1 Year 1951
Place of Birth (State or foreign country) Marion Co Indiana
Residence Address: Street or R. F. R.R. #1 Box 134 City Clayton County Hendricks Co. State
Maiden Name if Different Vonda Settles
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 R.C.A.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ind St Bd of Health "113-51-04769

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 L. Settles
   Residence of father (if deceased so state) Clayton, Ind.
   Occupation of father Construction Race of father W.
   Birthplace of father (State or foreign country) New Palestine, Ind.
8. Full maiden name of mother Shirley Virginia Mobley
   Residence of mother (if deceased so state) Clayton, Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Vonda Carlene Sharp
New Address Unknown

Subscribed and sworn to before me this 17th day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 21 day of June, 19 74 authorizing the joining together as husband and wife of Indiana dated the ..... day of ..... and Vonda Carlene Sharp Donald Lee Bennett

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

I, James W. Bauer hereby certify that on the 21st day of June, at Indianapolis, County of Marion, one thousand nine hundred and seventy four at Sullivan County, State of Indiana, State of Indiana, Groom Donald Lee Bennett of Marion County, State of Indiana, and, Bride Vonda Carlene Sharp 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 21st day of June, 19 74. Signed James W. Bauer
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of June, 19 74
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FRONT

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 261
File BK # 35
June 18, 1974
Date of Application

MALE
Medical Examination Report Dated 6-12-74
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 6-12-74
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 Jeffrey Middle Paul Last Hunsicker
Date of Birth: Month 2 Day 20 Year 1953
Place of Birth (State or foreign country): Indianapolis Marion Ind.
Residence Address: Street or R. R. RR#3 Shoreland Apts. Apt. 12 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: Hoss Construction Co.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #1984

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Everett Hunsicker
    Residence of father (if deceased so state): RR#1, Box 348, Plainfield Ind.
    Occupation of father: Self-Contractor Race of father: White
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Marjorie Marie Williams
    Residence of mother (if deceased so state): RR#1 Box 348, Plainfield Ind.
    Occupation of mother: Housewife Race of mother: White
    Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jeffrey P Hunsicker
New Address RR 3 Shoreland Apts apt 12
Subscribed and sworn to before me this 18 day of June, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Jamie Middle Trinkle Last
Date of Birth: Month 2 Day 21 Year 1955
Place of Birth (State or foreign country): Indianapolis Marion Indiana
Residence Address: Street or R. R. R.R.#1 Box 471 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) #1913

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Otto Marvin Trinkle
   Residence of father (if deceased so state): RR#1 Box 471, Plainfield Ind.
   Occupation of father: Retired Race of father: White
   Birthplace of father (State or foreign country): Indpls. Ind.
8. Full maiden name of mother: Virginia Kay Gilbert
   Residence of mother (if deceased so state): RR#1 Box 471 Plainfield Ind.
   Occupation of mother: Housewife Race of mother: White
   Birthplace of mother (State or foreign country): Iowa Spring Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jamie Trinkle
New Address RR3 Shoreland Apt, apt D
Subscribed and sworn to before me this 18 day of June, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 74 *authorizing the joining together as husband and wife* Jeffrey Paul Hunsicker *and* Jamie Trinkle
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John K. Hathaway *hereby certify that on the* 22 nd *day of* June, *one thousand nine hundred and* 74 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Jeffrey Paul Hunsicker *of* Hendricks *County, State of* Indiana *and, Bride* Jamie Trinkle *of* Hendricks *County, State of* Indiana, *were by me united 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 nd *day of* June, 19 74.

Signed John K. Hathaway
Official Designation Minister of Jehovahs Witnesses

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* June, 19 74.
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 35
June 18, 1974
Date of Application

MALE
Medical Examination Report Dated 6-18-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-18-74
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 Keith Middle V Last Phillips
Date of Birth: Month 4 Day 30 Year 1953
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: Street or R. R. R R #2 Box 216 D, 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 Printer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service #2-30-53-146

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert A. Phillips
    Residence of father (if deceased so state) Same
    Occupation of father Guard - RCA. Race of father
    Birthplace of father (State or foreign country) Michigan City Ind.
12. Full maiden name of mother Alice Pilipcotroski
    Residence of mother (if deceased so state) Same
    Occupation of mother School Bus Race of mother
    Birthplace of mother (State or foreign country) Michigan City, Ind

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

Signed X Keith V. Phillips
New Address 43 Almond Drive Plainfield

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Sylvia Middle Lynn Last Harp
Date of Birth: Month Aug Day 17 Year 1952
Place of Birth (State or foreign country) Cincinnati Ohio
Residence Address: Street or R. R. R.R #2 Box 400, 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 Blue Cross Blue Shield
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Birth Record - Bethesda Hospital Cincinnati Ohio

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 C. Harp.
   Residence of father (if deceased so state) Same
   Occupation of father City of Plainfield Race of father
   Birthplace of father (State or foreign country) Rockhold, Ky.
8. Full maiden name of mother Allie Taylor
   Residence of mother (if deceased so state) Same
   Occupation of mother Danville Hospital - Aide Race of mother
   Birthplace of mother (State or foreign country) Rockhold Ky.

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

Signed X Sylvia L. Harp
New Address 43 Almond Dr. Plainfield

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 22 day of June, 19 74, 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, Reverend James D. Moriarty hereby certify that on the 22 day of June, at Plainfield, County of Hendricks, one thousand nine hundred and seventy four, State of Indiana, Groom Keith Vincent Phillips of Hendricks County, State of Indiana, and, Bride Sylvia Lynn Harp of Hendricks County, State of Indiana, were by me united 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 74

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 25th day of June, 19 74

Signed Glenna 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. 263
File BK # 35
June 19 1974
Date of Application

MALE
Medical Examination Report Dated 6-15-74
Name of Physician Glenn W. Baker M.D.

FEMALE
Medical Examination Report Dated 6-15-74
Name of Physician Glenn W. Baker, M.D.

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

MALE APPLICANT

Name: First Robert Middle Eugene Last Woodson
Date of Birth: Month April Day 12 Year 1955
Place of Birth (State or foreign country): Indianapolis Marion Ind.
Residence Address: Street or R. R. 403 Williams Dr. City Brownsburg County Hend. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Laborer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 3756

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Woodson
    Residence of father (if deceased so state): Deceased
    Occupation of father..... Race of father: White
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Anita Rose Tubbs
    Residence of mother (if deceased so state): 403 Williams Dr. B'burg Ind.
    Occupation of mother: Cashier Race of mother: White
    Birthplace of mother (State or foreign country): Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Robert E. Woodson
New Address 403 Willian Drive
Subscribed and sworn to before me this 19 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Lynn Last Briney
Date of Birth: Month August Day 9 Year 19 55
Place of Birth (State or foreign country): Michigan City Ind.
Residence Address: Street or R. R. R.R. # 17 Box 590 B 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: Veterinary Assistant
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St. Vincent's Hosp. Mich. City 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 Briney
   Residence of father (if deceased so state): R.R. # 17, Box 590 B, Indpls.
   Occupation of father: Salesman Race of father: White
   Birthplace of father (State or foreign country): Frankfort, Ind.
8. Full maiden name of mother: Patricia Ann Sharpe
   Residence of mother (if deceased so state): R.R. # 17, Box 590 B, Indpls.
   Occupation of mother: Housewife Race of mother: White
   Birthplace of mother (State or foreign country): Toledo, Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Sharon Lynn Briney
New Address 403 William Drive B.B.
Subscribed and sworn to before me this 19 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* June, 1974, *authorizing the joining together as husband and wife* Robert Eugene Woodson *and* Sharon Lynn Briney
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert G. Skidmore *hereby certify that on the* 7th *day of* July, *one thousand nine hundred and* 74 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Robert E. Woodson *of* Hendricks *County, State of* Indiana *and, Bride* Sharon L. Briney *of* Hendricks *County, State of* Indiana, *were by me united 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 74.

Signed Robert G. Skidmore
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* July, 19 74.
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 #35
June 20 1974
Date of Application

MALE
Medical Examination Report Dated 6-14-74
Name of Physician Walter McMannis

FEMALE
Medical Examination Report Dated 6-14-74
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 Lonnie Middle L. Last Frink
Date of Birth: Month Dec Day 18 Year 1946
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. R.R.#1 Box 170 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 Upholstery
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree 12-30-46-370
☐ Other (Specify) ~~Upholstery~~ Selective Service

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Leroy Jesse Frink
    Residence of father (if deceased so state) Same
    Occupation of father Unemployed Race of father .....
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Jeanetta Stokes
    Residence of mother (if deceased so state) Same
    Occupation of mother Upholstery 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 Lonnie Frink
New Address RR1 Box 170 Clayton Ind.

Subscribed and sworn to before me this 20 day of June, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Mable Middle Ruth Last Behrens
Date of Birth: Month Sept Day 22 Year 1954
Place of Birth (State or foreign country) Linton Texas
Residence Address: Street or R. R. 31 Chisholm City Trail County Moorsville 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 Wabash Life Insurance
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) (Sister San Patricio Texas)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Reed Behrens
   Residence of father (if deceased so state) Same
   Occupation of father Truck Driver Race of father .....
   Birthplace of father (State or foreign country) San Antonio, Texas
8. Full maiden name of mother Margie Faye Baggett
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother .....
   Birthplace of mother (State or foreign country) Oklahoma

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

Signed Mable Ruth Behrens
New Address RR1 Box 170 Clayton, Ind

Subscribed and sworn to before me this 20 day of June, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... 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 27 day of June, 19 74, authorizing the joining together as husband and wife Lonnie L. Frink and Mable Ruth Behrens

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

I, Rev. G. W. Adams hereby certify that on the 3rd day of July, County of Hendricks at Monrosville one thousand nine hundred and 74 County, State of Indiana, State of Indiana, Groom Lonnie L. Frink of Morgan County, State of Indiana, and, Bride Mable Ruth Behrens 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 3rd day of July, 19 74. Signed Rev. G. W. Adams
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of July, 19 74
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 #35
June 21, 1974
Date of Application

MALE
Medical Examination Report Dated June 10, 1974
Name of Physician L. W. Waltzmann, M.D.

FEMALE
Medical Examination Report Dated June 4, 1974
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 George Middle Earl Last Proctor
Date of Birth: Month October Day 24 Year 1942
Place of Birth (State or foreign country) Richmond Kentucky
Residence Address: Street or R.R. 3209 E 10th Street City Bloomington County Monroe State Ind.
Previous 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) Dept of Commerce #537

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Earl Proctor
    Residence of father (if deceased so state) Richmond, Ky
    Occupation of father L & N Railroad Race of father W.
    Birthplace of father (State or foreign country) Lock Castle Co. Ky.
12. Full maiden name of mother Elizabeth Viel George
    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) Clark Co, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed George Earl Proctor
New Address 3209 E 10th, Apt H-2 Bloomington.
Subscribed and sworn to before me this 21st day of June, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Gayle Last Sindlinger
Date of Birth: Month August Day 5 Year 1952
Place of Birth (State or foreign country) Vermillion County
Residence Address: Street or R.R. 1404 Dallas Dr City Plainfield County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Vermillion Co. Hospital #28915

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Oscar Jay Sindlinger
   Residence of father (if deceased so state) Same as applicant
   Occupation of father Farm Foreman Race of father W.
   Birthplace of father (State or foreign country) Patricksburg Ind.
8. Full maiden name of mother Alberta Isabel Nichols
   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) Poland, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Debra Gayle Sindlinger
New Address 3209 E 10th Apt H-2 Bloomington
Subscribed and sworn to before me this 21st day of June, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 74, authgrizing the joining together as husband and wife George Earl Proctor and Debra Gayle Sindlinger
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dillon Laffin hereby certify that on the 29th day of June, one thousand nine hundred and 74 at Plainfield, County of Hendricks, State of Indiana, Groom George Earl Proctor of Monroe County, State of Indiana, and, Bride Debra Gayle Sindlinger of Hendricks County, State of Indiana, were by me united 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 74.

Signed Rev. Dillon Laffin
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of July, 19 74.
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 #35
June 21, 1974
Date of Application

MALE
Medical Examination Report Dated 6-18-74
Name of Physician Carl L. Heinlein, MD.

FEMALE
Medical Examination Report Dated 6-18-74
Name of Physician Carl L. Heinlein 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 Michael Middle Joe Last Yearsman

Date of Birth: Month March Day 22 Year 1954

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

Residence Address: Street or R. R. 253 W. Broadway City Danville County Johnson State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Air Force

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Armed Forces Identification # 312-60-3864

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 Otis Yearsman
    Residence of father (if deceased so state) Southport, Ind.
    Occupation of father: Factory Race of father: White
    Birthplace of father (State or foreign country) Johnson Co.
12. Full maiden name of mother: Francis Elizabeth Wheeler
    Residence of mother (if deceased so state) Indpls. Ind.
    Occupation of mother: Homemaker Race of mother: White
    Birthplace of mother (State or foreign country) Marion Co.

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

Signed Michael Joe Yearsman
New Address 714 Willia Big Spring Tex.

Subscribed and sworn to before me this 21 day of June, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Delva Middle Louise Last Doub

Date of Birth: Month May Day 5 Year 1957

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

Residence Address: Street or R. R. R.R. #1 Box 189 City North Salem 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: Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Witness 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: Clarence Marion Doub
   Residence of father (if deceased so state) R.R.#1 Box 189 North Salem Ind.
   Occupation of father: Farmer Race of father: White
   Birthplace of father (State or foreign country) Johnson Co.
8. Full maiden name of mother: Helen Louise Walton
   Residence of mother (if deceased so state) R.R.#1 Box 189 North Salem Ind.
   Occupation of mother: Homemaker Race of mother: White
   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 Delva Louise Doub
New Address 714 Willia Big Spring Tx.

Subscribed and sworn to before me this 21 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Clarence Marion Doub Father
Signed Helen Louise Doub Mother
Subscribed and sworn to before me this 21 day of June, 19 74
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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 25 day of June, 19 74, authorizing the joining together as husband and wife Michael Joe Yearsman and Delva Louise Doub

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

I, Glen Melvin McFarland hereby certify that on the 28th day of June one thousand nine hundred and 74 at New Winchester Christian Church, County of Hendricks, State of Indiana, Groom Michael Joe Yearsman of Hendricks County, State of Indiana, and, Bride Delva Louise Doub of Hendricks County, State of Indiana, were by me united 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 June, 19 74.

Signed Glen M. McFarland
Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of July, 19 74

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. 267
File Book 35
June 24, 1974
Date of Application

MALE
Medical Examination Report Dated 6-17-74
Name of Physician J. P. Cripe, M.D.

FEMALE
Medical Examination Report Dated 6-17-74
Name of Physician J. P. Cripe, M.D.

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

MALE APPLICANT

Name: First Bruce Middle — Last Moore
Date of Birth: Month Jan. Day 9 Year 1952
Place of Birth (State or foreign country) St. Vincents Hosp. Indianapolis Marion Co. Ind.
Residence Address: Street or R. R. R.R. 1 Box 1830 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: Gear Cutter - Allison's
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Cert. No 230
☐ Other (Specify) Bureau of Vital Statistics

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name / Age / Address
    (b) Are you supporting or contributing to their 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 Moore
    Residence of father (if deceased so state) R.R. 1 Box 1830 Danville Ind.
    Occupation of father Allison's Race of father W.
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Louise Sally Johnson
    Residence of mother (if deceased so state) R.R. 1 Box 1830 Danville Ind.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Neon, Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Bruce Moore
New Address 5738 Port Au Prince, Indianapolis apt. D.
Subscribed and sworn to before me this 24 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Rita Middle Dianne Last Reason
Date of Birth: Month Jan. Day 20 Year 1954
Place of Birth (State or foreign country) Methodist Hosp. Indianapolis Marion Ind.
Residence Address: Street or R. R. 5738 Port Au Prince Dr. City Indianapolis County Marion State Ind.
Maiden Name if Different apt. D.
Previous 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 Cert No. 173-54-005246
☐ Other (Specify) Ind. St. 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 Guy Reason
   Residence of father (if deceased so state) R.R. 2. Box 692 Indpls. Ind.
   Occupation of father Allison's Race of father W
   Birthplace of father (State or foreign country) Big Stone Gap, Ky
8. Full maiden name of mother Virgie L. Wade
   Residence of mother (if deceased so state) 10575 Tancred, N. Glen Colo.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Big Stone Gap, Va

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Rita Dianne Reason
New Address 5738 Port Au Prince, Indpls. Ind.
Subscribed and sworn to before me this 24 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 19 74, authorizing the joining together as husband and wife Bruce Moore and Rita Dianne Reason

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

I, J. E. Childress hereby certify that on the 29th day of June, one thousand nine hundred and Seventy-four at Indianapolis, County of Marion, State of Indiana, Groom Bruce Moore of Hendricks County, State of Indiana, and, Bride Rita Dianne Reason of Hendricks County, State of Indiana, were by me united 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 74.

Signed J. E. Childress
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of July, 19 74.

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 #35
June 24, 1974 Date of Application

MALE
Medical Examination Report Dated June 24, 1974
Name of Physician Joseph C. Kellin, M.D.

FEMALE
Medical Examination Report Dated June 24, 1974
Name of Physician Joseph C. Kellin, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Leo Last Dawes
Date of Birth: Month January Day 8 Year 1955
Place of Birth (State or foreign country) Putnam Co. Hospital
Residence Address: Street or R. R. 20 Martin Dr City Danville, Ind. 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 Asst Mgr - Burger Chef
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Putnam Co. Hosp. #48008

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Claude Dawes
    Residence of father (if deceased so state) Same as applicant
    Occupation of father T-up Tending Race of father W.
    Birthplace of father (State or foreign country) Somerset, Ky.
12. Full maiden name of mother Clara Mae Elliott
    Residence of mother (if deceased so state) Same as applicant
    Occupation of mother Danville Lic. Bu Race of mother W.
    Birthplace of mother (State or foreign country) Catlettsville, Ind.

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

✗ Signed Carl L Dawes
New Address R#2 Bx 234 Danville, Ind.

Subscribed and sworn to before me this 24th day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Edith Middle Evangeline Last Manning
Date of Birth: Month 8 Day 24 Year 1956
Place of Birth (State or foreign country) Miami Co Indiana
Residence Address: Street or R. R. R#3 Bx 459 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) City of Indpls Pub. Health #9501

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Manning
   Residence of father (if deceased so state) Same as applicant
   Occupation of father Fireman Race of father W
   Birthplace of father (State or foreign country) Carter Co. Ky.
8. Full maiden name of mother Velma Louise Bushong
   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) Memphis, Ind.

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

✗ Signed Edith E. Manning
New Address R#2 Bx 234 Danville, Ind

Subscribed and sworn to before me this 24th day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
✗ Signed Velma Louise Manning Mother
Subscribed and sworn to before me this 24th day of June, 19 74
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 June 24, 1974 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3-day waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE 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 25th day of June, 19 74, authorizing the joining together as husband and wife Carl Leo Dawes and Edith Evangeline Manning

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

I, Neal O'Neil Younce hereby certify that on the 26 day of June, at Avon, County of Hendricks, one thousand nine hundred and 1974 of Hendricks County, State of Indiana, State of Indiana, Groom Carl Leo Dawes of Hendricks County, State of Indiana, and, Bride Edith Evangeline Manning 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 26 day of June, 19 74. Signed Neal O'Neil Younce
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of July, 19 74
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 #35
June 24, 1974
Date of Application

MALE
Medical Examination Report Dated June 24, 1974
Name of Physician Joseph C. Kellin, M.D.

FEMALE
Medical Examination Report Dated June 24, 1974
Name of Physician Joseph C. Kellin, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Leo Last Dawes
Date of Birth: Month January Day 8 Year 1955
Place of Birth (State or foreign country) Putnam Co. Hospital
Residence Address: Street or R. R. 20 Martin Dr City Danville, Ind. County 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 Asst Mgr - Burger Chef
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Putnam Co. Hosp. #48008

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Claude Dawes
    Residence of father (If deceased so state) Same as applicant
    Occupation of father
    Birthplace of father (State or foreign country) W.
12. Full maiden name
    Residence of mother
    Occupation of mother
    Birthplace of mother (State or foreign country)

State of Indiana,
County of
I depose and state the information given
Subscribed and sworn
Clerk

CONSENT OF PARENTS
We, the parents, of
signs, state facts wh
State of Indiana,
County of
Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Edith Middle Evangeline Last Manning
Date of Birth: Month 8 Day 24 Year 1956
Place of Birth (State or foreign country) Marion Co Indiana
Residence Address: Street or R. R. R #3 Bx 459 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) City of Indpls Pub. Health #9501

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Manning
   Residence of father (if deceased so state) Same as applicant
   Occupation of father Pressman Race of father W
   Birthplace of father (State or foreign country) Carter Co. Ky.
8. Full maiden name of mother Velma Louise Bushong
   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) Memphis, Ind.

