

Alexander, James William	16
Andrews, Robert A.	119
Allen, Carl W.	123
Abel, Gladys M.	153
Alexander, Sheri L.	157
Aldridge, Judith Kay	181
Allen, Gilbert Ray	204
Amers, John Robert	209
Anderson, Evelyn L.	211
Austin, Jill M.	234
Adams, Barney Arthur	254
Allen, Cheri Lynn	272
Akin, Paula M.	279
Andrews, Charles Allen	285
Adamson, Beth Ann	292
Amster, Margaret	317
Anderson, Joyce Ann	325
Akers, Joseph E.	343
Arthurson, Jennifer Sharon	344
Ader, Roger Glen	355
Allen, Jerry Lee	390
Alexander, Philip Nan	397
Arthur, Ellen Mary	397
Althoff, Sandra	402
Akers, Ralph	419
Austin, Terry E.	450
Allen, Stephen L.	463
Allen, Jerry M.	519
Adams, George S.	545
Anglico, Richard Arthur	552
Asmann, Karen Kay	559
Adams, Edgar Lee	563
Allanson, Nancy Jo	564
Abdull, Nils Edward H.	564
Arney, Melvin Leon	597
Alley, Donna Jean	212

B

FRONT

Brinker, Nancy J.
Brickley, Joseph A. Jr.
Brouman, Bonnie
Burgin, John Raymond
{ Broadbuck, Elmer L. }
{ Beard, Mary B. }
Brooks, Richard A.
Brown, Allen Lee
Bowers, Asenitha M.
Brown, Stanley W.
{ Belile, Michael G. }
{ Bryant, Cynthia Lynn }
Bombli, Lu Ann
Brown, Stanley W.
Baxendale, Jane Elsie
Bemis, Pattisue Ann
Baldwin, Mike Duane
Barber, Pamela Sue
Beck, Walter E.
Booth, Teresa Kay
Bentley, Raymond
Beck, Brian Douglas
Burlton, Sherusa Kay
Bennett, Sharon Fay
Brower, Patricia Ann
Bamster, Corrie Marie
Bruno, Thomas Michell
Boberg, Linda Sue
Brinker, Dorothy A.
Brothers, Harolyn Lee
Burch, ~~Patrick~~ Patrick Allen
Branson, Wm. T.
Ballard, Nancy Katrine
Bellows, Stephanie
Baird, Shirley
Brock, Aetha M.
Bates, Margaret Theresa
Batie, David M.
Babcock, Robert W.
Bryant, Pamela Claris
Berry, K. Wayne
Berte, Michael Thomas
Buchanan, Helen Elizabeth
Bottis, Ricky Dale
Bledsoe, Judith Lynn
Bergens, George Jerry
Ball, Frank E.
Best, Charles Augustus
Beeler, Davis Anthony
Burchard, Ronald Lee

2 Brown, Betty J. 250
7 Burns, Lynn Edel 258
8 Belcher, Charles W. 260
13 Black, Barbara Ann 261
31 { Blevins, Lance } 265
31 { Blevins, Nellie } 265
34 Brooks, Charles R. 266
38 { James R. Boler } 269
49 { Deborah J. Bradford }
53 Bray, Steven Eugene 272
54 Branstetter, Deborah Sue 272
54 Burkett, Lyle A. 282
55 Burkhardt, Carol Sue 289
53 Buttz, Douglas L. 301
62 Barker, Bonnie Lou 305
70 Berlin, Roger K. 311
13 Bruce, Cynthia K. 312
90 Bryant, Joyce Priscilla 314
85 Baldauf, Nancy Jeanne 315
93 Bowles, Elvin H. 327
108 Brown, Ricky W. 329
113 Blankenship, Robin Annette 330
114 Ball, Hubert J. 331
117 Bolis, Judy C. 343
118 Barrick, Bradford L. 350
132 Boen, Norma L. 352
142 Brown, Cynthia Sue 353
144 Ballard, Garrick A. 356
147 Badger, Gary W. 373
149 Bridgell, Arnold L. 378
150 Buntin, Donald K. 372
153 Bratcher, Jesse W. 386
164 Biedanowski, M. Hazel } 386
168 Byrdwell, Mary Catherine 390
170 Bailey, Barbara E. 400
173 Barksdale, Sheila Ann 414
180 Brown, Michelle Leigh 430
189 Bartley, Vicki A. 435
190 Black, Michael A. 440
194 Barbar, Sharon L. 440
195 Ballard, Diana L. 463
208 Byrdwell, Donna K. 465
209 Bryson, Gerald R. 468
218 Bryant, Joseph L. 471
220 Bramblett, Dwight Kendall 473
234 Bennett, Randall Loren 476
234 Bore, Marjorie Lucille 484
240 Burger, Paul P. 483
244 Belford, Juanita 488
245 Bell, Earl D. 88

250	Blend, W. Bruce	496
251	Bennett, Roger Dale	500
260	Brandenburg, Samuel Jay	511
261	Behrmer, Barbara Ann	515
263	Brock, Rosemary Theresa	520
264	Burdine, Barbara K.	519
265	Bridegroom, Shelley	529
266	Bickla, David T.	544
270	Blanford, Lester	514
271	Blaschke, Kevin Dean	560
272	Broux, Kenny Dale	569
282	Bain, John Franklin	571
283	Barker, Pamela J.	574
301	Batty, Jamie S.	576
303	Brown, Gary L.	75
311	Boucher, Sharon R.	530
312		
314		
315		
327		
329		
330		
331		
343		
350		
352		
353		
356		
373		
378		
382		
386		
386		
390		
400		
414		
430		
435		
440		
440		
463		
465		
468		
471		
473		
476		
484		
483		
488		
48		

B

C

FRONT

Coffin, Ruby Berenice
 Cheek, Patricia Anne
 Conley, Thomas DeWald
 Cox, Karen R.
 Coyell, Douglas A.
 Comegys, Ruth Ann
 Crowe, Cynthia Lynn
 Cooper, Jeffrey W.
 Carter, William Ray
 Church, Mary J.
 Collins, Jackson
 Card, Tina M.
 Crispin, Kenneth W.
 Casey, James O.
 Remouing (Conner, Larry J.)
 (Janelda Conner)
 Caylor, Tim J.
 Carter, Debra Lynn
 Clements, Julia Ann
 Cornwall, Paula J.
 Cassity, Michael E.
 Clark, Judy Ann
 Cope, Donald James
 { Cooper, Eugene Russell III
 Cull, Nancy Lee
 Conn, Vickie L.
 Cospier, Donald J.
 Cospier, Janet L.
 Cooper, Norma Jean Brown
 Casselman, Bruce
 Clarkson, Vickie E.
 Chase, Alice Marie
 Cooper, Billie Ralphene
 Cox, Viola
 Coons, Donald O.
 Craig, Hugh W.
 Carr, Rose M.
 Campbell, Linda Ann
 Cave, Donald R. Jr.
 Cope, Vickie J.
 Collier, Daniel L.
 Culbertson, Susan L.
 Cassity, Debra L.
 Cox, Tracy L.
 Cox, Rita C.
 Crouch, Anna M.
 Christie, Lynne Suzanne
 Curtis, Willis Glen
 Choate, Jeff Lynn
 Connolly, Robin May

4	Clayton, Pauline B.	327
6	Callahan, Carl Patrick	328
22	Curtis, Frank A. (Beatrice)	345
43	Campfield, Laura A.	349
56	Cates, Edith J.	354
59	Coleman, Mary L.	357
61	Cop, Harry Frederick Jr.	363
64	Carroll, Stanley W.	366
69	Cochran, Mindy L.	367
74	Crawford, Larry E.	371
83	Clements, Phillip E.	380
89	Corbin, Sally L.	383
101	Carr, Phyllis L.	396
103	Carr, Debra Lynn	399
110	Carrier, Ray Gene	406
110	Chambers, Linda Sue	406
114	Coleman, Elizabeth J.	407
130	Campbell, Roseland M.	410
137	Cassity, William Emmens	412
140	Cummings, Anne Marie	415
173	Compton, Karen S.	424
175	Childers, Donald Ray	430
180	Chapman, Virgil	457
184	Cath, Jeffrey Paul	460
184	Cheek, Michael	468
189	Corbin, Debbie E.	471
198	Cruse, Richey Allen	481
198	Calhoun, Peggy J.	480
204	Crabb, Judith Lynn	493
206	Cochran, Michael Blake	494
219	Carver, Shirley	490
222	Cooper, Linda L.	501
224	Cline, Clinton J.	504
225	Cornelison, John W.	513
228	Patricia Ann COOPER	527
238	Clark, Marvin Charles	532
241	Cooper, Burdett Agnes	536
242	Cameron, Kathryn M.	554
263	Curnutt, Wayne A.	548
273	Cooper, Mark Alan	558
276	Chasteen, Stephen M.	565
276	Cabb, Sally M.	566
274	Caffin, John F.	570
284	Clark, Michael Caldwell	575
297	Clark, Sharon Lee	575
301	Curtis, William J.	588
308	Cornelius, Duane	590
313	Cunningham, Randall Jay	600
314	Cloyd, Sandra E.	9
322	Calloun, Victor H.	84

B.
Patrick
(Beatrice)
ma 1A.

ick Jr.
366

e
J
410

mono
415
424

430
457
460

468
471
481

480
493
494

490
501
508

513
PER 527
532

536
554
548

558
565
566

570
575
588

590
Ball Jay 600
9
84

Cummings, Dana L.
Clawson, James H.

102
215



A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

B
C
D

FRONT

Dugan, Barry Wayne
 Duncan, Brenda Sue
 Drollinger, Patricia A
 Dawson, William Lee
 DeLois, Dennis Ray
 Darnell, Rhonda
 Darrough, Ricky Blane
 DeBarde, William Ray
 Day, Paul Edward
 Deuling, James Robert
 Dremones, George A.
 Dailly, Pamela Rae
 Denton, Chris J.
 Delp, Randall S.
 Davis, Mary Martha
 Dean, Raymond Alfred
 Davis, Lynne Ellen
~~Atkinson~~ Carls
 Davis, Wendell H.
 Dunlap, Martha Ann
 Dunn, Marsha Kay
 Hauglae, Virgil Ray
 Dillon, Richard Lee
 Duncan, Rebecca Gail
 Dugan, Velda F.
 Denny, Jerry U.
 Davis, Rita Gail
 Delaney, Roy A. }
 Doane, Sandra D. }
 DeWeese, Barbara Jean
 Duggan, James R.
 Drury, Albert E.
 Dillon, Gary Wayne
 Dieter, Anthony Michael
 Dawson, Nelson Irene
 Davis, John M.
 Downing, Richard Eugene, Jr.
 Davis, Roger D.
 Dicks, Crystal Lee
 Dunn, Gary
 Day, Lillian Rebecca
 Davis, Debbie
 Daley, Randall Jay
 Davis, Sally Ann
 Dixon, Laurie
 DeLong, Monica Ann
 Devine, Richard James II
 Doub, Joseph B.
 Davenport, Sheila Lynn

6 Duggan, Francine Hope 513
 7 Downey, Edward James 525
 26 Duckworth, Myron V. 540
 28 Duves, Oma Marie 542
 41 Dorian, Debbie K. 577
 53 Daniels, Clarence R. 585
 67 Drollinger, Robert A. 9
 74 Dunaven, Becky Sue 116
 80
 124
 136
 125
 156
 188
 190
 191
 191
 194
 193
 217
 221
 236
 237
 248
 260
 287
 287
 309
 309
 328
 332
 338
 351
 360
 392
 405
 414
 435
 438
 443
 447
 454
 449
 459
 455
 477
 502
 506
 507

B
C
D
E

Edmondson, Jean E	17
Elrod, Daphne Jan	18
Engle, Sharon K.	86
Eastman, Geraldine M.	163
Ellis, James Lee Jr	172
Elrod, Margaret	199
Ever, Cynthia Jane	244
Embs, Sylvia Lynn	251
Edrington, Margaret A.	255
English, Nathan E.	257
Ekstrand, Michael Allen	277
Eve, David B.	296
Embersen, Wayne Anthony	349
Eubank, Robert Alan	451
Esley, Teresa Monroe	467
Easmann, Cheryl L.	474
Engle, Mary Kaye	475
Edwards, Terry L.	488
Earl, Ralph P.	490
Etienne, Carol Lynn	549
Eaton, Ollie Elaine	552
Easmann, Sharon L.	593
Edwards, Marian Lou	597
Elmore, Samuel Arthur	155
Edlis, Charles Dennis	239

FRONT

B
C
D
E
F

FRONT

Sieler, Jeffrey M.	26
Sinkel, Lynn Karl	62
Srazier, Larry David	66
Forshee, Marla J.	68
Sitzsimmons, Keith D.	109
Fisher, Bryan Lee	135
Stiscus, Ricky Joe	152
Smith, Donald L.	160
Frederick, Gregory Lee	185
Fredrick, Connie	213
Fleming, Gary L.	216
Fulmer, Linda L.	216
Fletcher, Ralph E.	253
Farley, Mark Alex	289
Furlough, Diana Kay	302
Fellix, Ronald D.	318
Foster, L. Susan	332
Faires, Jo Ann	338
Foley, Charles R.	352
Frueman, Carole Ann	374
Felix, Dennis Hank	384
Ferguson, Cheryl D.	393
Fleever, Roy D.	398
Fish, Frances M.	416
Fenwick, James R.	421
Flemigan, Patrick Dean	437
Francis, Jennifer Lynn	437
Fortner, Harold Wayne	444
Faliti, Louis A. Jr.	456
Ferguson, Donald E.	470
Ferrier, Larry D.	472
Fair, Ralph E.	485
Freshauer, Paul W. Jr.	497
Foster, Judy Kay	502
Ferrall, James O.	503
Faliti, Louis A.	521
Foley, Lillian	538
Faulkner, Deborah Gale	563
Fulton, Edward Conrad	567
Ford, Judy Ann	71
Foster, Peggy J.	84
Farris, Linda Lou	155

Goins, William
Gaston, Sherene Ellen
Goff, Fred Clement
Gibson, Debra J.
Garrigus, Deborah D.
Godsey, Steven Curtis
Gouker, Pamela Ann
Gentry, Tami Jo
Gilman, Barbara
Goen, Tyanne Eileen
Gatton, David Jay
Gibson, Pamela Sue
Gibbs, Walter J. III
Galloway, Walter G.
Goche, Katherine Lynn
Gray, Deane Kim
Gimmel, Donald Wm. II
Gladden, Marion Kay
Gough, Roxanne
Gentry, Harry M.
Green, Jean A.
Gregory, Gary Wayne
Gasper, Earl Douglas
Goodale, Wanda J.
Glick, Shari Lynn
Grigsby, Kathy Jane
Gleason, Carol J.
Gossett, Nannie Louise
Gillbreck, Judith M.
Gipson, Edward H.
Gibbs, Russell Dennis
Gephart, Dennis Edward
Giddens, Phillip E.
Green, La Monna J.
Gaskins, Ronald Lee
Gellenbeck, Ronald Edward
Gundy, Kathleen Louise
Goen, Noble Glen
Gipson, Marsha L.
Gumbel, Donald E.
Gilpin, Donna K.
Grubbs, Janet Gay
Gaston, Cathy L.
Gitchell, Laura E.
Goss, Charles R.
Greene, Sue Ellen
Graves, Christine Ruth
Gipson, Barbara May
Graves, Charles Lawrence
Grimes, Catherine Anne

10 Gaskins, Susan R. 426
21 Gase, John S. 448
42 Gibson, Jerry Lee 461
57 Gasser, Joyce F. 489
60 Gattard, Joe Craig 493
65 Garamer, Nancy Jane 508
65 George, Dorothy Ann 509
78 Gray, Kelly A. 519
83 Grimes, Gregory Sharon 535
80 Guffitt, William Wesley 536
99 Guillaume, Jeanne M. 555
121 Gibson, Rebecca B. 556
121 Goode, Melana K. 572
132 Goodpastor, Tina 581
135 Grismore, Alva III 582
142 Gutzwiller, Jim 591
164 Giesman, William Lee 594
172 Gillespie, Russell W. 271
178
182
182
196
203
229
231
243
256
262
266
280
302
310
304
318
333
334
337
340
341
357
359
363
376
394
404
413
418
423
424
434

B
C
D
E
F
G
H

FRONT

Narrison, Keith Curtis
Hawks, Linda Kay
Hanson, Elizabeth Ann
Hubble, Dallas Lee
Hawkins, Clifford W.
Haggard, Lou Ann
Haskins, Deborah Lee
Haskins, Donna Lynn
Hall, Wanda May
Harris, Jeffery A.
Hughes, Harold Mark
Humphrey, Carol Ann
Hodge, Michael R.
Harlan, Stephen A.
Harkin, Ann Elizabeth
Hall, Michael E.
Hodson, Hollis W.
Hawick, Betty Jane
Hadruck, Betty
Heavin, Rhonda Kay
Hickey, Michael J.
Henderson, James Leroy
Huff, Janice E.
Hudson, Beverly Rose
Hering, Karen Marie
Hayden, Dennis James
Hickitt, Ralph Schneider, II
Hill, Barbara Jean
Harris, Pamela Kay
Hopkins, Marcia L.
Hansford, Sandra M.
Hopkins, Michael R.
Hall, Barbara Joan
Hoge, Donald C.
Hobson, Melvin Joe
Henderson, Nancy Kay
Huckelberry, Gerald
Hamilton, Susan J.
Harrison, Lester R.
Hartmann, David Kenneth
Hill, Beverly
Huber, Victoria Lynn
Higgins, Kristine Louise
Harris, Samuel R.
Hawkins, Catharine Sue
Herry, Francis Eugene
Holt, Sylvia S.
Hadley, Stephen Leon
Hoyt, Dave W.