I, Kenneth Manning, hereby give my consent for my Daughter Edith Manning to marry Carl Dawes.

Subscribed and sworn to before me this 25 day of June 1974

C. M. Dawes
Notary Public

Signed
Subscribed and sworn to before me this 24th day of June 19 74
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 June 24, 1974 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3-day-waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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 25th day of June, 19 74, authorizing the joining together as husband and wife Carl Leo Dawes and Edith Evangeline Manning

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

I, Neal O'Neil Younce hereby certify that on the 26 day of June one thousand nine hundred and 1974 at Avon, County of Hendricks, State of Indiana, Groom Carl Leo Dawes of Hendricks County, State of Indiana, and, Bride Edith Evangeline Manning 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 26 day of June, 19 74. Signed Neal O'Neil Younce
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of July, 19 74.
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 BK # 35
June 24 1974
Date of Application

MALE
Medical Examination Report Dated 6-19-74
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 6-19-74
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 Thomas Middle D. Last Gibbs

Date of Birth: Month January Day 3 Year 1952

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

Residence Address: Street or R. R. R.R.#1 Box 88 City Linton 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 Truck Mason

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Soc. Sec. # 304 60 1303

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Basil T. Gibbs
    Residence of father (if deceased so state) R.R.#1 Box 88, Linton Ind.
    Occupation of father Indiana Bell Tel. Co. Race of father White
    Birthplace of father (State or foreign country) Brownsburg Ind.
12. Full maiden name of mother Marjorie Wilma Veatch
    Residence of mother (if deceased so state) R.R.#1 Box 88 Linton Ind.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) New Brunswick N.J.

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

Signed Thomas D. Gibbs
New Address R.R.#1 Box 149 Linton, Ind.

Subscribed and sworn to before me this 24 day of June, 1974
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 E. Last Martin

Date of Birth: Month September Day 28 Year 1953

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

Residence Address: Street or R. R. R.R.#1 City North Salem 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 Dental Hygenist

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 09938

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Laurel Edward Martin
   Residence of father (if deceased so state) R.R.#1 North Salem, Ind.
   Occupation of father Farmer Race of father White
   Birthplace of father (State or foreign country) North Salem Ind.
8. Full maiden name of mother Mary Edith Beaver
   Residence of mother (if deceased so state) R.R.#1, North Salem, Ind.
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Indianapolis Ind.

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

Signed Diane E. Martin
New Address RR1 Box 149 Linton, Indiana

Subscribed and sworn to before me this 24 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 28th *day of* June, 19 74, *authorizing the joining together as husband and wife* Thomas D. Gibbs *and* Diane E. Martin

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

I, Rev. Raymond L. Rader hereby certify that on the 28th day of June, one thousand nine hundred and 74 at 1st Baptist Church Linton, Indiana, County of Hendricks, State of Indiana, Groom Thomas D. Gibbs of Hendricks County, State of Indiana and, Bride Diane E. 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 28th day of June, 19 74.

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

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* July, 19 74.

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 #35
June 24 1974
Date of Application

MALE
Medical Examination Report Dated June 17, 1974
Name of Physician Irving Cohen, M.D.

FEMALE
Medical Examination Report Dated June 17 1974
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 Brian Middle Kent Last Hand

Date of Birth: Month 5 Day 11 Year 52

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 22 Tanglewood Dr. R#2 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 Insurance Salesman

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

☐ Other (Specify) 313-52-036715

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 K. Hand
    Residence of father (if deceased so state) Same as applicant
    Occupation of father Constructor Race of father W.
    Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Elsie M. Cunningham
    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) Indianapolis, Ind

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

☒ Signed Brian K. Hand
New Address 600 Marina Dr Apt 57 Kokomo Ind

Subscribed and sworn to before me this 24th day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Sue Middle Sanders Last

Date of Birth: Month August Day 12 Year 1954

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. R#2 Bx 246 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 Clerk Typist.

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

☐ Other (Specify) 8664

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Earl Sanders
   Residence of father (if deceased so state) Same as above
   Occupation of father Foreman Race of father W.
   Birthplace of father (State or foreign country) Indianapolis Ind
8. Full maiden name of mother Peggy Ann Lewis Sanders
   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) Indianapolis, Ind.

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

☒ Signed Cathy Sanders
New Address 600 Marina Dr, Apt 57 Kokomo.

Subscribed and sworn to before me this 24th day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....HENDRICKS.....Circuit Court of Indiana dated the 28 day of June, 19 74, authorizing the joining together as husband and wife Brian Kent Hand and Cathy Sue Sanders

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

I, Dennis R. Sulton hereby certify that on the 29 day of June, at Indianapolis, County of Marion, one thousand nine hundred and 74 of HENDRICKS County, State of Indiana, State of Indiana, Groom Brian Kent Hand of Marion County, State of Indiana, and, Bride Cathy Sue Sanders 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 29 day of June, 19 74. Signed Dennis R. Sulton
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of July, 19 74
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. 271
File B #35
June 24 1974
Date of Application

MALE
Medical Examination Report Dated 6-24-74
Name of Physician Glen Baker M.D.

FEMALE
Medical Examination Report Dated 6-24-74
Name of Physician Glen 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 profession shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles, Middle Edward, Last Miller
Date of Birth: Month April, Day 15, Year 1946
Place of Birth (State or foreign country): Lebanon Ind.
Residence Address: Street or R. R. 214 West Main, City Pittsboro, 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: Social Researcher
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: Cloan Edward Miller
    Residence of father (If deceased so state): Same
    Occupation of father: Jewelry Race of father
    Birthplace of father (State or foreign country): Maplewood Ind.
12. Full maiden name of mother: Dorothy Ruth Moore
    Residence of mother (If deceased so state): Same
    Occupation of mother: Housewife 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: Charles Edward Miller
New Address: DeKalb, Illinois

Subscribed and sworn to before me this 24 day of June, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Janette, Middle Elizabeth, Last Belue
Date of Birth: Month March, Day 26, Year 1951
Place of Birth (State or foreign country): Indianapolis, Ind.
Residence Address: Street or R. R. 208 West Main, 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: Asst. Controller
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) #3007

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Willard Belue
   Residence of father (If deceased so state): 4305 Tenson Valley Lane Apt 10 Birmingham Ala
   Occupation of father: Mechanic Race of father
   Birthplace of father (State or foreign country): Montgomery Alabama
8. Full maiden name of mother: Anna Janette Drew
   Residence of mother (If deceased so state): 208 W. Main Pittsboro
   Occupation of mother: Clerk 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: Janette Elizabeth Belue
New Address: DeKalb, Illinois

Subscribed and sworn to before me this 24 day of June, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 74, authorizing the joining together as husband and wife Charles Edward Miller and Janette Elizabeth Belue

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

I, William Charles Mc Graw hereby certify that on the 6th day of July one thousand nine hundred and 74 at Pittsboro, County of Hendricks State of Indiana, Groom Charles Edward Miller of Hendricks County, State of Indiana and, Bride Janette Elizabeth Belue of Hendricks County, State of Indiana, were by me united 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 July, 19 74.

Signed William Charles Mc Graw
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of July, 19 74

Signed Glen M Harvey Clerk
Glen HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 272
File Book 35
6-24-74
Date of Application

MALE
Medical Examination Report Dated ~~12~~ 6-24-74
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 6-24-74
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 Roger Middle Allan Last Park
Date of Birth: Month Aug Day 25 Year 1955
Place of Birth (State or foreign country) Indpls. Ind
Residence Address: Street or R. R. R.R. #1 Box 644 City Plfd. County Hnd. State Ind
Previous 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) Drivers License #S317-64-6699

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Harry Edward Park
    Residence of father (if deceased so state) R.R. #1 Box 644 Plfd.
    Occupation of father Milkman Race of father.....
    Birthplace of father (State or foreign country) Indpls.
12. Full maiden name of mother Sara Joyce Brookins
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother.....
    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 Roger Allan Park
New Address.....
Subscribed and sworn to before me this 24 day of June, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Crystal Middle Jaye Last Shearer
Date of Birth: Month Dec. Day 29 Year 1956
Place of Birth (State or foreign country) Beech Grove Ind.
Residence Address: Street or R. R. R#2 Bx 109A Lot 42 City Monrovia 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 Burger Chef
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License #S315-663488

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father J. W. Shearer
   Residence of father (if deceased so state) R# Monrovia, Ind
   Occupation of father Farmer Race of father.....
   Birthplace of father (State or foreign country) Ky.
8. Full maiden name of mother Delores Allene Haymaker
   Residence of mother (if deceased so state) R#2 Bx 109A Lot 42 Monrovia
   Occupation of mother Elec. Lilly 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 Crystal Jaye Shearer
New Address.....
Subscribed and sworn to before me this 24 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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
By reason of divorce

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed Delores Allene Shearer Mother
Subscribed and sworn to before me this.....day 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 24 day of June, 19 74, authorizing the joining together as husband and wife Roger Allan Park and Crystal Jaye Shearer
Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Raymond E. Harris hereby certify that on the 24th day of June one thousand nine hundred and 74 at Plainfield, County of Hendricks, State of Indiana, State of Indiana Groom Roger Alan Park of Morgan County, State of Indiana, and, Bride Crystal Jaye Shearer of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 24 day of June, 19 74. Signed Raymond E. Harris
Official Designation Minister, 19 74

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 19 74. Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

550

Form 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 BK. #35
June 25, 1974
Date of Application

MALE
Medical Examination Report Dated 6-19-74
Name of Physician J. Freeborn, M.D.

FEMALE
Medical Examination Report Dated 6-19-74
Name of Physician J. Freeborn M.D.

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

MALE APPLICANT

Name: First Rodney Middle James Last Weaver II
Date of Birth: Month 2 Day 5 Year 1945
Place of Birth (State or foreign country) Indianapolis Marion Ind
Residence Address: Street or R. R. RR#2 Box 375, City Clayton, County, State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Lab Technician
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #912

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

Name	Age	Address
Susan Jeanette Weaver	9	Clayton Ind
Ryan Jay Weaver	5	Clayton Ind

    (b) Are you supporting or contributing to their support? Yes ☒ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Rodney James Weaver
    Residence of father (if deceased so state) R.R#2 Box 374, Clayton In.
    Occupation of father Postmaster Race of father White
    Birthplace of father (State or foreign country) Plymouth, Ind.
12. Full maiden name of mother Elnora Brewer
    Residence of mother (if deceased so state) RR#2 Box 374 Clayton In.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Indianapolis In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Rodney J. Weaver II
New Address RR2 Box 375 CLAYTON, IND
Subscribed and sworn to before me this 25 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Rosemary Middle Hulse Last
Date of Birth: Month 12 Day 31 Year 1947
Place of Birth (State or foreign country) Shelbyville Indiana
Residence Address: Street or R. R. 6202 Watts St. City Indpls County Marion State In.
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 Housekeeping Services
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-26-226047

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Malcolm R. Brown
   Residence of father (if deceased so state) Deceased
   Occupation of father Race of father
   Birthplace of father (State or foreign country) Trafalgar, Ind.
8. Full maiden name of mother Clara Dilting
   Residence of mother (if deceased so state) 6202 Watts St. Indpls.
   Occupation of mother Housekeeper-University Heights Hosp. Race of mother White
   Birthplace of mother (State or foreign country) Indianapolis In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Rosemary Hulse
New Address R#2 Box 375 Clayton Ind.
Subscribed and sworn to before me this 25 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 74, authorizing the joining together as husband and wife Rodney James Weaver II and Rosemary Hulse
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Keith Gurcell hereby certify that on the 29 day of June, one thousand nine hundred and 74 at Belleville, County of Hendricks, State of Indiana, Groom Rodney James Weaver II of Hendricks County, State of Indiana, and, Bride Rosemary Hulse 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 29 day of June, 19 74.
Signed Keith Gurcell
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of July, 19 74.
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 BK # 35
June 25 1974
Date of Application

MALE
Medical Examination Report Dated 6-21-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-21-74
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 John Middle Lee Last Tate
Date of Birth: Month August Day 20 Year 1952
Place of Birth (State or foreign country) East Berkstadt, Ky.
Residence Address: Street or R. R. RR 2 Box 48, City Clayton, County Lawren Cty. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Dry Wall Installer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #77864

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Fred Tate
    Residence of father (if deceased so state) Deceased
    Occupation of father ____ Race of father White
    Birthplace of father (State or foreign country) Tennessee
12. Full maiden name of mother Lucy Jane Fields
    Residence of mother (if deceased so state) RR #2 Box 48, Clayton Ind.
    Occupation of mother Homemaker Race of mother White
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed John Lee Tate
New Address Hoppy Z Trayler Court
Subscribed and sworn to before me this 25 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Brickert
Date of Birth: Month June Day 1 Year 1956
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. R.R. #2 Box 196, 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) #5781

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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) R.R. #2 Box 196 Clayton
   Occupation of father Instructor - Tool Belt Race of father White Br.
   Birthplace of father (State or foreign country) Indpls. Ind.
8. Full maiden name of mother Betty Lou Richard
   Residence of mother (if deceased so state) RR #2 Box 196 Clayton
   Occupation of mother Homemaker Race of mother White
   Birthplace of mother (State or foreign country) Indianapolis In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Pamela Jean Brickert
New Address Hoppy Z Trayler Court
Subscribed and sworn to before me this 25 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day 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 29th day of June, 19 74, authorizing the joining together as husband and wife John Lee Tate and Pamela Jean Brickert
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gordon Taylor hereby certify that on the 29th day of June, one thousand nine hundred and 74 at Clayton, County of Hendricks, State of Indiana, Groom John Lee Tate of Hendricks County, State of Indiana, and, Bride Pamela Jean Brickert 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 29th day of June, 19 74. Signed Rev. Gordon Taylor
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of July, 19 74. 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. #275
File Book #35
June 25, 1974
Date of Application

MALE
Medical Examination Report Dated _____
Name of Physician _____

FEMALE
Medical Examination Report Dated June 24, 1974
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 Larry (First) Middle Slayman (Last)
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

    Name Age Address

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

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

Signed.....
New Address.....
Subscribed and sworn to before me this.....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 Rita (First) Ann (Middle) Herbert (Last)
Date of Birth July 10 1953 (Month Day Year)
Place of Birth (State or foreign country) Beech Grove Indiana
Residence Address R#3 Bx 50 (Street or R. R.) Brownsburg (City) Ind. Hendricks Co. (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) St Francis Hospital

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Paul Thomas Herbert
   Residence of father (if deceased so state) Lakewood Dr. Brownsburg
   Occupation of father Brick Mason Race of father W.
   Birthplace of father (State or foreign country) Greenwood Ind.
8. Full maiden name of mother Mildred Louise Bolin
   Residence of mother (if deceased so state) Brownsburg Ind.
   Occupation of mother Nurses Aide Race of mother W.
   Birthplace of mother (State or foreign country) Calerton, Ind.

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

Signed Rita Ann Herbert
New Address Alabama
Subscribed and sworn to before me this 25th day of June, 19 74
Glenn M. Lowery Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* .....*and* Rita Ann Herbert.
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*

552

Form 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 #35
June 25, 1974
Date of Application

MALE
Medical Examination Report Dated _____
Name of Physician _____

FEMALE
Medical Examination Report Dated June 24, 1974
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)".

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STATE OF INDIANA

FILED
JUN 25 1974
Glenn M. Harvey
CLERK HENDRICKS CIRCUIT SUPERIOR COURT

PREMARITAL EXAMINATION CERTIFICATE
REQUIRED OF EACH APPLICANT FOR MARRIAGE LICENSE

Pursuant to the Acts of 1973, amending the Acts of 1852 concerning the Indiana Law of Marriages and providing proper penalties for violation thereof.

LABORATORY STATEMENT OF STANDARD BLOOD TEST

City Danville State Indiana

This is to Certify that a VDRL test for syphilis was completed 6/24/74
(Name of Test)

on a blood specimen submitted in the name of Herbert, Rita
(Name of Applicant)

Rural Route # 3 Box 50, Brownsburg, Indiana, and was made at the laboratory of
(Address of Applicant)

Hendricks County Hospital, Danville, Indiana
(Name and Address of Approved Laboratory)

By _____
(Laboratory Director or Authorized Representative)

Only laboratories approved by the Indiana State Board of Health shall make premarital serological tests for syphilis (see reverse side of form). Only the laboratory performing the test may complete the laboratory statement above. Use S.B.H. 43-15A attachment forms for sickle cell anemia test.

(DO NOT DETACH)

PHYSICIAN'S EXAMINATION REPORT

City Brownsburg State Ind Date 6/24/74
(Date of Examination is Date Blood Test Completed)

To Clerk of the Circuit Court:

that I, A. N. Scudder MD
a physician holding an unlimited license to practice medicine in the State of Ind, have examined
Rita Herbert (Name of Applicant) Address RR #3 (Residence)
City Brownsburg, County Hendricks, State Ind,
named in the laboratory report of Hendricks Co Hosp Danville
(Name and Address of Approved Laboratory)
and, in my opinion, the person named therein is not infected with syphilis, or if so infected, that the stage of the disease is not such that it could be communicated by the person.

Signed A. N. Scudder MD (Physician) Address Brownsburg
Applicant's Signature Rita Herbert
(To Be Signed in Presence of Physician)

This certificate form S.B.H. 43-005 is valid for only thirty days from date of examination. Applicant must present it to the County Clerk within this period of time.

OVER
See Reverse Side for Instructions

S.B.H. 43-005
9/73

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 ..... day of ....., 19....., authorizing the joining together as husband and wife ..... and* Rita Ann Herbert.

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

I, ... hereby certify that on the ..... day of ....., one thousand nine hundred and ..... at ....., County of ....., State of Indiana, Groom ..... of ..... County, State of ..... and, Bride ..... of ..... County, State of ....., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

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

Signed .....

Official Designation .....

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

Signed ..... Clerk

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 276
File BK # 35
June 26 1974
Date of Application

MALE
Medical Examination Report Dated 6-24-74
Name of Physician David B. Haggard, M.D.