11 Hemphill, Donald L. 250
19 Husky, Velda Marilyn 259
22 Heckman, Susan Leigh 295
24 Hosteller, Nancy Ann 296
27 Harsak, Brenda A. 300
28 Harless, Melody 311
33 Higgins, Donald J. 314
29 Herbert, Eddie Eugene 322
37 Holloway, Sharon Kaye 324
39 Hammond, Jon Edgar 325
45 Huxtable, Cathleen S. 331
47 Harvold, James S. 341
59 Heid, Renice L. 350
60 Headrick, David B. 359
63 Henry, Francis Romaine 360
72 Hayden, Grant M. 365
55 Haymaker, Grace J. 365
94 Harvey, Melvick J. 366
97 Hopkins, Elaine 372
107 Hook, Larry A. 394
111 Holman, Carolyn Sue 401
117 Harris, Billie Mae 409
119 Hubble, Donald R. 416
120 Hamilton, Judith K. 419
124 Hartle, Richard Wayne 429
131 Hess, Fred L. 447
139 Heris, William C. 452
141 Herrin, Carroll M. 454
143 Hemond, Lynn Ann 443
151 Hayes, Patricia Luanna 461
160 Heady, Dianna Dee 473
162 Harvey, Robin E. 487
141 Howard, Daniel Lee } 495
163 Hunt, Margie Alice } 495
165 Hadley, Forest Kay 499
165 Hill, Thomas Bradley 526
168 Hammer, Mark 529
171 Heacor, Cathy Jayne 539
171 Happer, Steven Dow 543
187 Hannell, Marcia D. 545
195 Herald, Harry R. 577
197 Hobson, Sharon Louise 583
205 Hallett, Fred Jr. 584
213 Hampton, Jaye Ellen 592
214 Harse, Thomas Dee 596
223 Heath, Mark Dee 596
236 Hogrefe, Robert Dale 71
243 Hamilton, Glenn Richard 96
249 Harris, Jim M. 102

B
C
D
E
F
G
H
I

FRONT

Imhausen, James Henry	46
Ingle, Steven Lee	118
Inskoop, Linda L.	264
Inkster, Susan Elaine	267
Ikemire, Carolyn C.	453
Imhausen, Mary Jo	594

Jennings, Patrick Deseen	12
Jennings, Robert Charles	51
Jones, Lowell, Conrad	81
Judy, Gale M.	92
Jones, Benjamin J.	105
Johnson, Michael L.	106
Jones, Dudley Eugene	115
Jackson, Kenneth E.	122
Johnson, Joyce	136
Jones, Rita D.	145
Johnson, Ricky L.	159
Johnson, Brenda Kay	162
Jagers, Arthur Mwayne	192
June, David B.	251
Jiffers, Nicholas Gene	258
Jones, Barbara Ann	310
Jenkins, Terry Alan	330
Jackson, David Parnell	348
Jake, James J.	379
Jordan, Judy E.	381
Jones, Carla Lee	408
Judd, Duane Joseph	415
Johnson, Lata A.	421
Jennings, Pamela Sue	450
Johnson, Leonette	457
Johnson, Dorine Sue	460
Jenne, Claude	492
Jenkins, Beulah L.	512
Jones, Laurita L.	561
Jennings, Tony Allen	230

B
C
D
E
F
G
H
I
J
K

FRONT

Linda Lee Kernodle	3
Kuhn, Pamela Ann	11
Kleber, David J.	17
Keller, Joyce E.	27
Kempf, Suelyn B.	35
King, Joy Lynette	64
Kalodziej, Steven B.	68
Kinnett, Carol Ann	81
Kempf, Edward Vernon	87
Kepner, Larry A.	120
Kidwell, Pamela Sue	127
Keller, Wm. Greeley	141
Kempf, Marita	167
Kernodle, Cynthia	166
Keller, Steven M.	219
King, William Lee	227
Kerr, Rita S.	233
Kelly, Jane A.	257
Knowlton, Vickie L.	280
Kimmerling, Kenneth	303
Kesterson, Juanita L.	307
Kay, And Marie	334
Kruth, Donald William	337
Kill, Cheryl Marie	358
Kinney, Laura Lee	382
Kirkman, Edna L.	448
Kelley, Andra L.	497
King, Donna Kay	520
King, Larry E.	509
Keeney, Kenneth H.	510
Lulke, Harold E.	557
Kolster, Jack Bill	587
Kranpe, John Michael	200

B
C
D
E
F
G
H
I
J
K
L

FRONT

Lamar, Kathy Lynn)
 Swellish, Michael Paul)
 Larison, Wm. E.
 Love, Linda Rose
 Long, Deborah Lynn
 Lovell, Brian R.
 Lindsay, Mark R.
 Lawrence, Deanna Kay
 Lowe, Bonita E.
 Lyons, Kitty Jo.
 Lawrence, Eric Lewis
 Linengood, Deborah Ann
 Lee, Robert E.
 Lenty, Jeri Elaine
 Lanham, Robert David
 Lykins, Arthur E.
 Lynn, Michael K.
 Lenz, Jerry Edward
 La Roche, Isabelle
 Lewis, Eytel B.
 Lucca, Kathleen R.
 Leep, Mary Lou
 Lofton, Johnnie Ray
 Leamon, Kathryn Joy
 Lewis, Rhonda Leslie
 Lenthicem, Marilyn J.
 Lukas, Kim L.
 Land, James Ray
 Lambert, Michael Dean
 Lumpkin, Nona
 Lenthicem, Diana Sue
 Lee, Lois Ann
 Lakatos, James William
 Leavitt, Nancy L.
 Lowry, Deborah L.
 Larick, Melissa J.
 Lawson, Terry L.
 Lockyear, William Lloyd
 Leonard, J. Wayne
 Laux, Deborah E.
 Lowe, Jonathan
 Love, Randall Ray
 Long, Sandra Lou
 Lee, David Harley
 Lupa, Larry L.
 Lanham, George U.
 Lazier, Linda Susan
 Lapidick, Brenda Lynn
 Lucas, James Brent

23 Lippard, James T. 589
 23 Lanham, Mary Ellen 595
 25^{re} Lewis, David Eugene 599
 38^{me} Lewis, Bonnie Mauran 599
 41 Loupy, Sarah Florence 92
 43 Lee, Michael Kent 125
 50
 82
 105
 111
 112
 115
 126
 133
 167
 177
 202
 207
 223
 225
 228
 246
 255
 282
 290
 298
 304
 328
 353
 380
 387
 427
 434
 451
 470
 482
 483
 477
 501
 509
 520
 537
 537
 539
 554
 568
 573
 578
 583

B
C
D
E
F
G
H
I
J
K
L
M

FRONT

master, Dennis Wayne	19	Maxring, Gladys R.	378
maxwell, Robert E.	40	March, Kenneth Wayne	388
Morphew, David L.	49	Mac Pherson, Gordon	401
Macouzet, Ofelia	52	Murphy, Janet Helen	412
Meisenheimer, Vickie E.	56	Martin, Marlene Jewell	417
Mullins, Kathy Ann	66	Mefford, Robert S.	441
Mentooth, Cheryl Ann	73	Mikell, Gladys V.	446
Martin, Robert D. 82	82	Miller, Darrell Ray	474
Marlowe, Melvyn Max	86	Martin, Milton Kenneth	484
Myers, Richard P.	89	Mason, John A.	505
Myer, Phillip R.	91	Morris, Eva E.	510
mohr, Jeffrey A.	95	Myers, Lynn Gayle	516
Masterson, Mark Edward	98	Maion, Ronald C.	522
Marshall, Brenda Joyce	100	Medaris, Kathleen Sue	532
Mayer, Bobbie Jean	112	Montgomery, Karen	544
Merritt, Ronald P.	134	Morgan, Barbara E.	553
Malayer, Donna Lou	150	Moore, Myra L.	557
Mitchell, Sandra Mary	145	Masterson, Donna Irene	550
Mays, Christine	156	Monday, Leslie Ree	558
James R. Malicoat	170	Mays, Sherry Dawn	560
Means, Teresa L.	176	Mann, Randy Lee	562
Myers, Ray Charles	183	Mitchell, Cathy Lenore	562
Mason, Kenneth Wayne	205	Musgrove, Marjory Beth	565
Morphew, Robert Owen	214	Killer, Joyce Lynn	568
Miller, Sherry Lynn	227	Marston, Pamela Sue	586
Means, Wanda J.	229	Mosier, Harrel Paul	592
Martin, Kimberly A.	249	Mitchell, Grady Lynn	595
More, Thomas D.	256	Morphew, Linda Fay	230
Miller, Russell L.	267	Montgomery, Michael Lee	402
Mendenhall, Michael Joseph	270	Martin, Peggy L.	597
Moore, Rodney L.	273		
Morphew, Jon H.	279		
Milburn, Phyllis A.	284		
Milish, Wilora Mae	285		
Miller, Edward L. Jr.	291		
Merritt, Stanley Arthur	295		
Mitchell, Harlan S.	323		
Metcalf, Ralph Young, Jr.	324		
Miller, Charles Kay	326		
Merritt, Stanley G.	335		
Betty Jane Sonty			
Merritt, Doris Claire	336		
May, Pauline	361		
Mendenhall, Gerald Lee	364		
Minton, Patricia Joann	368		
Mendenhall, Teresa Ann	375		
Mendenhall, Michael Lee	385		
Montgomery, Michael Lee	402		
Musters, Steve Edward	461		

B
C
D
E
F
G
H
I
J
K
L
M
Mc

FRONT

McDowell, Ronda K.	1
McGwire, Michael Dennis	3
McClain, Sean Buren	15
McClintock, Jr. Charles W.	18
McNeil, Randall, Jr	37
McElroy, Cheryl Marie	39
McCook, William Edward	76
McCommon, Janice Elaine	79
McKinney, Debra Jane	174
McCoy, Jerry Duane	197
McKinney, Rhonda M.	245
McCleary, Karen S.	252
McCammack	306
McCoy, Paulette Ann	342
McLaurin, Gerald Ray	344
McClure, Bea J.	371
McCullough, Daniel Gene	375
McGure, Terry Alan	381
McLaren, Pamela D.	384
McCollum, Julie A.	395
McKay, Joseph R.	403
McRoberts, Vickie A.	420
McDonald, Sharon E.	436
McKinney, Edgar R.	487
McKibben, Linda L.	496
McCreary, Sharon Kay	511
McKee, Michael Edwin	514
McClung, Ronald S. }	524
McCoy, Anita A. }	524
McLain, Linda Elise	533
McLyon, Barbara Ann	567
McHugh, Timothy L.	598
McGarry, William M.	394

B
C
D
E
F
G
H
I
J
K
L
M
Mc
N
FROM

Naylor, Collis O.	138 144 151
Neal Janet L.	169
Nelson, Rose Z.	177
Nipewander, Joseph Albert	181
Nicely, Judith Elaine	200
Norman, Lorita Beth	237
Nay, Rebecca J.	283
Nicely, Jimmy D.	299
Neibald, Will Goodwin	308
Neier, Rhonda Sue	364
Nagle, Robert E.	370
Nipewander, Nancy Ann	462
Nestel, William Dan	486
New, Nanny E.	572
Nauman, Larry	581
Newlin, Linda L.	588
Nicely, Judith Elaine	200
Nickell, Gladys V.	446

Oaks, Susan Carlene	267
Osborn, Robert E.	307
Odom, Gregory	420
O'Neill, Kathleen Elizabeth	119
Olinger, Mitchell Ray	551
Orr, Theresa Lee	582
Ordonez, Connie	215
Orting, Jose	347
Owen, Gary Dean	507

B
 C
 D
 E
 F
 G
 H
 I
 J
 K
 L
 M
 N
 O
 P

Petre, Mark Lynn	5
Cowell, Michael Edward	14
Ping, Jennifer Kay	16
Gyunter, Linda L.	25
Pedigo, Sharon L.	36
Prock, Kathryn Joan	46
Parsons, Frank H.	52
Gerbins, James Edward	48
Bresnell, John C.	77
Phillips, Roger	79
Blummer, Carolyn S.	91
Gittman, Dorothy	108
Pardieck, Michael A.	133
(Payne, Robert J.)	158
(Shelps, Deborah J.)	158
Petty, Richard William	166
Gatton, Ronald C.	169
Phillips, Jeanette	186
Pollard, Edna Mae	254
Pollard, Dawn Elaine	268
Pilcock, Susan Sue	278
Parsons, Horace S.	281
Grice, Cynthia L.	286
Remarriage Pruett, Willis M.	288
Pruett, Betty J.	288
Purcell, Raymond C.	312
Pether, Nancy L.	320
Cadgett, Gary Wayne	342
Puckett, David Lee	358
Paland, David L.	377
Palmer, Carolyn J.	379
Parsons, Gary L.	392
Cridemore, Larry D.	393
Pollard, Edna M.	403
Pearson, Carol Lee	404
Partlow, Delia R.	410
Pether, Donald H.	417
Pickens, Lee Ann	428
Cadgett, Horace S.	439
Palson, David Kevin	442
Critchett, Carl Jr.	446
Pierson, Charlotte Graham	445
Price, Marlene K.	506
Pitcock, Olive Correen	521
Phillips, Christine Flora	526
Proctor, Nancy Sue	535
Pipes, Louie	538
Partlow, Marilyn J.	540
Patterson, Karen Lynn	239

Palamos, Concesa R.	570
Price, Nina M.	585
Parker, Donald Lee	528

Quinn, Lisa J

50

B

C

D

E

F

G

H

I

J

K

L

M

M_c

N

O

P

Q

Le

B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R

Riggs, Roger R.
 Ruark, Ruth
 Raser, Kenneth Eugene
 Ramirez, Ronald Joseph
 Randall, Timothy Allen
 Rogers, Peggy A.
 Riddle, Rebecca Ann
 Russell, Daniel Allen
 Robertson, Jerry Wayne
 Robinson, Janet Sue
 Robertson, John Harvey
 Rice, Dena A.
 Roney, Clayton
 Ramsey, Coral Dale Hale
 Riley, James Bruce
 Ratliff, Polly
 Russell, Frank S.
 Rose, Margaret A.
 Richardson, Julie Ann
 Rissler, Allbrook L.
 Rumble, Carol Lorraine
 Robbins, Ralph Fred
 Ratliff, Jeannette
 Russell, Mary Edith
 Roberts, Arthur E.
 { Roberts, Brenda Kay
 Roberts, Richard E.
 Robinson, Steven Wayne
 Rupe, William J.
 Redman, Debra L.
 Roush, Thomas E.
 Rodney, Michael E.
 Rumble, Virginia Ann
 Riddle, Debra Lynn
 Rutledge, Dianna Joyce
 Reed, Rebecca S.
 Richardson, Rebecca Jane
 Raudelush, Marilyn R.
 Raison, Brenda Carol
 Ruback, Paula
 Ray, Larry Gene
 Richard, ~~James~~ Kay
 Rawlings, Daniel Wayne
 Rivers, Connie Ann
 Rhea, Rebecca Ann
 Rooze, Patricia A.
 Roell, William H.
 Ruddell, Lucille S.
 Ragsdale, Steven Dallas

1 Rase, Ronald D.
 2 Red, Candra M.
 33 Richy, Anna Jane
 29 Radin, Kenneth Eugene
 34 Rodgers, Glenda Kay
 40 Roark, Juliet E.
 77 Rupe, Marcia Hail
 78 Rager, Debra Jane
 90 Rauwh, Jeremiah L.
 x 98 Rody, Barbara A.
 100 Rutledge, Janet R.
 101 Rayles II, James Albert
 104 Rodriguez, Mary P.
 107 Roark, John L. Jr.
 127 Reynolds, Rocky Lee
 146 Ray, Juanita L.
 147 Ray, Luther E.
 193 Reynolds, Ronald Alan
 196 Raberson, Cynthia L.
 206 Roby, Mari Dawn
 218 Reid, Kimberly S.
 x 231 Rigdon, Gary Miller
 238 Richards, Bart E.
 240 Rodriguez, Diana
 241
 247
 247
 x 248
 252
 253
 262
 264
 275
 293
 313
 316
 319
 323
 340
 345
 346
 353
 368
 369
 373
 391
 396
 398
 418