FEMALE
Medical Examination Report Dated 6-24-74
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 John Middle W. Last Edie

Date of Birth: Month December Day 10 Year 1952

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

Residence Address: Street or R. R. 110 Buchanan 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 Allison Division

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

☐ 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 John Corwin Edie
    Residence of father (if deceased so state) 541 Masters, Plainfield In.
    Occupation of father Cattle Buyer Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Georgia Ann English
    Residence of mother (if deceased so state) 541 Masters, Plfd. In.
    Occupation of mother Secretary Race of mother White
    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 John W Edie
New Address 110 Buchanan Plainfield

Subscribed and sworn to before me this 26 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Kathlene Middle S. Last Ware

Date of Birth: Month December Day 29 Year 1954

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

Residence Address: Street or R. R. 534 South Center 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) # 14280

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Harvey Ware
   Residence of father (if deceased so state) 534 S Center, Plfd. In.
   Occupation of father Construction Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Norma Jean Groninger
   Residence of mother (if deceased so state) 534 S. Center, Plfd.
   Occupation of mother Housewife Race of mother White
   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 Kathlene S. Ware
New Address 110 Buchanan Plainfield

Subscribed and sworn to before me this 26 day of June, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....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 1st day of July, 19 74, authorizing the joining together as husband and wife John W. Edie and Kathleene S. Ware

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

I, Rev. Dillon Laffin hereby certify that on the 6 day of July, at Plainfield, County of Hendricks, one thousand nine hundred and 74 State of Indiana, Groom John W. Edie of Hendricks County, State of Indiana, and, Bride Kathleene S. Ware of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of July, 19 74. Signed Rev. Dillon Laffin
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of July, 19 74
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. 277

File Book 35

June 26, 1974
Date of Application

MALE
Medical Examination Report Dated 6-24-74
Name of Physician David B Haggard

FEMALE
Medical Examination Report Dated 6-24-74
Name of Physician David B. Haggard MD

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

MALE APPLICANT

Name: First Alan Middle D. Last Dickey

Date of Birth: Month 11 Day 18 Year 1952

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

Residence Address: Street or R. R. RR #7 Box 125 City Clayton County Hendricks State Ind

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Truck Driver

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify): # 12150

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

Name	Age	Address

(b) Are you supporting or contributing to their 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 Vaughn Dickey
    Residence of father (If deceased so state) Same
    Occupation of father Allison Race of father
    Birthplace of father (State or foreign country) Greencastle, Ind
12. Full maiden name of mother Alice Elizabeth Long
    Residence of mother (If deceased so state) Same
    Occupation of mother Housewife Race of mother
    Birthplace of mother (State or foreign country) Crawfordsville

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

Signed Alan D. Dickey
New Address 302 North East St, Plainfield

Subscribed and sworn to before me this 26 day of June 1974
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Therese Middle L. Last Taylor

Date of Birth: Month Dec Day 11 Year 1953

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

Residence Address: Street or R. R. RR-2 City Box 311B, 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 Gas Examiner

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify): # 113-53-092100

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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) Same
   Occupation of father Electrician Race of father
   Birthplace of father (State or foreign country) Indianapolis
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) Hazelwood

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

Signed Therese L Taylor
New Address 302 N East St, Plainfield

Subscribed and sworn to before me this 26 day of June 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1 day of July, 19 74, authorizing the joining together as husband and wife Alan D. Dickey and Therese L. Taylor

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

I, Robert V. Dickey hereby certify that on the 6th day of July one thousand nine hundred and 74 at Plainfield, County of Hendricks, State of Indiana, Groom Alan Noble Dickey of Hendricks County, State of Indiana, and, Bride Therese Louise 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 6th day of July, 19 74

Signed Robert V. Dickey
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of July, 19 74

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 #35
June 28, 1974 Date of Application

MALE
Medical Examination Report Dated June 18, 1974
Name of Physician A. N. Scudder, M.D.

FEMALE
Medical Examination Report Dated June 18, 1974
Name of Physician A. N. Scudder, M.D.

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

MALE APPLICANT

Name: First James Middle Allen Last Kirk
Date of Birth: Month 9 Day 21 Year 49
Place of Birth (State or foreign country) Lebanon Indiana
Residence Address: Street or R. R. 213 N. Grant St. City Brownsburg County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Truck Mechanic.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Indpls. Ind
☐ Other (Specify) Division of Vital Records 113-49-062734

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Walford Kirk
    Residence of father (if deceased so state) Same as applicant
    Occupation of father Retired Race of father W
    Birthplace of father (State or foreign country) Pittsboro, Indiana
12. Full maiden name of mother Ruby Cyrina Pearson
    Residence of mother (if deceased so state) Deceased
    Occupation of mother ——— Race of mother W.
    Birthplace of mother (State or foreign country) Pittsboro, Ind.

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

X Signed James Allen Kirk
New Address 5878 Sebring Ct Apt C Indpls
Subscribed and sworn to before me this 28 day of June, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Ann Last Love
Date of Birth: Month 10 Day 12 Year 1950
Place of Birth (State or foreign country) Kosciusko Mississippi
Residence Address: Street or R. R. R#1 Box 331 City Pittsboro 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 123-686
☐ Other (Specify) Public Health Service, Miss.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☑
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☑
5. Are you now under the 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 Bailey Love
   Residence of father (if deceased so state) Same as applicant
   Occupation of father Farmer Race of father W.
   Birthplace of father (State or foreign country) Gallatin, Tennessee
8. Full maiden name of mother Verna Mae King
   Residence of mother (if deceased so state) Same as Applicant
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Weir, Mississippi

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

X Signed Betty Ann Love
New Address 5878 Sebring Ct Apt C Indpls
Subscribed and sworn to before me this 28th day of June, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 5th day of July, 19 74, authorizing the joining together as husband and wife James Allen Kirk and Betty Ann Love

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

I, William Charles Mc Graw hereby certify that on the 13th day of July, one thousand nine hundred and 74, at Pittsboro, County of Hendricks, State of Indiana, Groom James Allen Kirk of Hendricks County, State of Indiana, and, Bride Betty Ann Love of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of July, 19 74. Signed William Charles Mc Graw
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of July, 19 74.
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. 279
File Book 35
July 1, 1974
Date of Application

MALE
Medical Examination Report Dated 6-28-74
Name of Physician Carl L. Heinlein. M.D

FEMALE
Medical Examination Report Dated 6-28-74
Name of Physician Carl L. Heinlein. M.D

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

MALE APPLICANT

Name: First Michael Middle J. Last Lostutter

Date of Birth: Month Sept. Day 9 Year 1956

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

Residence Address: Street or R. R. R.R. 2 Box 178B 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: Restaurant Employee (U.S. Travel Reserves)

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License - #530568245

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 J. Lostutter
    Residence of father (if deceased so state) R.R 2 Box 178 B, Brownsburg
    Occupation of father Consultant Engineer Race of father W.
    Birthplace of father (State or foreign country) Rising Sun, Ind.
12. Full maiden name of mother Norma Jean Kinder
    Residence of mother (if deceased so state) R.R 2 Box 178B. Brownsburg Ind.
    Occupation of mother Reg. Nurse Race of mother W
    Birthplace of mother (State or foreign country) Aurora. Ind.

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

Signed Michael J. Lostutter
New Address 2 W. Main St apt. 7 Brownsburg

Subscribed and sworn to before me this 1st day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Theresa Middle Carole Last Lampher

Date of Birth: Month Feb. Day 15 Year 1955

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

Residence Address: Street or R. R. R.R. 1, Box 92C, City Brownsburg County Hend. State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Teacher - Children's Home #B2285

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Health Dept Corp. of Marion Co

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James R. Lampher. (Deceased)
   Residence of father (if deceased so state).....
   Occupation of father army — Race of father W
   Birthplace of father (State or foreign country) Indianapolis Ind
8. Full maiden name of mother Juanita Carol McRea
   Residence of mother (if deceased so state) R.R. 1, Box 92C, Brownsburg
   Occupation of mother new car Sales Race of mother W
   Birthplace of mother (State or foreign country) Johnson Co. Indianapolis Ind

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

Signed Theresa Carole Lanpher
New Address 2 West Main Apt. 7 B.E.

Subscribed and sworn to before me this 1st day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....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 + Age and filed in Clerk office authorizes and directs the issuance of a marriage license to the above named parties. July 1, 1974

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 1st *day of* July, 19 74, *authorizing the joining together as husband and wife* Michael J. Lostutter *and* Theresa Carole Lampher

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

I, Charles J. Bair *hereby certify that on the* 1st *day of* July, *one thousand nine hundred and* 74 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Michael J. Lostutter *of* Hendricks *County, State of* Indiana *and, Bride* Theresa Carole Lampher *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st. *day of* July, 19 74.

Signed Charles J. Bair
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* July, 19 74.

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 35
July 1, 1974 Date of Application

MALE
Medical Examination Report Dated 6-21-74
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 6-21-74
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 Larry Middle E. Last Herring
Date of Birth: Month 10 Day 9 Year 1951
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address: Street or R. R. City Pittsboro 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 Restaurant Manager
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Driver's License
☐ Other (Specify) Selective Services #12-30-51-363

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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. Herring
    Residence of father (if deceased so state) R.R. 1, Box 230A, Pittsboro, Ind.
    Occupation of father Restaurant Owner Race of father White
    Birthplace of father (State or foreign country) Marion Co., Indiana
12. Full maiden name of mother Helen Lewis
    Residence of mother (if deceased so state) RR 1, Box 230A Pittsboro, Ind.
    Occupation of mother Cook Race of mother White
    Birthplace of mother (State or foreign country) Lebanon, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Larry E Herring
New Address PO Box 39 Pittsboro
Subscribed and sworn to before me this 1st day of July, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Donna Middle Sue Last Mc Clung
Date of Birth: Month January Day 15 Year 1952
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address: Street or R. R. R.R. #1 Box 325 City Pittsboro County Hendricks State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Elementary School Teacher
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Wilkam Memorial (Scamahorn) Hospital
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Millard Mc Clung
   Residence of father (if deceased so state) R#1, Box 325, Pittsboro, Ind.
   Occupation of father Farmer Race of father.....
   Birthplace of father (State or foreign country) Pittsboro, Indiana
8. Full maiden name of mother Dorothy Lee Swain
   Residence of mother (if deceased so state) R#1, Box 325, Pittsboro, Ind.
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Danville, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Donna Sue Mc Clung
New Address P.O. Box 39 Pittsboro, In.
Subscribed and sworn to before me this 1st day of July, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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 5th day of July, 1974, authorizing the joining together as husband and wife Larry E. Herring and Donna Sue Mc Clung
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William Charles Mc Graw hereby certify that on the 28 day of July, at Pittsboro, County of Hendricks, one thousand nine hundred and 74 State of Indiana, Groom Larry E. Herring of Hendricks County, State of Indiana, and, Bride Donna Sue Mc Clung of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 29 day of July, 1974. Signed William Charles Mc Graw
Official Designation Minister, Christian Church
Filed and recorded in accordance with the laws of the State of Indiana this 31 day of July, 19 74
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 35
July 1, 1974
Date of Application

MALE
Medical Examination Report Dated July 1, 1974
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated July 1, 1974
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: Danny (First) Lee (Middle) Collins (Last)
Date of Birth: November (Month) 1 (Day) 1953 (Year)
Place of Birth (State or foreign country): Indianapolis Marion Indiana
Residence Address: 225 S. Kentucky (Street or R. R.) Hendricks (City) Indiana (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: Construction Worker
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree 53-091869 Bd. of Health
☐ Other (Specify)

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

Name	Age	Address
Daniel Shane Collins	2	302 W. Poplar, Greencastle, Ind.

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father: Thomas Michael Collins
    Residence of father (if deceased so state): 225 S. Kentucky, Danville Ind
    Occupation of father: Disabled Veteran Race of father: White
    Birthplace of father (State or foreign country): Kentucky
12. Full maiden name of mother: Sepelta Pearl Taylor
    Residence of mother (if deceased so state): R.R. #3, Coatesville, Ind
    Occupation of mother: Housewife Race of mother: White
    Birthplace of mother (State or foreign country): Indiana

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

Signed: Daniel L Collins
New Address: 225 S Ky St Danville
Subscribed and sworn to before me this 1st day of July, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: Hazel (First) Margaret (Middle) Malay (Last)
Date of Birth: November (Month) 2 (Day) 1955 (Year)
Place of Birth (State or foreign country): Indianapolis Marion Ind.
Residence Address: R.R. #3 (Street or R. R.) Oak 434 (City) Plainfield, Hend., 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: Nurses' Aid
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree 55-244246 Bd. of Health
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Don Malay
   Residence of father (if deceased so state): R.R. 3, Plainfield, Ind.
   Occupation of father: Heating + Air Conditioning Race of father: White
   Birthplace of father (State or foreign country): Brown Co. Indiana
8. Full maiden name of mother: Neva Mae Edwards
   Residence of mother (if deceased so state): R.R. 3, Plainfield, Ind.
   Occupation of mother: Housewife Race of mother: White
   Birthplace of mother (State or foreign country): Frankfort, Kentucky

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

Signed: Hazel M. Malay
New Address: RR 3 Box 434 Plfd. In
Subscribed and sworn to before me this 1st day of July, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... 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. (by Judge Groover)

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1st *day of* July, 19 74, *authorizing the joining together as husband and wife* Danny Lee Collins *and* Hazel Margaret Malay

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

I, M. L. Crawley, *hereby certify that on the* 2nd *day of* July, *one thousand nine hundred and* 1974 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Danny Lee Collins *of* Hendricks *County, State of* Indiana *and, Bride* Hazel Margaret Malay *of* Hendricks *County, State of* Indiana, *were by me united 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* July, 19 74.

Signed M. L. Crawley
Official Designation Justice of Peace

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

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 35
July 1, 1974
Date of Application

MALE
Medical Examination Report Dated June 26, 1974
Name of Physician R. W. Kirtley

FEMALE
Medical Examination Report Dated June 26, 1974
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 Terry Middle [illegible] Last Myers

Date of Birth: Month 10 Day 18 Year 51

Place of Birth (State or foreign country)

Residence Address: 1195 Lincoln St. Danville Hendricks Ind.
Street or R. R. City County State
St. Vincents Hospital, Indianapolis, Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Construction

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree 28262 St Vincents Hospital
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Myers
    Residence of father (if deceased so state) Veterans Hospital, Marion, Ind.
    Occupation of father ——— Race of father White
    Birthplace of father (State or foreign country) Hendricks Co. Ind.
12. Full maiden name of mother Norma Jean Stanton
    Residence of mother (if deceased so state) 33 Martin Dr., Danville, Ind.
    Occupation of mother A. C. A. Race of mother White
    Birthplace of mother (State or foreign country) Indiana

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

Signed Terry D. Myers
New Address 1195 Lincoln ST Apt-D-2

Subscribed and sworn to before me this 1st day of July, 1974.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Elizabeth Last Rinehart

Date of Birth: Month 6 Day 29 Year 56

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

Residence Address: 15 Purpura Dr. Danville Hendricks Ind.
Street or R. F. D. City County State

Maiden Name if Different Betty Jean Livers

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Hostess at Hospital

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree 6927 St Vincents Hospital
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Lee Rinehart
   Residence of father (if deceased so state) 15 Purpura Dr. Danville, Ind.
   Occupation of father Salesman Race of father White
   Birthplace of father (State or foreign country) Cairo, Illinois
8. Full maiden name of mother Betty Jean Livers
   Residence of mother (if deceased so state) Danville, Indiana
   Occupation of mother Nurses' Aid Race of mother White
   Birthplace of mother (State or foreign country) Ladoga, Indiana

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

Signed Karen Rinehart
New Address #15 Purpura Drive

Subscribed and sworn to before me this 1st day of July, 1974
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FRONT

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 5 day of July, 1974, authorizing the joining together as husband and wife Terry Myers and Karen Elizabeth Rinehart

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

I, Norman Y. Weaver hereby certify that on the 6th day of July, 1974 at Danville, County of Hendricks, one thousand nine hundred and 74 State of Indiana, Groom Terry Myers of Hendricks County, State of Indiana, and, Bride Karen Elizabeth Rinehart of Hendricks County, State of Indiana, were by me united 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 July, 19 74. Signed Norman Y Weaver
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of July, 19 74. 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 BK. #35
July 2, 1974
Date of Application

MALE
Medical Examination Report Dated 7-1-74
Name of Physician Carl L. Heinlein, M.D.

FEMALE
Medical Examination Report Dated 7-1-74
Name of Physician Carl L. Heinlein, M.D.

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

MALE APPLICANT

Name: First Robert Middle A. Last Davidson
Date of Birth: Month February Day 3 Year 1952
Place of Birth (State or foreign country) Culver Hosp. Crawfordsville Mont. Ind.
Residence Address: Street or R. R. Box 151 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: Electrician
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Sel. Serv. # 12-30-52-51

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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☒
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐ (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses — Name / Age / Address
(b) Are you supporting or contributing to their 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 Davidson
Residence of father (if deceased so state) Box 151, North Salem Ind.
Occupation of father Truck driver Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Betty Jean Merchant
Residence of mother (if deceased so state) Box 151, North Salem
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Crawfordsville In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Robert A. Davidson
New Address 255 North Salem R.D. Danville Ind.
Subscribed and sworn to before me this 2 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Geraldine Middle Sue Last Barnhart
Date of Birth: Month April Day 10 Year 1946
Place of Birth (State or foreign country) Greencastle Hosp. Greencastle Putnam Ind.
Residence Address: Street or R. R. Box 24, North Salem City Ind. County Hend. State
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
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 Apl 7-1952 age 6 yrs
☒ Other (Specify) Empire Life Ins. Co. Policy J P 103929

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Ray Berry
Residence of father (if deceased so state) Box 24 North Salem In.
Occupation of father Timber Buyer Race of father White
Birthplace of father (State or foreign country) Rockville, Ind.
8. Full maiden name of mother Lois Lillian Clark
Residence of mother (if deceased so state) Box 24, North Salem, In.
Occupation of mother Avon Aircraft Race of mother White
Birthplace of mother (State or foreign country) Rockville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Geraldine Sue Barnhart
New Address 255 North Salem R.D. Danville Ind.
Subscribed and sworn to before me this 2 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 74, *authorizing the joining together as husband and wife* Robert A. Davidson *and* Geraldine Sue Barnhart
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Earl C. Davis *hereby certify that on the* 14 *day of* July, *one thousand nine hundred and* 74 *at* North Salem Christian Church, *County of* Hendricks, *State of Indiana, Groom* Robert Alan Davidson *of* Hendricks *County, State of* Indiana *and, Bride* Geraldine Sue Barnhart *of* Hendricks *County, State of* Indiana, *were by me united 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 74.

Signed Earl C. Davis, B.D.
Official Designation Pastor - Counselor

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* July, 19 74.
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 Bk "35"
July 3, 1973
Date of Application

MALE
Medical Examination Report Dated 7-2-74
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 7-2-74
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 William Middle A. Last Bullock
Date of Birth: Month 11 Day 4 Year 34
Place of Birth (State or foreign country): Cincinnati Ohio
Residence Address: Street or R. R. 2113 Wanessa Dr. City Indianapolis County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Self Employed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License 3407403621

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Other Bullock
    Residence of father (if deceased so state) Deceased
    Occupation of father ____ Race of father White
    Birthplace of father (State or foreign country) Mt. Vernon, Ky.
12. Full maiden name of mother Millie Sowders
    Residence of mother (if deceased so state) Deceased
    Occupation of mother ____ Race of mother White
    Birthplace of mother (State or foreign country) Mt. Vernon, Ky

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

Signed William Bullock
New Address 2113 Wanessa Dr.
Subscribed and sworn to before me this 3 day of July, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 L. Last Miller
Date of Birth: Month 8 Day 21 Year 37
Place of Birth (State or foreign country) Rushville
Residence Address: Street or R. R. 827 W. Main City Franwood County Johnson State Indiana
Maiden Name if Different Marilyn L. Cloud
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 Self-Employed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License A310384980

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Cloud
   Residence of father (if deceased so state) Deceased
   Occupation of father ____ Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Lillie Browning
   Residence of mother (if deceased so state) Rushville, Indiana
   Occupation of mother Cook Race of mother White
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Marilyn Miller
New Address 827 West Main
Subscribed and sworn to before me this 3 day of July, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____.
____ 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. 7-3-74 Judge Hellon

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 3 day of July, 19 74, authorizing the joining together as husband and wife William A. Bullock and Marilyn L. Miller

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

I, Wm. E. Clauer hereby certify that on the 4th day of July, 19 74, at Carmel, County of Hamilton, one thousand nine hundred and 74 at Carmel, County of Hamilton, State of Indiana, State of Indiana, Groom William A. Bullock of Hendricks County, State of Indiana, and, Bride Marilyn L. Miller 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 4th day of July, 19 74.

Signed Wm. E. Clauer
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of August, 19 74.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

562

Form 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 35
July 5, 1974
Date of Application

MALE
Medical Examination Report Dated 7-1-74
Name of Physician Irving Coben, M.D.

FEMALE
Medical Examination Report Dated 7-1-74
Name of Physician Irving Coben, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 E. Last Nyswander
Date of Birth: Month May Day 17 Year 1954
Place of Birth (State or foreign country) Methodist Hosp. Indianapolis Marion Ind.
Residence Address: Street or R. R. R.R. 1 Box 272 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 Salesman Indianapolis
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Local #04467
☐ Other (Specify) St Bd of Health

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Rufus L. Nyswander Jr
    Residence of father (if deceased so state) R.R.1, Box 272 Plainfield
    Occupation of father Farmer Race of father W
    Birthplace of father (State or foreign country) Plainfield Ind.
12. Full maiden name of mother Barbara Jean Knoll
    Residence of mother (if deceased so state) R.R.1, Box 272 Plainfield
    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 Morris E Nyswander
New Address 304½ S Kew St. Plainfield

Subscribed and sworn to before me this 5 day of July, 1974
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 L. Last Hand
Date of Birth: Month Nov. Day 22 Year 1953
Place of Birth (State or foreign country) Methodist Hosp. Indianapolis Marion Ind.
Residence Address: Street or R. R. 704 French 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 Secretary. Indianapolis
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Dept. of Pub Health Local #12191
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 L. Hand
   Residence of father (if deceased so state) 704 French St. Plainfield
   Occupation of father Serv. Sta. Proprietor Race of father W
   Birthplace of father (State or foreign country) Marion Co. Ind.
8. Full maiden name of mother Alice Patricia Bryant
   Residence of mother (if deceased so state) 704 French St.
   Occupation of mother Pay Lake Proprietor Race of mother W
   Birthplace of mother (State or foreign country) Hendricks Co. Ind.