432
 428
 431
 433
 452
 464
 481
 486
 512
 525
 537
 546
 551
 553
 550
 561
 561
 579
 598
 600
 32
 116
 201
 397

B
C
D
E
F
G
H
I
J
K
L
M
M_c
N
O
P
Q
R
S

Smith, Melvin Dale
 Standiford, Claudia Ann
 Settles, Luc Ann
~~Smith~~ ^{Summellot, Steven Allen} Rebecca Mae
 Springer, Jennie Ann
 Skinner, Ricci Dee
 Singleton, Rhonda Jo
 Sutton, Judith Maureen
 Sabo, Kevin O'Shea
 Smallman, Georgia Ann
 Sig, Michael Todd
 Shrum, Warren Milleron, Jr.
 Searcy, Joyce E.
 Sembach, David Wayne
 Springer, Rebecca D.
 Stevens, Michael James
 Snow, Miriah Lynn
 Shields, Sarah J.
 Shepherd, Charles Richard
 Stanley, Wm. L.
 Salade, Mae La Rue
 Simpson, Jimmy Ray
 Skrier, Gerald D.
 Schelling, Joseph N. E.
 Sartin, Cheryl Rae
 Sedam, Gary L.
 Sadler, Audrey Anderson
 Snider, Roger Wayne
 { Swager, Richard Bruce
 Shaw, Rhonda Faye
 Shannon, Sandra Marie
 Smith, Kimberly L.
 Stidham, Christine
 Stegemiller, Rosanna Sue
 Smock, William E.
 { Swinford, Carl H.
 re-marriage { Swinford, Cathy L.
 Sullivan, Robert C.
 { Swails, Horace
 re-marriage { Swails, Pearl E.
 Smith, Robt. M.
 Short, Donald Ray
 Smith, Stanley Keith
 Stout, Gordon Lee
 Spears, Claude J.
 Stout, Margaret Louise
 Spratt, Jackie Dale
 Schaber, Joseph M.
 Selvie, Judith A.
 Siddons, David Michael

4	Strauch, Charles A.	298
13	Shearer, Martha C.	303
14	Stauch, Steven Jay	305
12	Stevens, William	317
20	^{Ronald} Stewart, Robert Owen	321
20	Smith, Margaret Lucinda	321
21	Salmons, Rae	329
34	Sperry, Brenda Kay	333
44	Scott, Michael Lee	339
47	Stewart, Donna Kay	346
48	Squires, Jill Mary	348
58	Smith, Carol Ann	351
61	Spears, Mary Sue	356
72	Spelton, Robert E.	362
63	Salomons, Lynne J.	370
85	Schultz, Robert J. II	372
93	Sutton, Gary Cleveland	374
99	Shelton, Michael D.	376
103	Slattery, Cheryl L.	377
130	Spencer, Glenda Marie	385
137	Sheffler, Brian Scott	387
138	Scholl, Lucille	388
143	Sutliff, Mark	391
148	Stewart, Morris L.	395
151	Stewart, Robert Wayne	400
152	Stevens, David J.	407
157	Skillman, Randy L.	411
159	Schall, Richard T.	413
175	Schaffer, Karin	422
179	Sublett, Walter Richard	424
179	Sanders, John R.	425
192	Smith, Donald Dale	428
202	Sutcliffe, Katherine M.	432
203	Short, Carla Jean	433
208	Shouse, June E.	441
217	Sharp, Janie Jan	442
226	Svetanoff, Dale George	426
226	Shafey, William Everett	445
233	Schreck, Bonita Sue	449
235	Sullivan, Susan A.	456
235	Smith, Delvin H.	458
246	Stewart, Nancy Carol	458
259	Storehouse, Virgil D.	455
261	Skinner, William Jay	462
266	Shaw, Jerry A.	464
274	Smith, David Bruce	
281	Smith, Debra Lee	446
283	Stanley, Carolyn L.	468
286	Smith, Teresa L.	469
291	Shrout, Robert A.	489
292		488

B

C

D

E

F

G

H

I

J

K

L

M

Mc

N

O

P

Q

R

S

T

FRONT

Truan, LaVonne	10
Turner, Robert W. II	30
Turner, Debra J.	30
Tingson, Grace E.	45
Thompson, Rachel Irene	42
Todd, George E.	57
Taylor, Linda S.	69
Thomas, David Mark	70
Tungate, Beverly Jean	109
Tuyman, Janet Hope	113
Thompson, Bonnie Sue	122
Tuiddle, Keith Allen	128
Thompson, Kristi Ann	128
Trivett, Larry Wayne	154
Taylor, Brenda Kay	154
Trent, Dennis Russell	174
Tuttle, Cathy Jane	187
Tixsway, Norman	199
Turin, Daniel Ray	220
Travelsted, Mary S.	232
Turner, Michael Edward	242
Trissel, Paul Dennis	275
Thomas, William Richard	290
Thweatt, David Rex	319
Toney, Betty Jane	335
Toney, James Franklin	336
Turner, Gleeretta	339
Thompson, Ray V.	354
Tyson, Patricia L.	362
Taylor, Jesse L.	383
Tidley, Steven Lynn	399
Todd, James Russell	409
Thompson, Kathy Lu	444
Thurnall, Christine	472
Teachout, Nancy L.	478
Turpin, Richard E.	482
Tutts, Tracy Marie	494
Trivett, Victor	516
Taylor, Mark J.	533
Thompson, Karuna	548
Taylor, Thomas M.	32
Thompson, Lucille C.	96
Trivett, William E.	547

B
C
D
E
F
G
H
I
J
K
L
M
M_c
N
O
P
Q
R
S
T
U

Anger, Charles Duane
Anger, Erlon L.

44
222

B

C

D

E

F

G

H

I

J

K

L

M

M_c

N

O

P

Q

R

S

T

U

V

Vaughn, Annabelle Lee	58
Vandergriff, Catherine Irene	76
Veld, Joseph Jr	94
Vaught, Linda J.	95
Vaughn, Michael Lee	144
Vargo, Russell	178
Van Wye, David Lee	369
Valentine, Roger English	408
Vaughn, Michael E.	478

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

FRONT

Watson, Lois Darlene

Wagoner, Randy II

Wenke, Sandra Denise

Whitaker, Denise Dawn

Western, Myron B.

Ward, Robin Lee

Wise, Sally Ann

Wyatt, George

Watkins, Evelyn Ruth

Wallace, Cheryl A.

Wilson, Mary A.

Williams, Charlotte K.

Walker, Scott P.

Winger, Glenda Jean

Wright, Deborah Kay

Warren, Louis J.

Walker, Michael B.

Williams, Sonia H.

Ward, Kevin Paul

Whaler, Dennis H.

Wyrick, Susan Lynn

Welch, Melodie Rae

Williams, Elizabeth E.

Wilson, Michael Curtis

Weddle, Richard Wayne

Wiley, Larry Robert

Whittington, Sharon A.

Wolfe, Janet Ruth

Whitaker, ~~David L.~~ ^{Carl L.}

Whitis, Mark Alan

White, David L.

Waughtel, Shelly J.

Wilson, Michael J.

Whitlow, John Wayne

Wedde, Jon Edward

Wheeler, Norman O.

Wheeler, Jean

Willis, Larry D.

Worman, V. Larry

Williams, Marguerite Ann

Wenke, Sandra K.

Warden, Sharon L.

Willard, Jackie Lee

Wrig, Diane E.

Williamson, Danny Lee

Western, Jody A.

Weather, Daniel Lee

Wiles, Daphane L.

5 Walls, Lawrence A.

8 Weatherston, Douglas N.

15 Wilson, Karen Sue

24 Whittle, Kenneth L.

35 Walden, Terry Lee

51 Williams, Albert

87 Webb, Vicki C.

94 Wilson, Arnette Barbara

104 Willis, Shirley E.

106 Williams, Randall Allen

123 Whitaker, Fay A.

126 Wagler, Gary St.

129 Welker, Karen B.

131 White, Rebecca Sue

139 Williams, Randall

140 Wynkoop, Jessie Ann

146 Webster, Billy H.

148 Wade, John Edward

149 Welker, Gary E.

176 Wilson, Susan Dennis

183 Wolfe, Rita Jane

185 Ware, Jordan Eugene

188 Williams, Charlotte Marie

186 Willoughby, Dale Ann

221 Whittow, Joseph E.

232

263

270

278

293

297

299

300

306

315

320

361

367

389

389

405

411

423

429

431

436

438

439

453

459

476

475

479

480

485

498

503

515

519

518

518

534

542

546

549

559

566

578

580

586

589

75

530

B

C

D

E

F

G

H

I

J

K

L

M

M_c

N

O

P

Q

R

S

T

U

V

W

X

Y

FRONT

Yeager, Marcia L.
York, Patricia A.
Yelton, Ernest W.
Young, David Bruce
Yeley, Robert H.
Yount, Alice Lucille
Yanwood, Thomas A.