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

Signed Dorothy L Hand
New Address 304½ S Kew St. Plainfield

Subscribed and sworn to before me this 5 day of July, 1974
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 74, *authorizing the joining together as husband and wife* Morris E. Nyswander *and* Dorothy L Hand

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

I, Warren A. Robbins *hereby certify that on the* 13 *day of* July, *one thousand nine hundred and* 74 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Morris E. Nyswander *of* Hendricks *County, State of* Indiana *and, Bride* Dorothy L Hand *of* Hendricks *County, State of* Indiana, *were by me united 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, 19 74.

Signed Warren A. Robbins
Official Designation Christian Minister

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

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 35
July 5, 1974 Date of Application

MALE
Medical Examination Report Dated July 2, 1974
Name of Physician Eric D. Clark, M.D.

FEMALE
Medical Examination Report Dated July 2, 1974
Name of Physician Eric D. Clark, M.D.

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

MALE APPLICANT

Name: James (Jim) M. Higgins (First, Middle, Last)
Date of Birth: Month 1, Day 15, Year 55
Place of Birth (State or foreign country): Buchgrove
Residence Address: 9 Locust Dr. (Street or R. R.) Plainfield (City) Hendricks (County) Ind. (State)
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Cook
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: George Ira Higgens
    Residence of father (if deceased so state): Unknown
    Occupation of father: Unknown Race of father: White
    Birthplace of father (State or foreign country): Unknown
12. Full maiden name of mother: Elizabeth (Eddie) Henize
    Residence of mother (if deceased so state): 9 Locust Dr. Plainfield, Ind.
    Occupation of mother: retired Race of mother: White
    Birthplace of mother (State or foreign country): Louisville, Kentucky

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

Signed: James Merill Higgins
New Address: 9 Locust Dr. Plainfield
Subscribed and sworn to before me this 5th day of July, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: Leah C. Davis (First, Middle, Last)
Date of Birth: Month 7, Day 13, Year 56
Place of Birth (State or foreign country): Martinsville
Residence Address: 1108 Delwood (Street or R. R.) Mooresville (City) Morgan (County) Indiana (State)
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Cashier
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Glen Lee Davis
   Residence of father (if deceased so state): Ashway Dr. Indianapolis, Ind.
   Occupation of father: Self-employed Race of father: White
   Birthplace of father (State or foreign country): Martinsville, Indiana
8. Full maiden name of mother: Patsy Charlene Miller
   Residence of mother (if deceased so state): 1108 Delwood, Mooresville, Ind.
   Occupation of mother: Pharmacist Asst. Race of mother: White
   Birthplace of mother (State or foreign country): Martinsville, Indiana

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

Signed: Leah C Davis
New Address: 9 Locust Dr. Plainfield, Ind
Subscribed and sworn to before me this 5th day of July, 1974
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 custody of child

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed: Mrs. Patsy C Davis Mother
Subscribed and sworn to before me this 5th day of July, 1974
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 9th day of July, 1974, authorizing the joining together as husband and wife James M. Higgins and Leah C. Davis

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

I, M L Crawley hereby certify that on the 9th day of July, one thousand nine hundred and 74 at Plainfield, County of Hendricks, State of Indiana, Groom James M. Higgins of Morgan County, State of Indiana, and, Bride Leah C. Davis 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 9th day of July, 1974.

Signed M. L. Crawley
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of July, 1974.

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 # 35
July 5, 1974
Date of Application

MALE
Medical Examination Report Dated June 17, 1974
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated June 17, 1974
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: Norman Middle: Dale Last: Anderson
Date of Birth: Month: 11 Day: 30 Year: 54
Place of Birth (State or foreign country): E Raves, Roswell, New Mexico
Residence Address: Street or R. R.: R.R. 1 Box 49E City: Danville County: Indiana 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) State of New Mexico 130-54-021517

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 Anderson
    Residence of father (if deceased so state): R.R. 1 Box 86B, Danville, Ind.
    Occupation of father: Inspector Race of father: White
    Birthplace of father (State or foreign country): Lynn, Indiana
12. Full maiden name of mother: Ruth Genevieve Haney
    Residence of mother (if deceased so state): R.R. 1, Box 86B, Danville, Ind.
    Occupation of mother: Nurse's Aid Race of mother: White
    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 Norman D Anderson
New Address R#1 Box 49E Danville
Subscribed and sworn to before me this 5 day of July, 19 74.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First: Leslie Middle: Jean Last: Adamson
Date of Birth: Month: 4 Day: 30 Year: 55
Place of Birth (State or foreign country): Marion Co. Indianapolis, Ind.
Residence Address: Street or R. R.: R.R. #3 Box 435 City: Plainfield County: Indiana State:
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Claims Inspector
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Marion Co. 4208
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Glen Adamson
   Residence of father (if deceased so state): RR3, Plainfield, Ind.
   Occupation of father: Supervisor Race of father: White
   Birthplace of father (State or foreign country): Kentucky
8. Full maiden name of mother: Dorothy Jean Voight
   Residence of mother (if deceased so state): RR3, Plainfield, Ind.
   Occupation of mother: R.N. Race of mother: White
   Birthplace of mother (State or foreign country): Indianapolis, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Leslie Jean Adamson
New Address R.R. 1 Box 49E Danville
Subscribed and sworn to before me this 5 day of July, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of July, 19 74, authorizing the joining together as husband and wife Norman Dale Anderson and Leslie Jean Adamson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Teal O'Neil Younce hereby certify that on the 13th day of July, one thousand nine hundred and 74 at Avon, County of Hendricks, State of Indiana, Groom Norman Dale Anderson of Hendricks County, State of Indiana, and, Bride Leslie Ann Adamson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 13th day of July, 19 74.
Signed Teal O. Younce
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of July, 19 74.
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 35
July 5, 1974
Date of Application

MALE
Medical Examination Report Dated 7-1-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 7-1-74
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 Walter Middle Henry Last Weigert
Date of Birth: Month Nov. Day 22 Year 1941
Place of Birth (State or foreign country) St. Francis Hosp Indianapolis, Marion, Ind.
Residence Address: Street or R. R. R.R.1 Box 678 City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Johnson Co. April 1974
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Machine Operator
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St. Francis Hosp Cert - S/S J. Wayne Ebert M.D.

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

Name	Age	Address
Martha Ann Weigert	4	10 Bacon Island Stockton, Calif.

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Otto Henry Weigert
    Residence of father (if deceased so state) 271 Jemicio Dr. Palmetto, Fla.
    Occupation of father Retired Race of father W.
    Birthplace of father (State or foreign country) Mecklenburg, Germany
12. Full maiden name of mother Martha Mary Fischer Gehrmann
    Residence of mother (if deceased so state) Deceased - 1957
    Occupation of mother 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 Walter H. Weigert
New Address R.R.1 Box 678, Plainfield Ind.

Subscribed and sworn to before me this 5 day of July, 1974.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Jane Last Patrick
Date of Birth: Month June Day 29 Year 1943
Place of Birth (State or foreign country) St. Francis Hosp Indianapolis, Marion, Ind.
Residence Address: Street or R. R. 534 Fletcher Lane City Beech Grove County Marion State Ind.
Maiden Name if Different Susan Jane Perkins
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marion Co. April 1974
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Homemaker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St. Francis Hosp. Cert - S/S Donald Klein M.D.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Samuel Perkins
   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 Frances Rose Ann Clemente
   Residence of mother (if deceased so state) 534 Fletcher Lane Beech Grove Ind.
   Occupation of mother Cashier - Student Employee R.C.A. 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 Susan Jane Patrick
New Address R.R.1, Box 678, Plainfield Ind.

Subscribed and sworn to before me this 5 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 9 day of July, 19 74, authorizing the joining together as husband and wife Walter Henry Weigert and Susan Jane Patrick

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

I, Marley A. Lasiter hereby certify that on the 15 day of July, at Greenwood, County of Johnson, one thousand nine hundred and 74 of Hendricks County, State of Ind., State of Indiana, Groom Walter Henry Weigert of Marion County, State of Ind., and, Bride Susan Jane Patrick of HENDRICKS County. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

Dated this 9 day of July, 19 74. Signed M. A. Lasiter
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of August, 19 74. 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 35
July 8 1974
Date of Application

MALE
Medical Examination Report Dated 7-5-74
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 6-20-74
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 Edward Middle S. Last Bialas Jr.
Date of Birth: Month May Day 3 Year 1950
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R. R. 3 N. Cottenet, City Irvington County New York 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 Office Manager
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 112-50-6 3225 4

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Edward S. Bialas Sr.
    Residence of father (if deceased so state) 297 Sunstone Rd. Lincoln Ill.
    Occupation of father Salesman Race of father.....
    Birthplace of father (State or foreign country) Chicago
12. Full maiden name of mother Theresa Mary Jurasek
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Illinois

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

Signed x Edward Bialas Jr.
New Address 3 N. Cottenet St, Irvington NY 10533
Subscribed and sworn to before me this ... day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Nancy Middle Marie Last Hein
Date of Birth: Month Oct. Day 1 Year 1950
Place of Birth (State or foreign country) Evansville Ind.
Residence Address: Street or R. R. 701 Maple Lane, 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 Teacher
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 3603

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Alfred E. Hein Sr.
   Residence of father (if deceased so state) Same
   Occupation of father Truck Driver Race of father.....
   Birthplace of father (State or foreign country) Evansville
8. Full maiden name of mother Dorothy Mae Kreitemeyer
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Evansville

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

Signed x Nancy Marie Hein
New Address 3 N. Cottenet St. Irvington, N.Y. 10533
Subscribed and sworn to before me this 8 day of July, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 74, *authorizing the joining together as husband and wife* Edward S. Bialas Jr. *and* Nancy Marie Hein
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Leo A Prignet *hereby certify that on the* 20 *day of* July, *one thousand nine hundred and* 74 *at* West Lafayette, *County of* Tippicanoe, *State of Indiana, Groom* Edward S. Bialas Jr. *of* Westchester *County, State of* New York *and, Bride* Nancy Marie Hein *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 20 *day of* July, 19 74.

Signed Leo A. Prignet
Official Designation Priest

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* July, 19 74.
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 35
7-8-74 Date of Application

MALE
Medical Examination Report Dated 7-1-74
Name of Physician John Ellett, M.D.

FEMALE
Medical Examination Report Dated 7-1-74
Name of Physician John Ellett, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 D. Last Abbott
Date of Birth: Month March Day 19 Year 1954
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. Stilesville City Hendricks County Indiana State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Greenhouse Worker
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Coleman Hospital 02554
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Marion L. Abbatt
    Residence of father (if deceased so state) Lawrenceburg, Indiana
    Occupation of father Maintenance Race of father White
    Birthplace of father (State or foreign country) Unknown (Michigan?)
12. Full maiden name of mother Shirley D. Taylor
    Residence of mother (if deceased so state) Lawrenceburg, Indiana
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Dearborn Co. Indiana

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

Signed Jimmy Dean Abbott
New Address Stilesville, Indiana
Subscribed and sworn to before me this 8 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Kathy Middle J. Last Cox
Date of Birth: Month July Day 21 Year 1957
Place of Birth (State or foreign country) Greencastle
Residence Address: Street or R. R. Putnam City Stilesville 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 Greenhouse Worker
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Putnam Co. Hospital 52940
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 D. Cox
   Residence of father (if deceased so state) Stilesville, Indiana
   Occupation of father Factory Worker Race of father White
   Birthplace of father (State or foreign country) Greencastle, Indiana
8. Full maiden name of mother Evelyn May Hurst
   Residence of mother (if deceased so state) Stilesville, Indiana
   Occupation of mother Owner - Cox's Greenhouse Race of mother White
   Birthplace of mother (State or foreign country) Hendricks Co., Indiana

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

Signed Kathy Cox
New Address Stilesville, Indiana
Subscribed and sworn to before me this 8th day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Fat
Signed Evelyn May Cox Mo
Subscribed and sworn to before me this 8th day of July, 19..
.....C

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, ... and fi...
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 74, authorizing the joining together as husband and wife of Indiana dated the 12 day of July and Jimmy D. Abbott Kathy J. Cox

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

I, Carl L. Abbott hereby certify that on the 12th day of July, at Lawrenceburg, County of Dearborn, one thousand nine hundred and 74 at Dearborn County, State of Indiana, State of Indiana, Groom Jimmy D. Abbott of Hendricks County, State of Indiana, and, Bride Kathy J. 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 12th day of July, 19 74. Signed Carl L. Abbott
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of July, 19 74
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 35
7-8-74 Date of Application

MALE
Medical Examination Report Dated 7-1-74
Name of Physician John Ellett, M.D.

FEMALE
Medical Examination Report Dated 7-1-74
Name of Physician John Ellett, M.D.

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

MALE APPLICANT

Name: First Jimmie Middle D. Last Abbott
Date of Birth: Month March Day 19 Year 1954
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. Stilesville City Marion County Indiana 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 Greenhouse Worker
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Coleman Hospital 02554
☐ Other (Specify)

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Marion L. Abbatt
    Residence of father (if deceased so state) Lawrensburg, Indiana
    Occupation of father Maintenance Race of father White
    Birthplace of father (State or foreign country) Unknown (Michigan?)
12. Full maiden name of mother Shirley D. Taylor
    Residence of mother (if deceased so state) Lawrensburg, Indiana
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) Dearborn Co. Indiana

State of Indiana, County of HEN
S
New Ad
Subscribed and sworn to
Glen M.

CONSENT OF PARENT
We, the parents, of this
signs, state facts which

State of Indiana, County of HE
Signe
Signe
Subscribed and sworn t

COMPLETE IF
HENDRICKS County
in authorizes and directs the issuance of a marriage license to the above named

FEMALE APPLICANT

Name: First Kathy Middle J. Last Cox
Date of Birth: Month July Day 21 Year 1957
Place of Birth (State or foreign country) Greencastle
Residence Address: Street or R. R. Putnam City Putnam County Indiana State
Maiden Name if Different Stilesville Hendricks Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Greenhouse Worker
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Putnam Co. Hospital 52940
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 D. Cox
   Residence of father (if deceased so state) Stilesville, Indiana
   Occupation of father Factory Worker Race of father White
   Birthplace of father (State or foreign country) Greencastle, Indiana
8. Full maiden name of mother Evelyn May Hurst
   Residence of mother (if deceased so state) Stilesville, Indiana
   Occupation of mother Owner - Cox's Greenhouse Race of mother White
   Birthplace of mother (State or foreign country) Hendricks Co., Indiana

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

Signed Kathy Cox
New Address Stilesville, Indiana
Subscribed and sworn to before me this 8th day of July, 19 74
Clerk HENDRICKS Circuit Court

I, Wayne D. Cox, hereby give my consent for my daughter, Kathy Jean Cox to marry Jimmie D. abbott.

✓ Wayne D. Cox

Subscribed and sworn to before me this 11th day of July 1974
HENDRICKS COUNTY
STATE OF INDIANA

Eileen J. Shelton
Notary Public
11-24-77

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 HENDRICKS Circuit Court of Indiana dated the 12 day of July, 19 74, authorizing the joining together as husband and wife Jimmie D. Abbott and Kathy J. Cox

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

I, Carl L. Abbott hereby certify that on the 12th day of July, at Lawrenceburg, County of Dearborn, one thousand nine hundred and 74 State of Indiana, Groom Jimmie D. Abbott of Hendricks County, State of Indiana, and, Bride Kathy J. Cox 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 July, 19 74. Signed Carl L. Abbott
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of July, 19 74
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 35
7-9-74
Date of Application

MALE
Medical Examination Report Dated 6-28-74
Name of Physician Joseph E. Kerlin, M.D.

FEMALE
Medical Examination Report Dated 6-28-74
Name of Physician Joseph E. 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 David Middle Charles Last Webster
Date of Birth: Month May Day 3 Year 1945
Place of Birth (State or foreign country): Indianapolis Marion, Indiana
Residence Address: Street or R. R. R.R. 6 Box 364 City Noblesville County Hamilton 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: Statistician
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Methodist Hospital Indpls. 2938
☐ Other (Specify)

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

Name	Age	Address
Kristy Lynn Webster	4 yrs.	10650 Highland Dr., 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 Louis Irving Webster
    Residence of father (if deceased so state) R6, Noblesville, Indiana
    Occupation of father Attorney Race of father White
    Birthplace of father (State or foreign country) Vedersburg, Indiana
12. Full maiden name of mother Dorothy Rosemary Randall
    Residence of mother (if deceased so state) R6, Noblesville, Indiana
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Noblesville, Ind.

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

Signed David Charles Webster
New Address 56th & Georgetown Road, Indpls.
Subscribed and sworn to before me this 8th day of July, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Cherie Middle Lynn Last Newlin
Date of Birth: Month May Day 1 Year 1951
Place of Birth (State or foreign country): Indianapolis Marion, Indiana
Residence Address: Street or R. R. R.R. 1 Box 709 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: Clerk-Typist
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Methodist Hospital Indpls. 4207
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Dale Dwight Newlin
   Residence of father (if deceased so state) R.1 Plainfield, Ind.
   Occupation of father Machine Repair Race of father White
   Birthplace of father (State or foreign country) Plainfield, Ind.
8. Full maiden name of mother Eula Lucille Denny
   Residence of mother (if deceased so state) R.1 Plainfield, Ind.
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Morgan Co., Ind.

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

Signed Cherie Lynn Newlin
New Address 56th & Georgetown Rd. Indianapolis
Subscribed and sworn to before me this 8th day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15 *day of* July, 19 74, *authorizing the joining together as husband and wife* David Charles Webster *and* Cherie Lynn Newlin
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Everett Barnard *hereby certify that on the* 26 *day of* July,
one thousand nine hundred and 74 *at* Good Shepard Baptist Church *County of* Morgan,
State of Indiana, Groom David Webster *of* Hamilton *County, State of* Indiana
and, Bride Cherie Newlin *of* Hendricks *County, State of* Indiana,
were by me united 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* July, 19 74.

Signed Rev. Everett Barnard
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* July, 19 74.
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 BK. 35
July 9, 1974 Date of Application

MALE
Medical Examination Report Dated July 3 1974
Name of Physician J. Van Fleet Ind.