129

134

211

466

465

514

593

Guehl, Paula Jean	67
Gimmurman, Jerry Wesley	508
Genor, Ray Howard	515
Zaring, R. Roger	576

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 324
File BK # 36
Date of Application July 26 1974

MALE
Medical Examination Report Dated 7-22-74
Name of Physician Ronald D. Chusman

FEMALE
Medical Examination Report Dated 7-22-74
Name of Physician Ronald D. Chusman

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

MALE APPLICANT

Name Roger R. Riggs
Date of Birth 9 Month 30 Day 1953 Year
Place of Birth (State or foreign country) Evansville, Ind.
Residence Address R.R. #2 Box 17, Danville, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify) BK 23 pg 339 (Vanderburgh 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? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their 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 Russ Riggs
Residence of father (if deceased so state) R.R. #2 Box 17, Danville, Ind.
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Evansville, Ind.
12. Full maiden name of mother Mrs. Imogene Miller
Residence of mother (if deceased so state) R.R. #2 Box 17, Danville, Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Evansville, Ind.

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

Signed Roger R. Riggs

New Address Married Student Couple Lafayette

Subscribed and sworn to before me this 26 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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Renda K. Mc Dowell
Date of Birth 9 Month 1 Day 1953 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 4 Brenda Ct. Danville, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify) 9108

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Raymond Mc Dowell
Residence of father (if deceased so state) 4 Brenda Ct. Danville, Ind.
Occupation of father Conductor - NYC Race of father White
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Rosemary Jane Campbell
Residence of mother (if deceased so state) 40 Brenda Ct. Danville, Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Illinois

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

Signed Renda Kay Mc Dowell

New Address Married Student Couple Lafayette

Subscribed and sworn to before me this 26 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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 30 day of July, 1974, authorizing the joining together as husband and wife Roger R. Riggs and Renda K. Mc Dowell. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Emery Parks, hereby certify that on the 12th day of August, one thousand nine hundred and 74, at Danville, County of Hendricks, State of Indiana, Groom Roger R. Riggs of Hendricks County, State of Indiana, and, Bride Renda K. Mc Dowell of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 30 day of July, 1974.

Signed Emery Parks

Official Designation Minister

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of August, 1974.

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 325
File BK 36
Date of Application July 26, 1974

MALE
Medical Examination Report Dated 7-22-74
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 7-22-74
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 Harry J. Middle Brinker Last
Date of Birth Month May Day 16 Year 1953
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 3044 Clover Lane 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 Atlas Camera Co.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 53-036023

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

Name	Age	Address
John Randolph Brinker	deceased	

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

11. Full name of father John Randolph Brinker
Residence of father (if deceased so state) deceased
Occupation of father deceased
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dorothy Alberta Figner
Residence of mother (if deceased so state) 3044 Clover Lane Indianapolis Ind.
Occupation of mother Farmer's Business Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Danny J. Brinker
New Address 3044 Clover Lane

Subscribed and sworn to before me this 26 day of July, 1974
Ella M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1 day of August, 1974, authorizing the joining together as husband and wife of Harry J. Brinker and Ruth E. Quark. I, Lloyd J. Sawyer, one thousand nine hundred and 74 hereby certify that on the 1st day of August, 1974, at Jasonville, Indiana, Groom Harry J. Brinker and Bride Ruth E. Quark were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Marion County, State of Indiana. Dated this 1st day of Aug., 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of August, 1974.
Signed Lloyd J. Sawyer
Official Designation United Methodist Minister
Signed Ella M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Ruth E. Middle Quark Last
Date of Birth Month 7 Day 7 Year 1957
Place of Birth (State or foreign country) Putnam Ind.
Residence Address 9634 Mulberry Lane Indianapolis Ind.
Maiden Name if Different

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

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Farmer's Business Service

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 522308

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Full name of father James Albert Quark
Residence of father (if deceased so state) 9634 Mulberry Lane Indianapolis Ind.
Occupation of father Farmer's Business Race of father White
Birthplace of father (State or foreign country) Putnam Ind.
- Full maiden name of mother Patricia Joyce Figner
Residence of mother (if deceased so state) 9634 Mulberry Lane Indianapolis Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Marion Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Ruth E. Quark
New Address 3044 Clover Lane

Subscribed and sworn to before me this 26 day of July, 1974
Ella M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of
Signed James A. Quark Father
Signed Patricia Quark Mother
Subscribed and sworn to before me this 1 day of August, 1974
Ella M. Harney Clerk

When Presented to:
Indiana State Board of
Health under authority
Chapter 140, Acts 1901-1902

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 326

File Book 36

Date of Application July 26 1974

Issued Application

MALE

Medical Examination Report Dated July 26, 1974

Name of Physician H. H. Hilly M.D.

FEMALE

Medical Examination Report Dated July 26, 1974

Name of Physician H. H. Hilly M.D.

THIS APPLICATION MUST BE SUBMITTED TO THE CLERK OF COURT IN THE COUNTY WHERE THE MARRIAGE IS TO BE CELEBRATED. THIS STATEMENT, WHEN PRESENTED TO THE CLERK OF COURT, IS TO BE FILED IN THE PUBLIC RECORDS OF THE COUNTY WHERE THE MARRIAGE IS TO BE CELEBRATED.

MALE APPLICANT

Name Michael Dennis McQuinn
Date of Birth Jan 31 1952
Place of Birth Chicago, Ill.
Residence Putnam, Ind.
Previous Marital Status Never Married
Last Marriage Ended By Death
Color or Race White
Height 5'10" Weight 175 lbs
Blood Type O-
State of Birth Illinois
Social Security # 52-253212

- 1. Are you now or have you been afflicted, diagnosed or considered as being afflicted with any of the following?
a. Mental defect? No
b. Insanity? No
c. Epilepsy? No
d. Other? No
- 2. Are you now or have you been afflicted with any of the following?
a. Syphilis? No
b. Gonorrhea? No
c. Other? No
- 3. Are you now or have you been afflicted with any of the following?
a. Tuberculosis? No
b. Other? No
- 4. Are you now or have you been afflicted with any of the following?
a. Diabetes? No
b. Other? No
- 5. Are you now or have you been afflicted with any of the following?
a. Heart disease? No
b. Other? No
- 6. Are you now or have you been afflicted with any of the following?
a. Lung disease? No
b. Other? No
- 7. Are you now or have you been afflicted with any of the following?
a. Kidney disease? No
b. Other? No
- 8. Are you now or have you been afflicted with any of the following?
a. Stomach disease? No
b. Other? No
- 9. Are you now or have you been afflicted with any of the following?
a. Intestinal disease? No
b. Other? No
- 10. Are you now or have you been afflicted with any of the following?
a. Skin disease? No
b. Other? No
- 11. Are you now or have you been afflicted with any of the following?
a. Blood disease? No
b. Other? No
- 12. Are you now or have you been afflicted with any of the following?
a. Other? No

Do you now or have you been afflicted with any of the following?
a. Mental defect? No
b. Insanity? No
c. Epilepsy? No
d. Other? No
e. Syphilis? No
f. Gonorrhea? No
g. Other? No
h. Tuberculosis? No
i. Other? No
j. Diabetes? No
k. Other? No
l. Heart disease? No
m. Other? No
n. Lung disease? No
o. Other? No
p. Kidney disease? No
q. Other? No
r. Stomach disease? No
s. Other? No
t. Intestinal disease? No
u. Other? No
v. Skin disease? No
w. Other? No
x. Blood disease? No
y. Other? No
z. Other? No

Signature of Michael D. McQuinn
Witnesses: John D. McQuinn, R-2 Roadside, Putnam, Ind.
Melba Marie Brown, Putnam, Ind.
Theresa wife, Putnam, Ind.

Signature of Michael D. McQuinn
Witnesses: John D. McQuinn, R-2 Roadside, Putnam, Ind.
Melba Marie Brown, Putnam, Ind.
Theresa wife, Putnam, Ind.

Signature of Michael D. McQuinn
Witnesses: John D. McQuinn, R-2 Roadside, Putnam, Ind.
Melba Marie Brown, Putnam, Ind.
Theresa wife, Putnam, Ind.

Signature of Michael D. McQuinn
Witnesses: John D. McQuinn, R-2 Roadside, Putnam, Ind.
Melba Marie Brown, Putnam, Ind.
Theresa wife, Putnam, Ind.