FEMALE
Medical Examination Report Dated July 2, 1974
Name of Physician Irvin Coker

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

MALE APPLICANT

Name: First Jerry Middle B. Last Mc Collum
Date of Birth: Month 10 Day 14 Year 1948
Place of Birth (State or foreign country) Plainfield Ind.
Residence Address: Street or R. R. 110 Carter 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 Carpenter
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Reg. # 1843

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Willard L. Mc Collum
    Residence of father (if deceased so state) RR #1, Plainfield Ind.
    Occupation of father Carpenter Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Betty Crews
    Residence of mother (if deceased so state) deceased
    Occupation of mother Race of mother
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jerry B Mc Collum
New Address 110 E Carter
Subscribed and sworn to before me this 9 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Georgi Lou Middle Gaddie Last
Date of Birth: Month 9 Day 4 Year 1953
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. 110 Carter St. City Plainfield County State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Telly
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dept of Pub Health #9758

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 D. Gaddie Jr.
   Residence of father (if deceased so state) 5447 N. Harding Indpls. In.
   Occupation of father Eli Lilly - Supr. Race of father White
   Birthplace of father (State or foreign country) Indpls. In.
8. Full maiden name of mother Marjorie Louise Mc Daniel
   Residence of mother (if deceased so state) Greenwood Apts. Indpls. Ind.
   Occupation of mother Private Secy. Race of mother White
   Birthplace of mother (State or foreign country) Indianapolis In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Georgi Lou Gaddie
New Address 110 E Carter St.
Subscribed and sworn to before me this 9 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 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 15th day of July, 1974, authorizing the joining together as husband and wife Jerry B. Mc Callum and Georgi Lou Gaddie

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

I, Father Freidrich Borschlauh hereby certify that on the 20 day of July, at Plainfield, County of Hendricks, one thousand nine hundred and 1974 State of Indiana, Groom Jerry Bruce Mc Callum of Hendricks County, State of Indiana, and, Bride Georgi Lou Gaddie of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of July, 1974. Signed Father Freidrich Borschlauh
Official Designation Rector, St. Marks

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of July, 1974. Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

570

Form 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 BK # 35
July 9 1974
Date of Application

MALE
Medical Examination Report Dated 6-24-74
Name of Physician Dr. M.O. Seamahorn

FEMALE
Medical Examination Report Dated 6-24-74
Name of Physician Dr. M.O. Seamahorn

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

MALE APPLICANT

Name: First Keith Middle Allan Last King
Date of Birth: Month November Day 6 Year 1954
Place of Birth (State or foreign country) Noblesville Hamilton Ind.
Residence Address 1509 S. 9th Street Noblesville 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 Lilly Pharmaceutical Co.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #54-092004

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Keith A. King
New Address 5353 West Vermont Lot #6
Subscribed and sworn to before me this 9 day of July, 1974.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Deana Middle Kay Last Walker
Date of Birth: Month May Day 24 Year 1955
Place of Birth (State or foreign country) Hamilton / Lebanon Boone Ind.
Residence Address R.R.#3 Box 740, Brownsburg 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 Methodist Hospital
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 Octavius Owen Walker
   Residence of father (if deceased so state) R.R.#3 Box 740 B'Burg
   Occupation of father I.T.T. Hoffman Race of father White
   Birthplace of father (State or foreign country) Indianapolis, Ind.
8. Full maiden name of mother Lois Marie Beals
   Residence of mother (if deceased so state) R.R.#3 Box 740 B'Burg.
   Occupation of mother Nursing Home Race of mother White
   Birthplace of mother (State or foreign country) Greenwood Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Deana K. Walker
New Address 5353 W. Vermont Lot 6
Subscribed and sworn to before me this 9 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15th *day of* July, 1974, *authorizing the joining together as husband and wife* Keith Allan King *and* Diana Kay Walker.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Willard R. Fair *hereby certify that on the* 19 *day of* July, *one thousand nine hundred and* 74 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Keith Allen King *of* Hamilton *County, State of* Indiana *and, Bride* Diana Kay Walker *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 15 *day of* July, 1974.

Signed Rev. Willard R. Fair
Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* July, 1974.
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. 294
File Book 35
July 11, 1974 Date of Application

MALE
Medical Examination Report Dated 7-8-74
Name of Physician Thomas M. Walker M.D.

FEMALE
Medical Examination Report Dated 7-8-74
Name of Physician Thomas M. Walker M.D.

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

MALE APPLICANT

Name: First Albert Middle Last Ray, Jr.
Date of Birth: Month Sept. Day 2 Year 1956
Place of Birth (State or foreign country) Clark Co. Mem. Hosp., Jeffersonville, Clark, Ind.
Residence Address: Street or R. R. Rt 1, Box 94-H 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 Grocery stock Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Clark Co. Hosp. Cert s/s W.A. Alexander Administrator

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Albert Ray, Sr.
    Residence of father (if deceased so state) Rt 1, Box 94-H, Danville
    Occupation of father Carpenter Race of father W
    Birthplace of father (State or foreign country) Knox Co. Ind.
12. Full maiden name of mother Helen L. Flynn
    Residence of mother (If deceased so state) Rt 1, Box 94-H, Danville
    Occupation of mother Grocery Meat Dept Race of mother W
    Birthplace of mother (State or foreign country) Green Co. Ind.

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

Signed Albert Ray Jr.
New Address Rt 1, Box 94-H, Danville

Subscribed and sworn to before me this 11 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Kimberly Middle Marian Last Hager
Date of Birth: Month Feb. Day 8 Year 1957
Place of Birth (State or foreign country) Methodist Hosp., Indianapolis, Marion Co. Ind.
Residence Address: Street or R. R. 7836 Big Horn Trail 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 Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Hosp Record (Photostatic) Local #1479 Methodist Hosp.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Herman Marion Hager
   Residence of father (if deceased so state) 7836 Big Horn Trail,
   Occupation of father Const. Work Race of father W. Indpls.
   Birthplace of father (State or foreign country) Marion Co. Ind.
8. Full maiden name of mother Mary Paula Blunk
   Residence of mother (if deceased so state) 7836 Big Horn Trail Indpls.
   Occupation of mother Aircraft Electronics 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 Kimberly Hager
New Address Rt 1, Box 94-H, Danville

Subscribed and sworn to before me this 11 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 15 day of July, 19 74, authorizing the joining together as husband and wife Albert Ray Jr. and Kimberly Marian Hager

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

I, Rev. Ronald Ricketts hereby certify that on the 20 th day of July, one thousand nine hundred and 74 at Indianapolis, County of Marion, State of Indiana, Groom Albert Ray, Jr. of Hendricks County, State of Indiana, and, Bride Kimberly Marion Hager 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 20 th day of July, 19 74. Signed Ronald Ricketts
Official Designation Pastor, Lapahurst Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of July, 19 74.
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. 294
File Book 35
July 11, 1974 Date of Application

MALE
Medical Examination Report Dated 7-8-74
Name of Physician Thomas M. Walker M.D.

FEMALE
Medical Examination Report Dated 7-8-74
Name of Physician Thomas M. Walker M.D.

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

MALE APPLICANT

Name: First Albert Middle — Last Ray, Jr.
Date of Birth: Month Sept. Day 2 Year 1956
Place of Birth (State or foreign country) Clark Co. Mem. Hosp. Jeffersonville Clark. Ind.
Residence Address: Street or R. R. Rt 1, Box 94-H 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: Grocery stock Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Clark Co. Hosp. Cert s/s W.A. Alexander Administrator

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

Name	Age	Address

(b) Are you supporting or contributing to their support?

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

State of Indiana, County of HENDRICKS } ss:

I Albert Ray Sr Helen L. Ray, hereby give my consent for my Son, Albert Ray Jr. to marry Kim Hagers.

Albert Ray Sr. Helen L. Ray

Subscribed and sworn to before me this 9th day of July 1974

Frances E. Dew
Notary Public
My Commission Expires: 12-2-'76

FEMALE APPLICANT

Name: First Kimberly Middle Marian Last Hagers
Date of Birth: Month Feb. Day 8 Year 1957
Place of Birth (State or foreign country) Methodist Hosp. Indianapolis, Marion Co. Ind.
Residence Address: Street or R. R. 7836 Big Horn Trail 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: Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Hosp Record (Methodist Hosp. Photostat) Local #1479

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Herman Marion Hager
   Residence of father (if deceased so state): 7836 Big Horn Trail, Indpls.
   Occupation of father: Const. Work Race of father: W
   Birthplace of father (State or foreign country): Marion Co. Ind
8. Full maiden name of mother: Mary Kay Blunk
   Residence of mother (if deceased so state): Indianapolis
   Occupation of mother: Race of mother: W
   Birthplace of mother (State or foreign country): Kentucky

I, the undersigned, hereby certify that the information given above is true and correct.

Kimberly Hagers
Danville
July 19 74

HENDRICKS Circuit Court

only one parent

State of Indiana, County of HENDRICKS } ss:

Signed Father
Mother
19
Clerk

I, Herman M. Hagers Mary P. Hagers, hereby give my consent for my daughter, Kimberly Hagers to marry Albert Ray Jr.

Herman M. Hagers Mary P. Hagers

Subscribed and sworn to before me this 8th day of July 1974

Nancy C. Hagers
Notary Public
My Commission expires: Jan. 24, 1977

Circuit Court
ther as husband and wife

County.
Dated this 20th day of July, 19 74.

Signed Ronald Riskette
Official Designation Pastor, Lapahurst Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of July, 19 74.

Signed Glen M. Warsey Clerk
HENDRICKS Circuit Court

FRONT

572

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. ~~35~~ 295

File #35

July 12, 1974
Date of Application

MALE
Medical Examination Report Dated 7-8-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 7-8-74
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 Dennis Middle Lion Last Humphrey

Date of Birth: Month March Day 17 Year 1955

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

Residence Address: Street or R. R. 724 Woodside Dr. 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

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Div. of Public Health 2709
☐ Other (Specify)

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Norris Hastel Humphery
    Residence of father (if deceased so state) Plainfield, Indiana
    Occupation of father Lab Technician Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Helen Delphenia Asher
    Residence of mother (if deceased so state) Plainfield, Indiana
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Indiana

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

Signed Dennis Humphrey
New Address 2100 Avon Ave. Plfd.

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 Agnes Middle Marie Last Sowders

Date of Birth: Month January Day 21 Year 1951

Place of Birth (State or foreign country): Richmond Indiana

Residence Address: 270 Avon Ave. Plainfield Hendricks Indiana
Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Typist

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Fred Sowders
   Residence of father (if deceased so state) London, Kentucky
   Occupation of father Truck Driver Race of father White
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Zelma Johnson
   Residence of mother (if deceased so state) London, Kentucky
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) London, Kentucky

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

Signed Agnes Sowders
New Address 270 Avon Ave Plfd.

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
X Signed Zelma Sowders Mother
Subscribed and sworn to before me this 16th day of July, 1974.
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* 16th *day of* July, 1974, *authorizing the joining together as husband and wife* Dennis Leon Humphrey *and* Agnes Marie Sowders

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

I, Warren A. Rabbins hereby certify that on the 20 day of July, one thousand nine hundred and 74 at Plainfield, County of Hendricks, State of Indiana, Groom Dennis Leon Humphrey of Hendricks County, State of Indiana, and, Bride Alice Marie Sowders of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20th day of July, 1974.

Signed Warren A. Rabbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* July, 1974.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

572

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. ~~35~~ 295

File #35

July 12, 1974
Date of Application

MALE
Medical Examination Report Dated 7-8-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 7-8-74
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 Dennis Middle Leon Last Humphrey

Date of Birth: Month March Day 17 Year 1955

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

Residence Address: Street or R. R. 724 Woodside Dr. 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

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Div. of Public Health 2709
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Norris Hastel Humphery
    Residence of father (if deceased so state) Plainfield, Indiana
    Occupation of father Lab Technician Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Helen Delphenia Asher
    Residence of mother (if deceased so state) Plainfield, Indiana
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Indiana

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

Signed Dennis Humphrey

FEMALE APPLICANT

Name: First Agnes Middle Marie Last Sowders

Date of Birth: Month January Day 21 Year 1957

Place of Birth (State or foreign country): Richmond Indiana

Residence Address: Street or R. R. 270 Avon Ave. City Plainfield County Hendricks State Indiana

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Typist

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Fred Sowders
   Residence of father (if deceased so state) London, Kentucky
   Occupation of father Truck Driver Race of father White
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Zelma Johnson
   Residence of mother (if deceased so state) London, Kentucky
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) London, Kentucky

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

Signed Agnes Sowders
New Address 270 Avon Ave Plfd.

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

.....Clerk HENDRICKS Circuit Court

I, Robert F. Sowders, hereby give my consent for my daughter, Agnes Marie Sowders to marry Dennis Humphrey.

Robert F. Sowders

Subscribed and sworn to before me this 15 day of July 1974

Fred Comfort
Notary Public
11-4-74

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16th day of July, 1974, authorizing the joining together as husband and wife Dennis Leon Humphrey and Agnes Marie Sowders

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

I, Warren A. Robbins hereby certify that on the 20 day of July, one thousand nine hundred and 74, at Plainfield, County of Hendricks, State of Indiana, Groom Dennis Leon Humphrey of Hendricks County, State of Indiana, and, Bride Alice Marie Sowders of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 th day of July, 1974.

Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of July, 1974.

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. #296
File Book #35
July 12, 1974
Date of Application

MALE
Medical Examination Report Dated July 8, 1974
Name of Physician Joseph Kerlin, M.D.

FEMALE
Medical Examination Report Dated July 8, 1974
Name of Physician Joseph 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 David Middle Eugene Last Rodgers
Date of Birth: Month Nov. Day 4 Year 1953
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. Rt 2 Box #61 City Clayton, Ind. County Hends Co. 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) Pub Health # 12224

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

Name	Age	Address

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

11. Full name of father Jerous Rodgers Jr.
    Residence of father (if deceased so state) Clayton, Indiana
    Occupation of father Factory Worker Race of father W.
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Ima Jewell Thurwood
    Residence of mother (if deceased so state) Clayton Indiana
    Occupation of mother Office Worker Race of mother W.
    Birthplace of mother (State or foreign country) Kentucky

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

Signed David Eugene Rodgers
New Address unknown
Subscribed and sworn to before me this 12th day of July, 1974.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Kimberly Middle Louise Last Settles
Date of Birth: Month July Day 29 Year 1955
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. R#1 Box 136B City Clayton, Ind. County Hends. 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 Office Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St. Francis Hospital

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Paul Leroy Settles
   Residence of father (if deceased so state) Clayton, Indiana
   Occupation of father Excavating Race of father W.
   Birthplace of father (State or foreign country) Indianapolis Ind.
8. Full maiden name of mother Nancy Louise Black
   Residence of mother (if deceased so state) Clayton, Indiana
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Marion, Indiana

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

X Signed Kimberly Louise Settles
New Address unknown
Subscribed and sworn to before me this 12th day of July, 1974.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....Court of.....HENDRICKS.....County.....by written order issued.....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 16 day of July, 1974, authorizing the joining together as husband and wife David Eugene Rodger and Kimberly Louise Settles

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

I, Rev Theodore L Schuck hereby certify that on the 26th day of July, 1974, at Belleville, County of Hendricks, one thousand nine hundred and 74 State of Indiana, Groom David Eugene Rodgers of Hendricks County, State of Indiana, and, Bride Kimberly Louise 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 26th day of July, 1974. Signed Rev Theodore L Schuck
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of July, 1974. 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. ~~35~~ 295

File #35

July 12, 1974
Date of Application

MALE
Medical Examination Report Dated 7-8-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 7-8-74
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 Dennis Middle Lyon Last Humphrey

Date of Birth: Month March Day 17 Year 1955

Place of Birth (State or foreign country): Indianapolis Marion Indiana
City County State

Residence Address: 724 Woodside Dr. Plainfield Hendricks 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

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Div. of Public Health 2709
☐ Other (Specify)

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Norris Hastel Humphery
    Residence of father (if deceased so state) Plainfield, Indiana
    Occupation of father Lab Technician Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Helen Delphenia Asher
    Residence of mother (if deceased so state) Plainfield, Indiana
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Indiana

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signs, st

State of
County

FEMALE APPLICANT

Name: First Agnes Middle Marie Last Sawders

Date of Birth: Month January Day 21 Year 1957

Place of Birth (State or foreign country): Richmond Indiana

Residence Address: 270 Avon Ave. Plainfield Hendricks Indiana
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 Typist

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Fred Sawders
   Residence of father (if deceased so state) London, Kentucky
   Occupation of father Truck Driver Race of father White
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Zelma Johnson
   Residence of mother (if deceased so state) London, Kentucky
   Occupation of mother housewife Race of mother White
   Birthplace of mother (State or foreign country) London, Kentucky

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

Signed Agnes Sawders
New Address 240 Avon Ave. Plfd.

I, Robert F. Sawders, hereby give my consent for my daughter, Agnes Marie Sawders to marry Dennis Humphrey.

Robert F. Sawders

Subscribed and sworn to before me this 15 day of July 1974

Fred Comfort
Notary Public
11-4-74

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16th *day of* July, 1974, *authorizing the joining together as husband and wife* Dennis Lyon Humphrey *and* Agnes Marie Sawders

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

I, Warren A. Robbins hereby certify that on the 20 day of July, one thousand nine hundred and 74 at Plainfield, County of Hendricks, State of Indiana, Groom Dennis Lyon Humphrey of Hendricks County, State of Indiana, and, Bride Alice Marie Sawders of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 th day of July, 1974.

Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* July, 1974.

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. #296
File Book #35
July 12, 1974
Date of Application

MALE
Medical Examination Report Dated July 8, 1974
Name of Physician Joseph Kerlin, M.D.

FEMALE
Medical Examination Report Dated July 8, 1974
Name of Physician Joseph 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 David Middle Eugene Last Rodgers
Date of Birth: Month Nov. Day 4 Year 1953
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R#2 Bx #161 City Clayton County Hends. Co. 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) Pub Health # 12224

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Linous Rodgers Jr.
    Residence of father (if deceased so state) Clayton, Indiana
    Occupation of father Factory Worker Race of father W.
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Ima Jewell Thurmond
    Residence of mother (if deceased so state) Clayton, Indiana
    Occupation of mother Office Worker Race of mother W.
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed David Eugene Rodgers
New Address unknown
Subscribed and sworn to before me this 12th day of July, 1974.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Kimberly Middle Louise Last Settles
Date of Birth: Month July Day 29 Year 1955
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. R#1 Bx 136B City Clayton County Hends. 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 Office Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St Francis Hospital

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Paul Leroy Settles
   Residence of father (if deceased so state) Clayton, Indiana
   Occupation of father Excavating Race of father W.
   Birthplace of father (State or foreign country) Indianapolis Ind.
8. Full maiden name of mother Nancy Louise Black
   Residence of mother (if deceased so state) Clayton, Indiana
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Marion, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
X Signed Kimberly Louise Settles
New Address unknown
Subscribed and sworn to before me this 12th day of July, 1974.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 ..... , 1974 authorizing the joining together as husband and wife of Indiana dated the 16 day of July and Kimberly Louise Settles David Eugene Rodgers
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev Theodore L Schuck hereby certify that on the 26th day of July, County of Hendricks, at Belleville, County, State of Indiana, one thousand nine hundred and 74 State of Indiana, Groom David Eugene Rodgers of Hendricks County, State of Indiana, and, Bride Kimberly Louise Settles 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 26th day of July, 1974. Signed Rev Theodore L Schuck
Official Designation Minister, 1974

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of July, 1974. 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. 297
File #35
July 12, 1974
Date of Application

MALE
Medical Examination Report Dated July 9, 1974
Name of Physician Glen Baker

FEMALE
Medical Examination Report Dated July 9, 1974
Name of Physician Glen Baker

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

MALE APPLICANT

Name: First John, Middle Edward, Last Harnishfeger
Date of Birth: Month February, Day 5, Year 1954
Place of Birth (State or foreign country): Indianapolis, Marion, Indiana
Residence Address: Street or R. R. 314 E. Minnesota, City Indianapolis, County Marion, State Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: works in Danners Warehouse
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree State Board of Health 1664
☐ Other (Specify).....

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

    Name | Age | Address

    (b) Are you supporting or contributing to their 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 Francis Harnishfeger
    Residence of father (if deceased so state): Indianapolis, Indiana
    Occupation of father: Janitorial Business Race of father: White
    Birthplace of father (State or foreign country): Indianapolis, Ind.
12. Full maiden name of mother: Helen Marie Genier
    Residence of mother (if deceased so state): Indianapolis, Indiana
    Occupation of mother: Maid Race of mother: White
    Birthplace of mother (State or foreign country): Indianapolis, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed John E. Harnishfeger
New Address 5810 West 38th Apt 10 INDPLS.
Subscribed and sworn to before me this 12 day of July, 1974.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Dixie, Middle Jo, Last Tracey
Date of Birth: Month September, Day 15, Year 1955
Place of Birth (State or foreign country): Bellefontaine, Ohio
Residence Address: Street or R. R. 417 N Allen Dr., City Brownsburg, County Hendricks, State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Office Cashier
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Mary Rutan Hospital
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Tracey
   Residence of father (if deceased so state): Brownsburg, Indiana
   Occupation of father: Realtor Race of father: White
   Birthplace of father (State or foreign country): Logan Co., Ohio
8. Full maiden name of mother: Francis Jackson
   Residence of mother (if deceased so state): Brownsburg, Indiana
   Occupation of mother: Secretary Race of mother: White
   Birthplace of mother (State or foreign country): Indianapolis, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Dixie J. Tracey
New Address 5810 West 38th Apt 10 INDPLS
Subscribed and sworn to before me this 12 day of July, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16th *day of* July, 19 74, *authorizing the joining together as husband and wife* John Edward Harnishfeger *and* Dixie Jo Tracey
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lester E. Alexander *hereby certify that on the* 20 *day of* July, *one thousand nine hundred and* 74 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* John Edward Harnishfeger *of* Marion *County, State of* Indiana *and, Bride* Dixie Jo Tracey *of* Hendricks *County, State of* Indiana, *were by me united 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 74.

Signed Lester E. Alexander
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* July, 19 74.
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. 298
File # 35
July 12, 1974
Date of Application

MALE
Medical Examination Report Dated 7-10-74
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 7-10-74
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 Jeff Middle Curtis Last Davis
Date of Birth: Month July Day 10 Year 1955
Place of Birth (State or foreign country): Springfield Clark Co. Ohio
Residence Address: Street or R. R. 200 Hanley 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: Avon Construction Company
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Dept. of Health
☐ Other (Specify) 1801 Springfield, 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 Richard Curtis Davis
    Residence of father (if deceased so state) 200 Hanley Plainfield Ind.
    Occupation of father Tool Maker Race of father White
    Birthplace of father (State or foreign country) Urbana, Ohio
12. Full maiden name of mother Edith June Sparks
    Residence of mother (if deceased so state) 200 Hanley Plainfield, Ind.
    Occupation of mother Cashier Race of mother .....
    Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jeff Davis
New Address Jeff Cloverdale, Ind.
Subscribed and sworn to before me this 12 day of July, 1974.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Vickey Middle Lynn Last Francis
Date of Birth: Month March Day 2 Year 1956
Place of Birth (State or foreign country): Bloomington Monroe Indiana
Residence Address: Street or R. R. R.R. 3 City Martinsville County Morgan State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Monroe Co Health Dept
☐ Other (Specify) Ch 46 pg 84

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Vickey Francis
New Address Cloverdale, Ind.
Subscribed and sworn to before me this 12 day of July, 1974
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court, 1974, authorizing the joining together as husband and wife of Indiana dated the 16 day of July and Vickey Lynn Francis Jeff Curtis Davis
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert W. Wallace hereby certify that on the 16th day of July one thousand nine hundred and 74 at Cloverdale County of Putnam (Hendricks) County, State of Indiana
State of Indiana, Groom Jeff Curtis Wallace of Putnam (Morgan) County, State of Indiana
and, Bride Vickey Lynn Francis were by me united 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 July, 1974.
Signed Robert W. Wallace
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of July, 1974
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. 299
File Book 35
July 12, 1974
Date of Application

MALE
Medical Examination Report Dated July 12, 1974
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 7-12-74
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 Edward Middle Allen Last Gath
Date of Birth: Month 1 Day 31 Year 1955
Place of Birth (State or foreign country) Spirit Lak Iowa
Residence Address: Street or R. R. 317 Brookside Lane City Plfd. 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) Selective Service # 12-30-55-65

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Alvin John Gath
    Residence of father (if deceased so state) Same
    Occupation of father Dec. Race of father
    Birthplace of father (State or foreign country) Iowa
12. Full maiden name of mother Doris Darlene Graham
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother
    Birthplace of mother (State or foreign country) Craig Missouri

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

Signed x Edward Allen Gath
New Address

Subscribed and sworn to before me this 12 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Ann Last Kelly
Date of Birth: Month April Day 23 Year 1955
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: 607 S. Carr, 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 Correspondent ~~Secretary~~ Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 3964

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 George Kelly
   Residence of father (if deceased so state) Same
   Occupation of father Electronic Model Maker Race of father
   Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Marian Faith Deustel
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother
   Birthplace of mother (State or foreign country) Deloutb Minn.

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

Signed x Karen Ann Kelly
New Address 41 Port O'Call Drive. Apt. C Indpls.
Subscribed and sworn to before me this 12 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 74, *authorizing the joining together as husband and wife* Edward Allen Gath *and* Karen Ann Kelly
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Richard Zore *hereby certify that on the* 27 *day of* July, *one thousand nine hundred and* 74 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Edward Allen Gath *of* Hendricks *County, State of* Indiana *and, Bride* Karen Ann Kelly *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 18 *day of* July, 19 74.

Signed Rev. Richard Zore
Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 31 *day of* July, 19 74.
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. 300
File Book #35
July 15 1974
Date of Application

MALE
Medical Examination Report Dated July 12, 1974
Name of Physician Glenn W. Baker M.D.

FEMALE
Medical Examination Report Dated July 12, 1974
Name of Physician Glenn W. Baker, M.D.

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

MALE APPLICANT

Name: First Robert Middle Ray Last Johnson, Jr.
Date of Birth: Month September Day 12 Year 1953
Place of Birth (State or foreign country) Terre Haute Indiana
Residence Address: Street or R. R. 1015 Brookside City Plainfield County Hendricks State Ind 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 Baker, Banking & Welding
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Terre Haute Bd of Health # CH5-108

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

X Signed Robert R Johnson Jr.
New Address 5919 Parkwood Apt #2 Indpls, Ind
Subscribed and sworn to before me this 15 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Vova Middle Lee Last Zinn
Date of Birth: Month March 4 Day Year 1957
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 2148 Fontana Dr City Indianapolis County Ind. State Ind. Co.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Cert # 2646
☐ Other (Specify) Marion Co. Div. Pub. 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 Eugene Craig Zinn
   Residence of father (if deceased so state) Same as applicant
   Occupation of father Retired Race of father W.
   Birthplace of father (State or foreign country) Illinois Illinois
8. Full maiden name of mother Violet Viola Bradbury
   Residence of mother (if deceased so state) Dead
   Occupation of mother R.C.A. Race of mother W.
   Birthplace of mother (State or foreign country) Ottawa, Illinois

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

X Signed Vova Lee Zinn
New Address 5919 Parkwood Apt #2 Indpls, Ind.
Subscribed and sworn to before me this 15th day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
X Signed.....Father
X Signed Violet V Zinn Mother
Subscribed and sworn to before me this 15th day of July, 19 74
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* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* July, 19 74, *authorizing the joining together as husband and wife* Robert Ray Johnson Jr. *and* Vova Lee Zinn

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

I, Rev. Walter Mapson *hereby certify that on the* 26 *day of* July, *one thousand nine hundred and* 74 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Robert Ray Johnson, Jr. *of* Hendricks *County, State of* Indiana, *and, Bride* Vova Lee Zinn *of* Hendricks *County, State of* Indiana, *were by me united 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 74. Signed Rev. Walter L. Mapson
Official Designation Minister, Plainfield United Methodist

Filed and recorded in accordance with the laws of the State of Indiana this 25 *day of* July, 19 74
Signed Glenn 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. 300
File Book #35
July 15 1974
Date of Application

MALE
Medical Examination Report Dated July 12, 1974
Name of Physician Glenn W. Baker M.D.

FEMALE
Medical Examination Report Dated July 12, 1974
Name of Physician Glenn W. Baker, M.D.

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

MALE APPLICANT

Name: First Robert Middle Ray Last Johnson, Jr.
Date of Birth: Month September Day 12 Year 1953
Place of Birth (State or foreign country) Terre Haute Indiana
Residence Address: Street or R. R. 1015 Brookside City Plainfield County Hendricks State Ind. 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 Baker's Helper & Welding
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Terre Haute Bd of Health # C43-108

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Ray Johnson Sr.
    Residence of father (if deceased so state) Same as applicant
    Occupation of father Chief Inspector Race of father W.
    Birthplace of father (State or foreign country) Tennessee Indiana
12. Full maiden name of mother Pearl DeVonne Shuler
    Residence of mother (if
    Occupation of mother
    Birthplace of mother

State of Indiana,
County of HE

New

Subscribed and sworn to

Glen

CONSENT OF PAREN
We, the parents, of thi
signs, state facts which

State of Indiana,
County of H

Sign
Signed.....

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

FEMALE APPLICANT

Name: First Nova Middle Lee Last Ginn
Date of Birth: Month March Day 4 Year 1957
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 2148 Fontana Dr. City Indianapolis County Ind. State Ind. Co.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Cert # 2686
☐ Other (Specify) Marion Co. Div. Pub. 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 Eugene Emil Ginn
   Residence of father (if deceased so state) Same as applicant
   Occupation of father Retired Race of father W.
   Birthplace of father (State or foreign country) Breese Illinois
8. Full maiden name of mother Violet Viola Bredbeck
   Residence of mother (if deceased so state) Dead
   Occupation of mother R.C.A. Race of mother W.
   Birthplace of mother (State or foreign country) Ottawa, Illinois

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

Nova Lee Ginn

Subscribed and sworn to

Glen M Harvey Clerk

I, Eugene E Ginn, hereby give my consent for my daughter, Nova Lee Ginn to marry Robert Ray Johnson, Jr.

X Eugene E Ginn

Subscribed and sworn to before me this 16 day of 07 1974

Pauline McKenzie 4-26-77
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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... , 19 74 , authorizing the joining together as husband and wife of Indiana dated the 19 day of July and Nova Lee Ginn Robert Ray Johnson Jr.

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

I, Rev. Walter Masson hereby certify that on the 26 day of July, at Plainfield County of Hendricks, one thousand nine hundred and 74 County, State of Indiana, State of Indiana, Groom Robert Ray Johnson, Jr. of Hendricks County, State of Indiana, and, Bride Nova Lee Ginn 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 19 day of July, 19 74. Signed Rev. Walter L. Masson
Official Designation Minister, Plainfield United Methodist

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of July, 19 74
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. 301
File Book 35
7-15-74
Date of Application

MALE
Medical Examination Report Dated 7-10-74
Name of Physician Elmer L. Koch

FEMALE
Medical Examination Report Dated 7-10-74
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 Roy Middle Felix Last Edwards
Date of Birth: Month June Day 26 Year 1952
Place of Birth (State or foreign country) Methodist Hospital, Indianapolis Marion Indiana
Residence Address: Street or R. R. R.R.2, Box 352 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 Krogers
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Board of Health #6385
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Lewis Edwards
    Residence of father (if deceased so state) Danville, Indiana R.#2
    Occupation of father Railroadman Race of father White
    Birthplace of father (State or foreign country).....
12. Full maiden name of mother Ethel Carr
    Residence of mother (if deceased so state) R#2, Danville, Indiana
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) Greencastle, Indiana

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

Signed Roy Felix Edwards
New Address RR 2 Box 352 Danville, Ind.

Subscribed and sworn to before me this 15 day of July, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Robin Middle Denise Last Cattongim
Date of Birth: Month July Day 20 Year 1957
Place of Birth (State or foreign country) Methodist Hospital Indianapolis Marion Ind.
Residence Address: Street or R. R. P.O. Box 20 City North Salem County Hendricks State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree State Bd. of Health #57-060-7443
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Cattongim
   Residence of father (if deceased so state) deceased
   Occupation of father..... Race of father.....
   Birthplace of father (State or foreign country) Sprule, Kentucky
8. Full maiden name of mother Jetty Disney
   Residence of mother (if deceased so state) 207 S. Main, N. Salem, Indiana
   Occupation of mother Cook Race of mother White
   Birthplace of mother (State or foreign country) Danville, Indiana

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

Signed Robin Denise Cattongim
New Address RR 2 Box 352 Danville Ind.

Subscribed and sworn to before me this 15 day of July, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father deceased Father
Signed Jetty Cattongim Mother
Subscribed and sworn to before me this 15 day of July, 19 74
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* 19th *day of* July, 19 74, *authorizing the joining together as husband and wife* Roy Felix Edwards *and* Robin Denise Cattongim
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Curtis Southwood *hereby certify that on the* 19th *day of* July, *one thousand nine hundred and* 74 *at* Roachdale Baptist Church, *County of* Putnam, *State of Indiana, Groom* Roy Felix Edwards *of* Hendricks *County, State of* Indiana *and, Bride* Robin Denise Cattongim *of* Hendricks *County, State of* Indiana, *were by me united 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* July, 19 74.

Signed Rev. Curtis Southwood
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* July, 19 74.
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. 302
File Book 35
7-15-74
Date of Application

MALE
Medical Examination Report Dated 7-10-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 7-10-74
Name of Physician Eric D. Clark

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

MALE APPLICANT

Name: First Michael Middle L. Last McCullough
Date of Birth: Month December Day 31 Year 1947
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. 5032 Mooresville Rd. City Indianapolis County Marion State Indiana
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Produce Manager I.G.A.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Dept. of Health 12798
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Frederick McCullough
    Residence of father (if deceased so state) Indianapolis, Indiana
    Occupation of father Self-employed Race of father White
    Birthplace of father (State or foreign country) Brazil, Indiana
12. Full maiden name of mother Helen Frances Talman
    Residence of mother (if deceased so state) Indianapolis, Indiana
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Indianapolis, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Michael L McCullough
New Address 5308 Pennway Indianapolis Ind.
Subscribed and sworn to before me this 15 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Anna Middle K. Last Chapman
Date of Birth: Month August Day 4 Year 1953
Place of Birth (State or foreign country) St Vincents Hospital Indianapolis Marion Indiana
Residence Address: Street or R. R. 130 Lincoln City Brownsburg County Hendricks State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Cashier
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree State Board of Health
☐ Other (Specify)..... 7852

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Homer Chapman
   Residence of father (if deceased so state) Deceased
   Occupation of father..... Race of father.....
   Birthplace of father (State or foreign country) Indianapolis, Indiana
8. Full maiden name of mother Mary Katherine Gillespie
   Residence of mother (if deceased so state) 130 Lincoln, Brownsburg, Ind.
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Indianapolis, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Anna Chapman
New Address 5308 Pennway Indpls Ind.
Subscribed and sworn to before me this 15 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued..... 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 74 authorizing the joining together as husband and wife of Indiana dated the 19 day of July and Michael L McCullough Anna K. Chapman
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Patrick J. Kelly hereby certify that on the 27 day of July, at Indianapolis, County of Marion, one thousand nine hundred and 74 State of Indiana, Groom Michael L Mc Cullough of Marion County, State of Indiana, and, Bride Anna K Chapman 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 5 th day of August, 19 74.
Signed Rev Patrick J. Kelly
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of August, 19 74
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. 303
File Book 35
July 15, 1974
Date of Application

MALE
Medical Examination Report Dated 7-8-74
Name of Physician David Haggard M.D.

FEMALE
Medical Examination Report Dated 7-8-74
Name of Physician David 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 James Middle Richard Last Kayler
Date of Birth: Month February Day 13 Year 1952
Place of Birth (State or foreign country) Methodist Hosp. Indianapolis Marion Ind.
Residence Address: Street or R. R. 5020 W. Vermont 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 - Ransburg
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service Card No. 12-235-52-50

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Jr. Kayler
    Residence of father (if deceased so state) Deceased
    Occupation of father Printer Race of father (W)
    Birthplace of father (State or foreign country) Dayton, Ohio
12. Full maiden name of mother Mary Alice Lindsey
    Residence of mother (if deceased so state) 5020 W. Vermont Indpls.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indianapolis

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

Signed James R. Kayler
New Address 7777 W. Wash. St. Indpls. Trailer #15 on 421 St.
Subscribed and sworn to before me this 15th 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

FEMALE APPLICANT

Name: First Leslie Middle Lee Last Myers
Date of Birth: Month Jan. Day 10 Year 1955
Place of Birth (State or foreign country) Methodist Hosp. Indpls. Marion Ind.
Residence Address: Street or R. R. 933 Harding 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 Typist
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Local #171
☐ Other (Specify) Div. of Post Health Indpls.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Billy Ray Meyers
   Residence of father (if deceased so state) 933 Harding St. Plainfield
   Occupation of father Maintenance Man Race of father W
   Birthplace of father (State or foreign country) Washington Ind.
8. Full maiden name of mother Patty Lou Warriner
   Residence of mother (if deceased so state) R.R.1 Rockville, Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Plainfield, Ind.

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

Signed Leslie L Myers
New Address 7777 W. Wash. St. Indpls.
Subscribed and sworn to before me this 15 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* July, 1974, *authorizing the joining together as husband and wife* James Richard Kayler *and* Leslie Lee Myers

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

I, R. Powell Mead *hereby certify that on the* 27 *day of* July, *one thousand nine hundred and* 74 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* James Richard Kayler *of* Marion *County, State of* Indiana *and, Bride* Leslie Lee Myers *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 27 *day of* July, 19 74.

Signed R. Powell Mead
Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* July, 19 74.

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. 304
File Book #35
July 15, 1974
Date of Application

MALE
Medical Examination Report Dated July 9, 1974
Name of Physician J. S. Sygnal, M.D.

FEMALE
Medical Examination Report Dated July 9, 1974
Name of Physician J. S. Sygnal, M.D.

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

MALE APPLICANT

Name: First Floyd Middle Douglas Last Wilhite
Date of Birth: Month April Day 25 Year 1953
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R/R Lot 149-K City Clayton County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Sel. Sec. #312-30-53-143

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 Hartsel Charles Wilhite
    Residence of father (if deceased so state) Clayton, Indiana
    Occupation of father Pastor Race of father W.
    Birthplace of father (State or foreign country) Hendricks Co.
12. Full maiden name of mother Regina May Chapin
    Residence of mother (if deceased so state) Clayton Indiana
    Occupation of mother Secretary Race of mother W
    Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Floyd Douglas Wilhite
New Address Hollywood Florida
Subscribed and sworn to before me this 15th day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Sherry Middle Lynn Last Huber
Date of Birth: Month July Day 3 Year 1954
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R/R 3435 City Indianapolis County Marion State Ind.
Maiden Name if Different Julie Lane
Previous 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) Dept of Pub. Health #7099

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Dennis Huber
   Residence of father (if deceased so state) Indianapolis, Ind.
   Occupation of father Planner Race of father W.
   Birthplace of father (State or foreign country) Indianapolis, Ind.
8. Full maiden name of mother Betty Jo Scroggins
   Residence of mother (if deceased so state) Indianapolis, Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Bloomington, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Sherry Huber
New Address Hollywood, Florida
Subscribed and sworn to before me this 15th day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 19th day of July, 19 74, authorizing the joining together as husband and wife Floyd Douglas Wilhite and Sherry Lynn Huber

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

I, Hartsel Wilhite hereby certify that on the 20 day of July one thousand nine hundred and 74 at Kesler First Baptist Church, County of Marion, State of Indiana, Groom Floyd Douglas Wilhite of Hendricks County, State of Indiana, and, Bride Sherry Lynn Huber of Marion 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 20 day of July, 19 74. Signed Hartsel Wilhite
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of July, 19 74. Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

582

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 305
File BK # 35
July 16 1974
Date of Application

MALE
Medical Examination Report Dated 7-8-74
Name of Physician Harold F. Burdette

FEMALE
Medical Examination Report Dated 7-8-74
Name of Physician Harold F. Burdette

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

MALE APPLICANT

Name: First Ralph Middle O. Last Smith
Date of Birth: Month 6 Day 7 Year 1923
Place of Birth (State or foreign country) Marion Twp. Hendricks Co.
Residence Address: 1837 Street or R. R. Whittier Place City Indpls. County Ind. State
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Office Employee
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Drivers Lic. 316-16-4360

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address
(b) Are you supporting or contributing to their 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. Smith
Residence of father (if deceased so state) deceased
Occupation of father Race of father White
Birthplace of father (State or foreign country) Tennessee
12. Full maiden name of mother Eva Hopkins
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 Ralph O. Smith
New Address 317 So. Grant St Brownsburg Ind
Subscribed and sworn to before me this 16 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Robbie Middle B. Last Utterback
Date of Birth: Month 7 Day 13 Year 1932
Place of Birth (State or foreign country) Cumberland Co. Kentucky
Residence Address: 317 S. Grant Street or R. R. City Brownsburg County State Ind.
Maiden Name if Different Capps
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
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) Drivers Lic. # 1304-32-2025

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Carlie M. Capps
Residence of father (if deceased so state) 809 Chase, Indpls. In
Occupation of father Retired Race of father
Birthplace of father (State or foreign country) Cumberland Co. Ky.
8. Full maiden name of mother Celma M. Abney
Residence of mother (if deceased so state) 809 Chase, Indpls.
Occupation of mother Homemaker Race of mother
Birthplace of mother (State or foreign country) Cumberland Co. Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Robbie B Utterback
New Address 317 So Grant Brownsburg Ind
Subscribed and sworn to before me this 16 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 74, authorizing the joining together as husband and wife Ralph O. Smith and Robbie B Utterback
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John P. Roof hereby certify that on the 21 day of July, one thousand nine hundred and 74 at Brownsburg, County of Hendricks, State of Indiana, Groom Ralph Odell Smith of Marion County, State of Indiana and, Bride Robbie Beatrice Utterback of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 21 day of July, 19 74.