Signature of Michael D. McQuinn
Witnesses: John D. McQuinn, R-2 Roadside, Putnam, Ind.
Melba Marie Brown, Putnam, Ind.
Theresa wife, Putnam, Ind.

Signature of Michael D. McQuinn
Witnesses: John D. McQuinn, R-2 Roadside, Putnam, Ind.
Melba Marie Brown, Putnam, Ind.
Theresa wife, Putnam, Ind.

Signature of Michael D. McQuinn
Witnesses: John D. McQuinn, R-2 Roadside, Putnam, Ind.
Melba Marie Brown, Putnam, Ind.
Theresa wife, Putnam, Ind.

FEMALE APPLICANT

Name Linda Lee Karpodis
Date of Birth Feb 26 1955
Place of Birth Chicago, Ill.
Residence North Salem, Ind.
Previous Marital Status Never Married
Last Marriage Ended By Death
Color or Race White
Height 5'8" Weight 125 lbs
Blood Type O-
State of Birth Illinois
Social Security # 52-253212

- 1. Are you now or have you been afflicted, diagnosed or considered as being afflicted with any of the following?
a. Mental defect? No
b. Insanity? No
c. Epilepsy? No
d. Other? No
- 2. Are you now or have you been afflicted with any of the following?
a. Syphilis? No
b. Gonorrhea? No
c. Other? No
- 3. Are you now or have you been afflicted with any of the following?
a. Tuberculosis? No
b. Other? No
- 4. Are you now or have you been afflicted with any of the following?
a. Diabetes? No
b. Other? No
- 5. Are you now or have you been afflicted with any of the following?
a. Heart disease? No
b. Other? No
- 6. Are you now or have you been afflicted with any of the following?
a. Lung disease? No
b. Other? No
- 7. Are you now or have you been afflicted with any of the following?
a. Kidney disease? No
b. Other? No
- 8. Are you now or have you been afflicted with any of the following?
a. Stomach disease? No
b. Other? No
- 9. Are you now or have you been afflicted with any of the following?
a. Intestinal disease? No
b. Other? No
- 10. Are you now or have you been afflicted with any of the following?
a. Skin disease? No
b. Other? No
- 11. Are you now or have you been afflicted with any of the following?
a. Blood disease? No
b. Other? No
- 12. Are you now or have you been afflicted with any of the following?
a. Other? No

Do you now or have you been afflicted with any of the following?
a. Mental defect? No
b. Insanity? No
c. Epilepsy? No
d. Other? No
e. Syphilis? No
f. Gonorrhea? No
g. Other? No
h. Tuberculosis? No
i. Other? No
j. Diabetes? No
k. Other? No
l. Heart disease? No
m. Other? No
n. Lung disease? No
o. Other? No
p. Kidney disease? No
q. Other? No
r. Stomach disease? No
s. Other? No
t. Intestinal disease? No
u. Other? No
v. Skin disease? No
w. Other? No
x. Blood disease? No
y. Other? No
z. Other? No

Signature of Linda L. Karpodis
Witnesses: John D. McQuinn, R-2 Roadside, Putnam, Ind.
Melba Marie Brown, Putnam, Ind.
Theresa wife, Putnam, Ind.

Signature of Linda L. Karpodis
Witnesses: John D. McQuinn, R-2 Roadside, Putnam, Ind.
Melba Marie Brown, Putnam, Ind.
Theresa wife, Putnam, Ind.

Signature of Linda L. Karpodis
Witnesses: John D. McQuinn, R-2 Roadside, Putnam, Ind.
Melba Marie Brown, Putnam, Ind.
Theresa wife, Putnam, Ind.

Signature of Linda L. Karpodis
Witnesses: John D. McQuinn, R-2 Roadside, Putnam, Ind.
Melba Marie Brown, Putnam, Ind.
Theresa wife, Putnam, Ind.

Signature of Linda L. Karpodis
Witnesses: John D. McQuinn, R-2 Roadside, Putnam, Ind.
Melba Marie Brown, Putnam, Ind.
Theresa wife, Putnam, Ind.

Signature of Linda L. Karpodis
Witnesses: John D. McQuinn, R-2 Roadside, Putnam, Ind.
Melba Marie Brown, Putnam, Ind.
Theresa wife, Putnam, Ind.

Signature of Linda L. Karpodis
Witnesses: John D. McQuinn, R-2 Roadside, Putnam, Ind.
Melba Marie Brown, Putnam, Ind.
Theresa wife, Putnam, Ind.

COMPLETE OF MARRIAGE LICENSE ISSUED BY CLERK OF COURT. A marriage license having been refused to the above named parties, the clerk of court is authorized and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

On 30 July 1974, I, the Clerk of Court, have received from the parties a marriage license issued by the clerk of the Court of Hendricks County, Indiana, dated the 26th day of July, 1974, authorizing the joining together as husband and wife of Michael Dennis McQuinn and Linda Lee Karpodis.

In 4 further compliance, the following marriage certificate was filed in my office, to wit:

1. Wayne T. Stone, having solemnly that on the 2nd day of August, 1974, at North Salem, Indiana, County of Hendricks, State of Indiana, between Michael Dennis McQuinn and Linda Lee Karpodis, both of legal age, single, and of the County of Hendricks, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, Indiana.

Witnesses: John D. McQuinn, R-2 Roadside, Putnam, Ind.
Melba Marie Brown, Putnam, Ind.
Theresa wife, Putnam, Ind.

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of August, 1974.

Signature of Wayne T. Stone
Official Designation Minister
Signature of John M. Harvey
Official Designation Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 327
File Bk # 36
July 29, 1974
Date of Application

MALE
Medical Examination Report Dated July 17, 1974
Name of Physician Thomas H. Black III

FEMALE
Medical Examination Report Dated _____
Name of Physician _____

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

MALE APPLICANT

Name Melvin Dale Smith
Date of Birth March 11 1950

Place of Birth (State or foreign country) Paris, Illinois

Residence Address RR 2 Box 145 Indianapolis City HENDRICKS State Indiana

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Truck Driver

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Paris Hospital, Paris, Illinois

☐ Other (Specify) _____

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

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐

If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐

4. Are you afflicted with a transmissible disease? No ☒ Yes ☐

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? No ☒ Yes ☐

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒

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

11. Full name of father Lewis Richard Smith

Residence of father (if deceased so state) New Market, Indiana

Occupation of father Farms & Trucking Race of father W

Birthplace of father (State or foreign country) Fairfield, Illinois

12. Full maiden name of mother Laura Belle Dean

Residence of mother (if deceased so state) Indiana

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Paris, Illinois

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

Signed M. W. Smith

New Address RR 2 Box 145 Indianapolis

Subscribed and sworn to before me this 29 day of July, 1974

Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the _____ day of _____, 1974, authorizing the joining together as husband and wife

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

1, Paul Taylor hereby certify that on the 2nd day of August, 1974, at Fillmore, County of Putnam, State of Indiana, Groom Melvin Dale Smith and, Bride Ruby B. Coffin were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.

Dated this 2 day of August, 1974.

Signed Paul Taylor Official Designation Minister

Signed Glen M. Harney Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1974.

FEMALE APPLICANT

Name Ruby B. Coffin
Date of Birth _____

Place of Birth (State or foreign country) _____

Residence Address _____ 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 W ☒ White ☐ Negro ☐ Other ☐ (specify) _____

Usual Occupation _____

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Putnam Co. Dept. of Health 17A, p 123

☐ Other (Specify) _____

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

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Edwin Oliver Coffin

Residence of father (if deceased so state) Fillmore, Indiana

Occupation of father School Janitor Race of father W

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

8. Full maiden name of mother Leta June Smith

Residence of mother (if deceased so state) Fillmore, Indiana

Occupation of mother I.B.M. Race of mother W

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

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

Signed Ruby B. Coffin

New Address RR 2 Box 145 Indpls.

Subscribed and sworn to before me this 29 day of July, 1974

Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

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

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 228

File Book 36

Date of Application July 29, 1974

MALE

Medical Examination Report Dated 29 July 1974
Name of Physician Glenn W. Baker

FEMALE

Medical Examination Report Dated 7-19-74
Name of Physician Glenn W. Baker

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

MALE APPLICANT

Name Mark Lynn Petre
Date of Birth July 16, 1955
Place of Birth (State or foreign country) Indianapolis
Residence Address R#3 Box 743 Brownsburg Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation WoodsmanDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) # 7576

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

Name	Age	Address

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

11. Full name of father Leonard Lemons Petre
Residence of father (if deceased so state) Insurance Underwriter
Occupation of father Same Race of father _____
Birthplace of father (State or foreign country) Frankfort Ind.