Signed John P. Roof
Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of July, 19 74.
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. 306
File Bk. #35
July 16, 1974
Date of Application

MALE
Medical Examination Report Dated July 15, 1974
Name of Physician James Black

FEMALE
Medical Examination Report Dated July 15, 1974
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 Bob Middle L. Last Collins
Date of Birth: Month May Day 12 Year 1929
Place of Birth (State or foreign country): Fountain Co. Indiana
Residence Address: Street or R. R. RR 1 City Pittsboro County Hendricks State Indiana
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: Elevator Operator
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐
☑ Other (Specify) Drivers License S310-24-2591

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 Lee Leroy Collins
    Residence of father (if deceased so state) Brownsburg, Indiana
    Occupation of father retired Race of father White
    Birthplace of father (State or foreign country) Fountain Co. Indiana
12. Full maiden name of mother Mable Marie Davis
    Residence of mother (if deceased so state) Lodoga, Indiana
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Lodoga, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Bob L. Collins
New Address RR 1 Pittsboro Ind.
Subscribed and sworn to before me this 16 day of July, 1974
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Constance Middle Ann Last Crawford
Date of Birth: Month June Day 15 Year 1926
Place of Birth (State or foreign country): Corona-Queens New York
Residence Address: Street or R. R. 3320 E Kepler City Indianapolis County Marion State Indiana
Maiden Name if Different: Constance Ann Virga
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Waitress
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License 5126-26-5323

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Virga
   Residence of father (if deceased so state) New York City, New York
   Occupation of father Deceased Race of father
   Birthplace of father (State or foreign country) New York City, New York
8. Full maiden name of mother Frances Penacro
   Residence of mother (if deceased so state) New York City, New York
   Occupation of mother housewife Race of mother White
   Birthplace of mother (State or foreign country) New York City, New York

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Constance Ann Crawford
New Address RR #1 Pittsboro Ind.
Subscribed and sworn to before me this 16 day of July, 1974
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20th day of July, 19 74, authorizing the joining together as husband and wife Bob L. Collins and Constance Ann Crawford

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

I, M. L. Crawley hereby certify that on the 20th day of July, one thousand nine hundred and 74 at Plainfield, County of Hendricks, State of Indiana, Bob L. Collins of Hendricks County, State of Indiana, and, Bride Constance Ann Crawford of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20th day of July, 19 74. Signed M. L. Crawley
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of July, 19 74
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. 307
File Book #35
July 17, 1974
Date of Application

MALE
Medical Examination Report Dated July 15, 1974
Name of Physician Donald E. Chesmore, M.D.

FEMALE
Medical Examination Report Dated July 15, 1974
Name of Physician Donald E. Chesmore, M.D.

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

MALE APPLICANT

Name: First James Middle R Last Pringle
Date of Birth: Month 12 Day 23 Year 23
Place of Birth (State or foreign country): Paul's Valley, Oklahoma
Residence Address: Street or R. R. 1641 W. 76th Place City Indpls, Ind. County Marion 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: Salesman
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Ind Opr Lic # 314-12-8780 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: James Henry Pringle
    Residence of father (if deceased so state): deceased
    Occupation of father: ——— Race of father: W
    Birthplace of father (State or foreign country): Unknown
12. Full maiden name of mother: Maggie Renner
    Residence of mother (if deceased so state): deceased
    Occupation of mother: ——— Race of mother: W
    Birthplace of mother (State or foreign country): unknown

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed James R. Pringle
New Address 9629 W. Morris, Indpls, Ind
Subscribed and sworn to before me this 17th day of July, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Audrey Middle E. Last Allen
Date of Birth: Month 2 Day 16 Year 37
Place of Birth (State or foreign country): Noblesville, Indiana
Residence Address: Street or R. R. 9629 W. Morris City Indpls County Ind. Hendricks Co. State
Maiden Name if Different: Audrey E. Inman
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1973 Putnam
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Ind Opr Lic # 311-36-6200

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Clay Inman
   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: Irene Feliza
   Residence of mother (if deceased so state): Clearwater, Ind
   Occupation of mother: ——— Race of mother: W
   Birthplace of mother (State or foreign country): Chicago

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Audrey Allen
New Address 9629 W. Morris Indpls, Ind
Subscribed and sworn to before me this 17th day of July, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* July, 19 74, *authorizing the joining together as husband and wife* James R. Pringle *and* Audrey E. Allen.

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

I, Charles J. Bair, hereby certify that on the 2nd day of August, one thousand nine hundred and 74 at Hendricks, County of Hendricks, State of Indiana, Groom James R. Pringle of Marion County, State of Indiana, and, Bride Audrey E. Allen of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 nd day of August, 19 74.

Signed Charles J. Bair
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 5 th day of August, 19 74.

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. 308
File Bk #35
July 17, 1974
Date of Application

MALE
Medical Examination Report Dated July 12, 1974
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated July 12, 1974
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 A., Last Coddington
Date of Birth: Month March, Day 22, Year 1952
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 2245 Hermitage Way, City Indianapolis, County Marion, State Indiana
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Warehouse Worker
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Bureau of Vital Statistics 2691
☐ Other (Specify)

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Addison E. Coddington, Jr.
    Residence of father (if deceased so state) 1350 W. 56th Indpls. Ind.
    Occupation of father Order Processor Race of father White
    Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Nancy Ann Suiter
    Residence of mother (if deceased so state) 1350 W. 56th Indpls. Ind.
    Occupation of mother Librarian Race of mother White
    Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed William A Coddington
New Address 2245 Hermitage Way #225
Subscribed and sworn to before me this 17 day of July, 1974.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Gude
Date of Birth: Month August, Day 26, Year 1952
Place of Birth (State or foreign country) Carbon Co. Wyoming
Residence Address: Street or R. R. RR 2 Bx 129, City Plainfield, County Hendricks, State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Teacher
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Dept. Public Health Wyoming 52-004676
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Joseph Bernard Gude, Jr.
   Residence of father (if deceased so state) RR 3, Plainfield, Indiana
   Occupation of father Air Traffic Controller Supervisor Race of father White
   Birthplace of father (State or foreign country) Nebraska City, Nebraska
8. Full maiden name of mother Dolores Ann Hoffmen
   Residence of mother (if deceased so state) RR 3 Plainfield, Indiana
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Lincoln, Nebraska

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Patricia Ann Gude
New Address 2245 Hermitage Way Apt 225 Indianapolis Indiana
Subscribed and sworn to before me this 17 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 22 day of July, 19 74, authorizing the joining together as husband and wife William A. Coddington and Patricia Ann Gude

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

I, Rev Richard Zore hereby certify that on the 26 day of July, at Plainfield, County of Hendricks, one thousand nine hundred and 74 State of Indiana, Groom William A. Coddington of Marion County, State of Indiana, and, Bride Patricia Ann Gude of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22 day of July, 19 74. Signed Richard Zore
Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of July, 19 74
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. 309
File BK #35
July 18, 1974
Date of Application

MALE
Medical Examination Report Dated 7-17-74
Name of Physician Glen W. Baker M.D.

FEMALE
Medical Examination Report Dated 7-17-74
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 Ronald Middle G. Last Reese
Date of Birth: Month 2 Day 19 Year 1953
Place of Birth (State or foreign country) Shelbyville Shelby Ind.
Residence Address 1168 Whitcomb Ave. Apt.C. Street or R. R. Speedway City Shelby 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 Wadco Automotive - Assist. Mgr.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Shelbyville Dept of Health - Ref #6

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Willie Gray Reese
    Residence of father (if deceased so state) 5429 West Bertha, Indpls. Ind
    Occupation of father Truck driver Race of father White
    Birthplace of father (State or foreign country) Gainsboro, Texas.
12. Full maiden name of mother Ida May Hylton
    Residence of mother (if deceased so state) 5429 W. Bertha, Indpls. In
    Occupation of mother Homemaker Race of mother White
    Birthplace of mother (State or foreign country) Indpls. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Ronald G Reese
New Address 1168 Whitcomb Ave. Apt C.
Subscribed and sworn to before me this 18 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Kandy Middle Lynn Last Rogers
Date of Birth: Month 7 Day 20 Year 1956
Place of Birth (State or foreign country) Aurora Kane Illinois
Residence Address R.R.#8 Street or R. R. Box 405 N. 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) # 1640

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 David Rogers
   Residence of father (if deceased so state) R.R.#8 Box 405 N. Indpls.
   Occupation of father Tool & Die Maker Race of father White
   Birthplace of father (State or foreign country) Indianapolis, In.
8. Full maiden name of mother Shirley Maxine Mason
   Residence of mother (if deceased so state) R.R.#8, Box 405 N. Indpls.
   Occupation of mother Homemaker Race of mother White
   Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Kandy L Rogers
New Address 1168 Whitcomb ave. Apt. C
Subscribed and sworn to before me this 18 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1974, *authorizing the joining together as husband and wife* Ronald G. Reese *and* Kandy Lynn Rogers
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren W. Cop, Jr. *hereby certify that on the* 27 *day of* 27 July,
one thousand nine hundred and 74 *at* Indianapolis, *County of* Indiana Marion,
State of Indiana, Groom Ronald G. Reese *of* Marion *County, State of* Indiana
and, Bride Kandy Lynn Rogers *of* Hendricks *County, State of* Indiana,
were by me united 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 74.

Signed Warren W. Cop, Jr.
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* August, 19 74.
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. 310
File BK #35
July 18, 1974
Date of Application

MALE
Medical Examination Report Dated 7-17-74
Name of Physician Lloyd Terry M.D.

FEMALE
Medical Examination Report Dated 7-17-74
Name of Physician Lloyd Terry M.D.

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

MALE APPLICANT

Name: First Rex Middle Allen Last Parsons
Date of Birth: Month Feb. Day 23 Year 1953
Place of Birth (State or foreign country): Methodist Hosp. Indpls. Marion Ind.
Residence Address: Street or R. R. 199 E. Road 200 N. 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: Farmer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 2068

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Adrian A. Parsons
    Residence of father (if deceased so state): 199 E. Road 200 N. Danville
    Occupation of father: Farmer Race of father: White
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Mary Catherine Price
    Residence of mother (if deceased so state): 199 E. Road 200 N. Danville
    Occupation of mother: Homemaker Race of mother: White Ind.
    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 Rex a Parsons
New Address 117 - Marshall W. LAFAYETTE 47906
Subscribed and sworn to before me this 18 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Barbara Middle Ann Last Gapen
Date of Birth: Month Dec. Day 4 Year 1954
Place of Birth (State or foreign country): St. Vincent Hosp. Indpls. Marion Ind.
Residence Address: Street or R. R. 5701 Crittenden City Indpls. County Marion State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 13 225

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Vincent Gapen
   Residence of father (if deceased so state): 5701 Crittenden, Indpls.
   Occupation of father: Western Elect-Buyer Race of father: White
   Birthplace of father (State or foreign country): Illinois
8. Full maiden name of mother: Edna Lydia Matz
   Residence of mother (if deceased so state): 5701 Crittenden, Indpls.
   Occupation of mother: Western Elect. Race of mother: White
   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 Barbara Ann Gapen
New Address 117-2 Marshall W. Lafayette
Subscribed and sworn to before me this 18 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* July, 19 74, *authorizing the joining together as husband and wife* Rex Allen Parsons *and* Barbara Ann Gapen. *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Rev. Robert E. Scheidler *hereby certify that on the* 3 *day of* August, *one thousand nine hundred and* 74 *at* Indianapolis, *County of* Marion, *State of* Indiana, *Groom* Rex Allen Parsons *of* Marion *County, State of* Indiana, *and, Bride* Barbara Ann Gapen *of* Hendricks *County, State of* Indiana, *were by me united 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 74. *Signed* Rev. Robert Scheidler
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* August, 19 74 *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. 311
File BK #35
July 19, 1974
Date of Application

MALE
Medical Examination Report Dated 7-15-74
Name of Physician David E. Copher

FEMALE
Medical Examination Report Dated 7-15-74
Name of Physician David E. Copher

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Alton Last Lusenhop
Date of Birth: Month March Day 22 Year 1953
Place of Birth (State or foreign country): Dayton Ohio
Residence Address: 1522 Delynn Dr. Street or R. R. Centerville City Montgomery County Ohio 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) #2633

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Alton Lusenhop
    Residence of father (if deceased so state) 1522 Delynn Dr. Centerville Ohio
    Occupation of father: Insurance Race of father: White
    Birthplace of father (State or foreign country): Cincinnati Ohio
12. Full maiden name of mother: Rose Annette Eiler
    Residence of mother (if deceased so state) 1522 Delynn Dr. Centerville Ohio
    Occupation of mother: Housewife Race of mother: White
    Birthplace of mother (State or foreign country): Cincinnati, Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jeffrey A Lusenhop
New Address Purdue University
Subscribed and sworn to before me this 19 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Marie Last Lind
Date of Birth: Month February Day 16 Year 1953
Place of Birth (State or foreign country): Hammond Ind. Lake
Residence Address: 629 Lawndale 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) # 441

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 C. Lind
   Residence of father (if deceased so state) 629 Lawndale, Plfd. Ind.
   Occupation of father: Farm Bureau Co-op Race of father: White
   Birthplace of father (State or foreign country): Hammond, In.
8. Full maiden name of mother: Jean D. Drummond
   Residence of mother (if deceased so state) 629 Lawndale, Plfd. In.
   Occupation of mother: School teacher Race of mother: White
   Birthplace of mother (State or foreign country): Highland Park, Mich.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Annette M Lind
New Address Purdue University
Subscribed and sworn to before me this 19 day of July, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 19 74, authorizing the joining together as husband and wife Jeffrey Alton Lusenhop and Annette Marie Lind
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Allen W. Amstutz hereby certify that on the 17 day of August, one thousand nine hundred and 74 at Indianapolis, County of Marion, State of Indiana, Groom Jeffrey Alton Lusenhop of Montgomery County, State of Ohio, and, Bride Annette Marie Lind of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 17 day of August, 19 74.

Signed Allen W. Amstutz
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of August, 19 74.
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. 312

File Book 35

July 19 1974 Date of Application

MALE
Medical Examination Report Dated 7-10-74
Name of Physician E. Kourany

FEMALE
Medical Examination Report Dated 7-10-74
Name of Physician E. Kourany

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

MALE APPLICANT

Name: First Daniel Middle E. Last Cooper

Date of Birth: Month 10 Day 19 Year 1952

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

Residence Address: Street or R. R. 360 West Co. Line Rd. City Mooresville 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 Engr.

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

☐ Other (Specify) # 39256 B

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

Name	Age	Address

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

11. Full name of father Donald Ernest Cooper
    Residence of father (if deceased so state) Same
    Occupation of father Electrician Race of father.....
    Birthplace of father (State or foreign country) Clayton Ind.
12. Full maiden name of mother Dorla K. Peterson
    Residence of mother (if deceased so state) Same
    Occupation of mother Secretary Race of mother.....
    Birthplace of mother (State or foreign country) Monrovia

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

Signed Daniel E. Cooper
New Address 2524 Fox Harbor Crt, Indianapolis

Subscribed and sworn to before me this 19 day of July, 19 74

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 R. Last Welp

Date of Birth: Month 2 Day 2 Year 1953

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

Residence Address: Street or R. R. R # 3 City Huntingburg 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) Book 8 p 236 Local # 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 afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Bernard Welp
   Residence of father (if deceased so state) Same
   Occupation of father Farmer Race of father.....
   Birthplace of father (State or foreign country) Huntingburg, Ind
8. Full maiden name of mother Louise Mary Schipp
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Ferdinand, Ind.

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

Signed Sharon R Welp
New Address 2524 Fox Harbor Crt, Indianapolis

Subscribed and sworn to before me this 19 day of July, 19 74

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FRONT

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 24 day of July, 19 74, authorizing the joining together as husband and wife Daniel E. Cooper and Sharon R. Welp

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

I, Fr. Marcellus Fisher O.S.B. hereby certify that on the 17 day of August, one thousand nine hundred and 74 at Huntingsburg, County of Dubois, State of Ind., Groom Daniel E. Cooper of Hendricks County, State of Ind., and, Bride Sharon R. Welp of Dubois 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 17 day of August, 19 74.

Signed Fr. Marcellus Fisher O.S.B.
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of August, 19 74.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

590

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 313
File Book #35
July 22, 1974
Date of Application

MALE
Medical Examination Report Dated July 8, 1974
Name of Physician Joseph C. Kerlin, M.D.

FEMALE
Medical Examination Report Dated July 8, 1974
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 Kenneth Middle Eugene Last Rennels
Date of Birth: Month Oct. Day 20 Year 1952
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. #14 Martin Dr. City Danville County Hends 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
☐ Other (Specify) Helps Dept of Pub Health #10974

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Kennet Eugene Rennels
New Address 29-8 Tower Dr. W. Lafayette, Ind.
Subscribed and sworn to before me this 22nd day of July, 1974.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Betsy Middle Kathleen Last Shawver
Date of Birth: Month 5-8- Day Year 1953
Place of Birth (State or foreign country) Belleville Illinois
Residence Address: Street or R. R. 304 E. Mill, City Danville, County Hends 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 Dental Hygienist
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) U.S.A.F. Station Hosp Scott AFB Ill.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Philip Dale Shawver
   Residence of father (if deceased so state) Same as applicant
   Occupation of father Accountant Race of father W.
   Birthplace of father (State or foreign country) Bloomington Ind
8. Full maiden name of mother Carolyn Faye Callahan
   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) Bloomington, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Betsy Kathleen Shawver
New Address 29-8 Tower Dr. W. Lafayette, Ind.
Subscribed and sworn to before me this 22nd day of July, 1974.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* July, 19 74, *authorizing the joining together as husband and wife* Kenneth Eugene Rennels *and* Betsy Kathleen Shawver
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Morris Hafley *hereby certify that on the* 27 *day of* July,
one thousand nine hundred and 74 *at* Northern Christian Church, *County of* Hendricks,
State of Indiana, Groom Kenneth Eugene Rennels *of* Hendricks *County, State of* Ind.
and, Bride Betsy Kathleen Shawver *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 27 *day of* July, 19 74.

Signed Morris Hafley
Official Designation Minister - Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 31 *day of* July, 19 74.
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. 314
File Book 35
July 22, 1974
Date of Application

MALE
Medical Examination Report Dated 7-17-74
Name of Physician James Black. M.D.

FEMALE
Medical Examination Report Dated 7-17-74
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 Peter Middle Gene Last Bloyd
Date of Birth: Month Aug. Day 25 Year 1951
Place of Birth (State or foreign country) U.S. Am. Lancaster Hosp. Buttonwood, Lancaster Co. England
Residence Address: Street or R. R. R#2, Box 35A City Brownsburg County Hendricks State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Carpenter
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Cert # DG 94136
☐ Other (Specify) Co. of Lancaster, England

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 Eugene Bloyd
    Residence of father (if deceased so state) Rt. 2, Box 35A, Brownsburg
    Occupation of father Claims Mgr. Fire Race of father W
    Birthplace of father (State or foreign country) Greensburg, Green Co. Ky.
12. Full maiden name of mother Alice Parkinson
    Residence of mother (if deceased so state) Rt. 2, Box 35A - Brownsburg
    Occupation of mother Typist Race of mother W
    Birthplace of mother (State or foreign country) Manchester, Eng. Lancaster Co.

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

Signed Peter Gene Bloyd
New Address 235 N. Pershing, Dodge Ind.
Subscribed and sworn to before me this 22 day of July, 19 74
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 Cynthia Middle Jo Last Cox
Date of Birth: Month Oct. Day 6 Year 1953
Place of Birth (State or foreign country) Rand Co. Hosp. Winchester Ind.
Residence Address: Street or R. R. 104 Deane 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: Saleperson
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Book 8, P. 15
☐ Other (Specify) City Dept of Health Winchester 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 Wayne Banks Cox
   Residence of father (if deceased so state) 104 Deane Dr. Brownsburg.
   Occupation of father Co-owner AGA Corp. Race of father W
   Birthplace of father (State or foreign country) Selma, Delaware Co. Ind.
8. Full maiden name of mother Betty Lou Chalfant
   Residence of mother (if deceased so state) 104 Deane Dr. Brownsburg.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Parker, Randolph Co. Ind.

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

Signed Cynthia J. Cox
New Address 235 N. Pershing, Dodge Ind.
Subscribed and sworn to before me this 22 day of July, 19 74
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.....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

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, 19 74, authorizing the joining together as husband and wife Peter Gene Bloyd and Cynthia Jo Cox

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

I, Martin Bell hereby certify that on the 28 day of July, 19 74 at Brownsburg, County of Hendricks, State of Indiana, Groom Peter Gene Bloyd of Hendricks County, State of Indiana, and, Bride Cynthia Jo 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 26 day of July, 19 74.

Signed Martin Bell
Official Designation Priest

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of July, 19 74.

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. 315
File Bk. #35
July 23 1974
Date of Application

MALE
Medical Examination Report Dated 7-19-74
Name of Physician Lloyd Terry

FEMALE
Medical Examination Report Dated 7-19-74
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 Donald Middle G. Last Thompson

Date of Birth: Month 12 Day 13 Year 1948

Place of Birth (State or foreign country): Los Angeles (Los Angeles) Calif.

Residence Address: Street or R. R. 5½ S. Washington St. City Danville County ____ State Ind.

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

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) Ind. Serv. # 11 70 48 792

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 P. Thompson Jr.
    Residence of father (if deceased so state) 1906 Eastwood Dr. Johnson City Tenn.
    Occupation of father Seminary Pres. Race of father White Texan.
    Birthplace of father (State or foreign country) Lawton, Kansas
12. Full maiden name of mother Dorothy L. Williams
    Residence of mother (if deceased so state) 1906 Eastwood Dr. Johnson City Tenn.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Springfield, Ill.

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

Signed Donald G. Thompson
New Address 5½ S. Washington, Danville

Subscribed and sworn to before me this 23 day of July, 1974.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Cynthia Middle A. Last Terry

Date of Birth: Month 4 Day 24 Year 1951

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

Residence Address: Street or R. R. 292 W. Marion 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: Sales Clerk

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Marion Co. Sup. Crp. 4085-69-240

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 S. Terry
   Residence of father (if deceased so state) 292 W. Marion Danville
   Occupation of father Physician Race of father White
   Birthplace of father (State or foreign country) Hendricks
8. Full maiden name of mother Onanisa Wellman
   Residence of mother (if deceased so state) 292 W. Marion St.
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Hendricks Co. Ind.

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

Signed Cindy Ann Terry
New Address 5½ S. Washington, Danville, In.

Subscribed and sworn to before me this 23 day of July, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29th *day of* July, 19 74, *authorizing the joining together as husband and wife* Donald G. Thompson *and* Cynthia A. Terry

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

I, Fred P. Thompson, Jr. *hereby certify that on the* 3rd *day of* August, *one thousand nine hundred and* 74 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Donald Gordon Thompson *of* Hendricks *County, State of* Indiana, *and, Bride* Cynthia Ann Terry *of* Hendricks *County, State of* Indiana, *were by me united 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* August, 19 74.

Signed Fred P. Thompson, Jr.
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* August, 19 74.

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. 316
File BK 35
July 23 1974
Date of Application

MALE
Medical Examination Report Dated 7-22-74
Name of Physician Carl L. Weixlein MD.

FEMALE
Medical Examination Report Dated 7-22-74
Name of Physician Carl L. Weixlein MD.

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

MALE APPLICANT

Name: First Robert Middle P. Last Jones
Date of Birth: Month August Day 4 Year 1947
Place of Birth (State or foreign country) Round Co. Ky.
Residence Address: Street or R. R. Danville 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 Roofer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Sel. Serv. # 15 86 47 97

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Casey Jr. Jones
    Residence of father (if deceased so state) Clearfield Ky.
    Occupation of father Saw mill Race of father White
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Elsie Marie Workman
    Residence of mother (if deceased so state) Clearfield, Ky.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Kentucky

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

Signed P.O. Box 135 North Salem
New Address Robert P Jones
Subscribed and sworn to before me this 23 day of July, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 K. Last Sawyer
Date of Birth: Month March Day 15 Year 1956
Place of Birth (State or foreign country) Martinsville
Residence Address: Street or R. R. P.O. Box 505 City North Salem County Morgan State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Cook at Coffee Cup.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Recorded in BK #8 page # 22.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father James William Sawyer
   Residence of father (if deceased so state) P.O. Box 505 North Salem Ind.
   Occupation of father Retired Laborer Race of father White
   Birthplace of father (State or foreign country) Waverly Ind.
8. Full maiden name of mother Rozella Irene Johnson
   Residence of mother (if deceased so state) P.O. Box, North Salem Ind.
   Occupation of mother Housewife Race of mother White
   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 Cheryl K. Sawyer
New Address P.O. Box 135 North Salem
Subscribed and sworn to before me this 23 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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

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 27 day of July, 19 74, authorizing the joining together as husband and wife Robert P. Jones and Cheryl K Sawyer

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

I, Charles J. Bair hereby certify that on the 27th day of July, one thousand nine hundred and 74 at Danville, County of Hendricks, State of Indiana, Groom Robert P. Jones of Hendricks County, State of Indiana, and, Bride Cheryl K. Sawyer of Hendricks County, State of Indiana, were by me united 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 July, 19 74. Signed Charles J Bair
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of July, 19 74. 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. 317
File Book 35
July 23 1974
Date of Application

MALE
Medical Examination Report Dated 7-13-74
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 7-13-74
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: Marvin | Middle: Oscar | Last: Parker

Date of Birth — Month: February | Day: 15 | Year: 1939

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

Residence Address — Street or R. R.: R R 1 | City: Pittsboro | County: Hend. | State: Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Farmer

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

☐ Other (Specify).....

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

    Name | Age | Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Edgar Parker
    Residence of father (if deceased so state): R R 1 Pittsboro
    Occupation of father: Retired Race of father: W
    Birthplace of father (State or foreign country): Pittsboro Ind
12. Full maiden name of mother: Carol Kennedy
    Residence of mother (if deceased so state): Deceased
    Occupation of mother: — Race of mother: W
    Birthplace of mother (State or foreign country): Pittsboro Ind.

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

Signed ×Marvin Oscar Parker

New Address R R 1 Pittsboro Ind

Subscribed and sworn to before me this 23 day of July, 1974

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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: Monnett

Date of Birth — Month: December | Day: 15 | Year: 1950

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

Residence Address — Street or R. R.: R R 1 | 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: Proof Reader

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

☐ Other (Specify).....

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

New Address R R 1 Pittsboro

Subscribed and sworn to before me this 23 day of July, 1974

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 74, *authorizing the joining together as husband and wife* Marvin Oscar Parker *and* Judith Kay Monnett

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

I, William Charles Mc Graw *hereby certify that on the* 3rd *day of* August, *one thousand nine hundred and* 74 *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* Marvin Oscar Parker *of* Hendricks *County, State of* Indiana, *and, Bride* Judith Kay Monnett *of* Hendricks *County, State of* Indiana, *were by me united 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* August, 19 74.

Signed William Charles Mc Graw

Official Designation Minister

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

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. 318
File Book #35
July 23, 1974 Date of Application

MALE
Medical Examination Report Dated July 12, 1974
Name of Physician James B. Johnson, M.D.

FEMALE
Medical Examination Report Dated July 18, 1974
Name of Physician James B. Johnson, M.D.

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

MALE APPLICANT

Name: First David Middle Eugene Last Burner
Date of Birth: Month November Day 25 Year 1953
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. R#2 Carby, Ind. City Morgan Co. 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 U.S. Marines
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Military ID. #313 62 2681

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Ivon Burner
    Residence of father (if deceased so state) Same as applicant
    Occupation of father Mechanic Race of father W.
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Anna Barr
    Residence of mother (if deceased so state) Same as above
    Occupation of mother Custodian Race of mother W.
    Birthplace of mother (State or foreign country) Whitesburg, Ky.

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

X Signed David Eugene Burner
New Address 3rd Loop Bld. E Bottery Cherry Point N.C. 28533
Subscribed and sworn to before me this 23rd day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Louise Last Newkirk
Date of Birth: Month October Day 18 Year 1955
Place of Birth (State or foreign country) Putnam County
Residence Address: Street or R. R. R. #1 City Plainfield, Ind. County Hendricks 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) Putnam Co. Dept of Health #178-185

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☐ Yes ☑
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☑
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Ray Newkirk
   Residence of father (if deceased so state) Same as above
   Occupation of father Self-employed Race of father W
   Birthplace of father (State or foreign country) Putnam Co.
8. Full maiden name of mother Martha Hirt
   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) Greencastle, Ind.

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

X Signed Elizabeth L. Newkirk
New Address 3rd Loop Bld. E Bottery, Cherry Point NC.
Subscribed and sworn to before me this 23rd day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued July 23, 1974 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3-day waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE 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 23rd day of July, 19 74, authorizing the joining together as husband and wife David Eugene Burner and Elizabeth Louise Newkirk

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

I, Sonny H. Hayes hereby certify that on the 25 day of July, at Plainfield, County of Hendricks, one thousand nine hundred and 74 State of Indiana, Groom David Eugene Burner of Morgan County, State of Indiana, and, Bride Elizabeth L. Newkirk of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of July, 19 74. Signed Sonny H. Hayes
Official Designation Baptist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of July, 19 74
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. 319
File BK#35
July 24, 1974
Date of Application

MALE
Medical Examination Report Dated 7-19-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 7-19-74
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 Jack Middle Kinberger Last
Date of Birth: Month March Day 2 Year 1934
Place of Birth (State or foreign country): Louisville Jefferson Co. Ky.
Residence Address: Street or R. R. 3131 Christopher 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: Dry Wall Construction
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 39387

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

Name	Age	Address
Jackie Lee Kinberger	17	3131 Christopher, Indpls.
Beverly Irene Kinberger	14	3131 Christopher, 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 Samuel C. Kinberger
    Residence of father (if deceased so state) deceased
    Occupation of father Race of father White
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Loresa Mangbe
    Residence of mother (if deceased so state) New Albany Ind
    Occupation of mother Homemaker Race of mother White
    Birthplace of mother (State or foreign country) New Castle Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jack Kinberger
New Address 1403 Rose Ct.
Subscribed and sworn to before me this 24 day of July, 1974.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Carolyn Middle E. Last Marsh
Date of Birth: Month January Day 28 Year 1944
Place of Birth (State or foreign country): Astoria Oregon
Residence Address: Street or R. R. 1403 Rose Ct. City Plainfield County Hen. State Ind.
Maiden Name if Different Schafer
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: Operating Room Technician
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 31 (Cert. of Birth 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 afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father ~~Dec'd~~ DeVere Wm. Schafer
   Residence of father (if deceased so state) Lafayette, Ind.
   Occupation of father Factory Worker Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Ellen Ivy Watson
   Residence of mother (if deceased so state) Lafayette Ind.
   Occupation of mother Beautician Race of mother White
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Carolyn Marsh
New Address 1403 Rose Ct.
Subscribed and sworn to before me this 24 day of July, 1974
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1974, authorizing the joining together as husband and wife Jack Kinberger and Carolyn E. Marsh
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul L. Channels hereby certify that on the 3rd day of August, one thousand nine hundred and 74 at Wayside Chapel U.S. 52, County of Tippicanoe, State of Indiana, Groom Jack Kinberger of Hendricks County, State of Ind., and, Bride Carolyn Marsh 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 3rd day of August, 1974.
Signed Paul L. Channels
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of August, 1974.
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. 326
File BK # 35
July 24, 1974 Date of Application

MALE
Medical Examination Report Dated July 15, 1974
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated July 15, 1974
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 Thomas Middle P. Last Wesseler
Date of Birth: Month November Day 14 Year 1951
Place of Birth (State or foreign country) Elwood
Residence Address: Street or R. R. 258 Indiana St. City Plainfield County Madison State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Apprentice Printer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Sel. Serv. # 12 194 51 399

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

Name	Age	Address

(b) Are you supporting or contributing to their 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 Wesseler
Residence of father (if deceased so state) R.R 3 Elwood Ind.
Occupation of father Sales Rep. Race of father White
Birthplace of father (State or foreign country) Elwood Ind.
12. Full maiden name of mother Mary Lois Porter
Residence of mother (if deceased so state) R.R 3 Elwood Ind.
Occupation of mother School Nurse Race of mother White
Birthplace of mother (State or foreign country) Elwood Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Thomas P Wesseler
New Address 258 Indiana St.
Subscribed and sworn to before me this 24 day of July, 19 74.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 E. Last Rivers
Date of Birth: Month January Day 13 Year 1952
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. R.R. #1 Box 346 City Plainfield 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: Teacher
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 348

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Allan Everett Rivers
Residence of father (if deceased so state) R.R #1 Box 346 Plfd Ind.
Occupation of father Printer Race of father White
Birthplace of father (State or foreign country) Indpls. Ind.
8. Full maiden name of mother Lou Anna Knoll
Residence of mother (if deceased so state) R.R #1 Box 346 Plfd Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) New Castle Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Carol E. Rivers
New Address 258 Indiana Plainfield
Subscribed and sworn to before me this 24 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FRONT

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. 7-24-74 Judge Kelton

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* July, 19 74, *authorizing the joining together as husband and wife* Thomas P. Wesseler *and* Carol E. Rivers

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

I, Ronald Hallock *hereby certify that on the* 27 *day of* July, *at* Plainfield, *County of* Hendricks, *one thousand nine hundred and* 74, *State of Indiana, Groom* Thomas P. Wesseler *of* Hendricks *County, State of* Indiana, *and, Bride* Carol Rivers *of* Hendricks *County, State of* Indiana, *were by me united 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* July, 19 74. Signed Ronald Hallock
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* August, 19 74
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. 321
File BK. # 35
July 24 1974
Date of Application

MALE
Medical Examination Report Dated July 10, 1974
Name of Physician L. L. Blum M.D.

FEMALE
Medical Examination Report Dated July 10, 1974
Name of Physician Dr. J. Wm McBride

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

MALE APPLICANT

Name: First Michael Middle Ray Last Whicker
Date of Birth: Month March Day 20 Year 1952
Place of Birth (State or foreign country) Greencastle Putnam Ind.
Residence Address: Street or R. R. RR#3 Danville 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 Farming
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 135, in Book #3

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Michael Ray Whicker
New Address RR3 Box 351 Danville, Ind.
Subscribed and sworn to before me this 24 day of July, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Stockwell
Date of Birth: Month July Day 4 Year 1953
Place of Birth (State or foreign country) Hammond Lake Ind.
Residence Address: Street or R. R. RR#1 Box 378, City Chesterton 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) # 1596

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Stockwell
   Residence of father (if deceased so state) RR#1 Box 378, Chesterton
   Occupation of father Steel Worker Race of father White
   Birthplace of father (State or foreign country) Elkhart Ind.
8. Full maiden name of mother Rosemary Dickinson
   Residence of mother (if deceased so state) R.R.#1 Box 378 Chesterton
   Occupation of mother Homemaker Race of mother White
   Birthplace of mother (State or foreign country) Chicago Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Elizabeth Ann Stockwell
New Address RR3 Box 351 Danville
Subscribed and sworn to before me this 24 day of July, 19 74
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 74, *authorizing the joining together as husband and wife* Michael Ray Whicker *and* Elizabeth Ann Stockwell
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Dunstan *hereby certify that on the* 3rd *day of* August,
one thousand nine hundred and 74 *at* Hadley, *County of* Hendricks,
State of Indiana, Groom Michael Ray Whicker *of* Hendricks *County, State of* Ind.
and, Bride Elizabeth Ann Stockwell *of* Porter *County, State of* Ind.,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*
Dated this 30th *day of* July, 19 74.

Signed John C. Dunstan
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* Aug., 19 74.
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. 322
File BK 35
July 24, 1974 Date of Application

MALE
Medical Examination Report Dated 7-22-74
Name of Physician Glenn W. Baker Md.

FEMALE
Medical Examination Report Dated 7-22-74
Name of Physician Glenn W. Baker, Md.

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

MALE APPLICANT

Name: First James Middle R. Last Lucas
Date of Birth: Month September Day 25 Year 1954
Place of Birth (State or foreign country): Indianapolis Marion Ind.
Residence Address: Street or R. R. R.R. #1 Box 134 City Monroville County Morgan State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Stark + Wetzel Co.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 54-076013

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 L. Lucas
    Residence of father (if deceased so state): Deceased
    Occupation of father: Race of father: White
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Joyce A. Gipson
    Residence of mother (if deceased so state): RR #1 Box 134 Monroville Ind.
    Occupation of mother: Village Bowl Race of mother: White
    Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed James R Lucas (BOARD)
New Address 121 Williams Dr apt C
Subscribed and sworn to before me this 24 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of 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 Marie Last Moore
Date of Birth: Month October Day 15 Year 1957
Place of Birth (State or foreign country): Beech Grove St. Francis Hosp. Ind.
Residence Address: Street or R. R. 321 O'Dell 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: Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Certificate of Baptism (May 17, 1959)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 D. Moore
   Residence of father (if deceased so state): 321 O'dell St. B'Burg Ind.
   Occupation of father: Truck Driver Race of father: White
   Birthplace of father (State or foreign country): Indpls. Ind.
8. Full maiden name of mother: Carol Zollner
   Residence of mother (if deceased so state): 321 O'dell St. B'Burg
   Occupation of mother: Homemaker Race of mother: White
   Birthplace of mother (State or foreign country): Indianapolis Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Patte Moore
New Address 121 Williams Dr apt C
Subscribed and sworn to before me this 24 day of July, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed George D Moore Father
Signed Carol A Moore Mother
Subscribed and sworn to before me this 24 day of July, 19 74
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 3 day waiver and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 7-24-74 Judge Hilton

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 July, 19 74, authorizing the joining together as husband and wife James R. Lucas and Patricia Moore

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

I, Joseph D. Wilson hereby certify that on the 27 day of July, 19 74 at Brownsburg, County of Hendricks, one thousand nine hundred and 74 State of Indiana, Groom James R. Lucas of Hendricks County, State of Indiana, and, Bride Patricia 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 27 day of July, 19 74. Signed Joseph D. Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of July, 19 74
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. 323
File Bk #35
July 24, 1974
Date of Application

MALE
Medical Examination Report Dated July 23, 1974
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated July 23, 1974
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 Lewis; Middle Junior; Last Peacock
Date of Birth: Month Jan.; Day 11; Year 1937
Place of Birth (State or foreign country): Henry County, Indiana
Residence Address: Street or R. R. R.R. 1, Bx 42; City Plainfield; 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: Teacher
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service 12-70-37-3

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

Name	Age	Address

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

11. Full name of father: Lewis D. Peacock
    Residence of father (if deceased so state): Greencastle, Indiana
    Occupation of father: Manager - Grain Elevator Race of father: W.
    Birthplace of father (State or foreign country): Henry Co., Indiana
12. Full maiden name of mother: Mary Olive Cox
    Residence of mother (if deceased so state): Greencastle, Ind.
    Occupation of mother: Realtor Race of mother: W.
    Birthplace of mother (State or foreign country): Henry County, Indiana

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

Signed Lewis J Teacock
New Address RR 2 Box 52 Martinsville, Ind

Subscribed and sworn to before me this 24th day of July, 1974.
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 Pamula; Middle M.; Last Haff
Date of Birth: Month November; Day 1; Year 1948
Place of Birth (State or foreign country): Beech Grove, Marion Co. Indiana
Residence Address: Street or R. R. R.R. 2; City Martinsville; County Morgan; State Indiana
Maiden Name if Different: Pamula Mason
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Legal Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Ind State Board of Health 48-032050
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 O. Mason
   Residence of father (if deceased so state) 7850 S. Shelby, Indpls. Indiana
   Occupation of father Electrical Contractor Race of father W
   Birthplace of father (State or foreign country) Brown Co., Indiana
8. Full maiden name of mother: Frances M. Craig
   Residence of mother (if deceased so state) 6411 W. 15th, Indpls. Indiana
   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 Pamula M. Haff
New Address RR 2 Box 52 Martinsville

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3 day waiver and filed in 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* 24th *day of* July, 1974, *authorizing the joining together as husband and wife* Lewis Junior Peacock *and* Pamula M. Haff
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* 27 *day of* July, *one thousand nine hundred and* 74 *at* Martinsville, *County of* Morgan, *State of Indiana, Groom* Lewis Junior Peacock *of* Hendricks *County, State of* Indiana *and, Bride* Pamula M. Haff *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 27 *day of* July, 1974.

Signed Bruce A. Brown
Official Designation Pastor White Lick Presbyterian Church

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* August, 1974.
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*