12. Full maiden name of mother Sally Lou Cimens
Residence of mother (if deceased so state) Same
Occupation of mother Bank Teller Race of mother _____
Birthplace of mother (State or foreign country) Frankfort, Ind.

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

Signed Mark L. PetreNew Address 1002 Magnolia Ave. Frankfort

Subscribed and sworn to before me this 29 day of July, 1974.
Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Lois Darlene Watson
Date of Birth 1-26-1955
Place of Birth (State or foreign country) Indianapolis
Residence Address 425 Douglas Dr. Brownsburg
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation J. C. PennyDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) # 1284

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

Residence of father (if deceased so state) SameOccupation of father Mechanic Race of father _____Birthplace of father (State or foreign country) Kentucky8. Full maiden name of mother Margaret Frances TaylorResidence of mother (if deceased so state) SameOccupation of mother Cook Race of mother _____Birthplace of mother (State or foreign country) Kentucky

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

Signed Lois Darlene WatsonNew Address 1002 Magnolia Avenue

Subscribed and sworn to before me this 29 day of July, 1974.
Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 2nd day of August, 1974 authorizing the joining together as husband and wife of Mark Lynn Petre and Lois Darlene Watson

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

I, V. C. Mc Cormick hereby certify that on the 16th day of August, one thousand nine hundred and 74, at Brownsburg, County of Hendricks, State of Indiana, Groom Mark L. Petre of Hendricks County, State of Indiana and, Bride L. Darlene Watson of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 16 day of August, 1974.

Signed V. C. Mc Cormick

Official Designation Minister
19 day of August, 1974

Signed Glenn M. Harvey Clerk
HENDRICKS Circuit Court

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

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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. 929
File 8636
July 29, 1974
Date of Application

MALE
Medical Examination Report Dated July 24, 1974
Name of Physician Francis A. Terry

FEMALE
Medical Examination Report Dated July 24, 1974
Name of Physician Francis A. 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, represents, tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Barry Middle Wayne Last Dugan
Date of Birth Month October Day 15 Year 1954
Place of Birth (State or foreign country) Louisville Kentucky
Residence Address Street or R. R. P. R. 8 Box 372 City Indianapolis Marion Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race W White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student & temporary factory work
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Vital Statistics 1231 M
☐ Other (Specify)
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

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

11. Full name of father Joseph Brown Dugan
Residence of father (if deceased so state) P. R. 8 Indianapolis, Ind.
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Bardonia, Kentucky
12. Full maiden name of mother Lylene Beckley
Residence of mother (if deceased so state) P. R. 8 Indianapolis, Ind.
Occupation of mother Nurse's Aid Race of mother W
Birthplace of mother (State or foreign country) Cambridge, Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Barry W. Dugan
New Address Chattanooga, Tennessee
Subscribed and sworn to before me this 29 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, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

FEMALE APPLICANT

Name First Latricia Middle Anne Last Cheek
Date of Birth Month August Day 16 Year 1955
Place of Birth (State or foreign country) Indianapolis Marion Indiana
Residence Address Street or R. R. P. R. 16 Box 16 City Coatesville 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 W White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Indiana State Board of Health 8770
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Bobby Cheek
Residence of father (if deceased so state) P. R. 1 Coatesville, Indiana
Occupation of father Line Foreman Race of father W
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Vergie Juana Brown
Residence of mother (if deceased so state) P. R. 1 Coatesville, Ind.
Occupation of mother Secretary Race of mother White
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Latricia Cheek
New Address Chattanooga, Tennessee
Subscribed and sworn to before me this 29 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, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 2nd day of August, 1974, authorizing the joining together as husband and wife of Barry Wayne Dugan and Latricia Anne Cheek.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____, hereby certify that on the 17 day of August, 1974, at _____, County of _____, State of Indiana, Groom Barry Wayne Dugan and, Bride Latricia Anne Cheek were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____.
Dated this 17 day of August, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of August, 1974.
Signed _____ Official Designation Ordained Minister
Signed _____ Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 330
File Book #35
Date of Application July 30, 1974

HENDRICKS County

MALE
Medical Examination Report Dated July 26, 1974
Name of Physician Joseph C. Kerlin, M.D.

FEMALE
Medical Examination Report Dated July 26, 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 Joseph Francis Brickler, Jr.
Date of Birth January 22, 1952
Place of Birth (State or foreign country) LaFayette, Indiana
Residence Address 214 East 176th St. Brownsburg, Ind. Hendricks
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Mechanic

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

☐ Other (Specify) Ind St Bldg Health 113-52-006073

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

Name	Age	Address

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

11. Full name of father Joseph F. Brickler
Residence of father (if deceased so state) Same as Applicant
Occupation of father Cartonologist Race of father W
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Jean E. Paul
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) Indiana

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

Signed Joseph F. Brickler, Jr.

New Address 214 East 176th St. Brownsburg, Ind.

Subscribed and sworn to before me this 30th 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, HENDRICKS } ss: _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Brenda Sue Duncan
Date of Birth December 6, 1952
Place of Birth (State or foreign country) Union Co. Kentucky
Residence Address 214 East 176th St. Brownsburg, Ind. Hendricks
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Receptionist

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

☐ Other (Specify) Commonwealth of Kentucky #57432

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Full name of father Richard E. Duncan
Residence of father (if deceased so state) 507 Stephen Dr. Brownsburg
Occupation of father Auto Mechanic Race of father W
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Mary Magaline White

Residence of mother (if deceased so state) Same as above

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Kentucky

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

Signed Brenda Duncan

New Address 214 East 176th St. Brownsburg, Ind.

Subscribed and sworn to before me this 30th 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, HENDRICKS } ss: _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of August, 1974, authorizing the joining together as husband and wife of Joseph F. Brickler, Jr. and Brenda Sue Duncan.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. E. Charles Roll hereby certify that on the 7th day of August, one thousand nine hundred and 74 at Brownsburg, County of Hendricks, State of Indiana, Groom Joseph Francis Brickler, Jr. of Hendricks County, State of Indiana, and, Bride Brenda Sue Duncan of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 3rd day of August, 1974.

Signed Rev. E. Charles Roll

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 7th 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. 331

File Book 36

July 30, 1974
Date of Application

MALE
Medical Examination Report Dated E. J. O'Brian
Name of Physician 7-26-74

FEMALE
Medical Examination Report Dated 7-29-74
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 Randy Wagoner II
Date of Birth July 14 1951
Place of Birth (State or foreign country) Beach Grove Marion Co. Indiana
Residence Address B.G. 8 Indianapolis Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Degree in Business Administration

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

☐ Other (Specify) 13-51-652994

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

Name Age Address

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

11. Full name of father George Randall Wagoner I
Residence of father (if deceased so state) Indianapolis, Indiana
Occupation of father Buyer for General Motors Race of father W
Birthplace of father (State or foreign country) Bedford, Indiana
12. Full maiden name of mother Fredda Lee Bohendamp
Residence of mother (if deceased so state) Indianapolis, Indiana
Occupation of mother Telephone Operator Race of mother W
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Randy Wagoner

New Address 9880 W. 10th St. Indpls.

Subscribed and sworn to before me this 30 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, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 3 day of Aug, 19 74, authorizing the joining together as husband and wife of Randy Wagoner II and Bonnie Bowman.
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 3rd day of August, at Linton (Baptist), County of Hendricks, State of Indiana, one thousand nine hundred and 74, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____.
Dated this 3rd day of August, 19 74.

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

Signed Rev. Raymond L. Rader
Official Designation Pastor, 1st Baptist, Linton
day of August, 19 74
Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 332
File BK 36
Date of Application July 30, 1974

HENDRICKS County

MALE

Medical Examination Report Dated 7-22-74
Name of Physician Glenn Baker, M.D.

FEMALE

Medical Examination Report Dated 7-22-74
Name of Physician Glenn Baker, M.D.

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

MALE APPLICANT

Name Robert A. Drallinger
Date of Birth September 24, 1954
Place of Birth (State or foreign country) Marion, Indiana
Residence Address 31 acre, Brownsburg, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Woodfinco Inc.

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

☒ Other (Specify) Selective Serv # 12-30-54-434

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

Name Age Address

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

11. Full name of father Richard Lee Drallinger

Residence of father (if deceased so state) 31 acre, Brownsburg, Ind.

Occupation of father Truck driver Race of father White

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

12. Full maiden name of mother Mary Rosalie Whaley

Residence of mother (if deceased so state) 31 acre, Brownsburg, Ind.

Occupation of mother Homemaker Race of mother White

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

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

County of HENDRICKS

Signed Robert A. Drallinger

New Address 31 Acre Lane

Subscribed and sworn to before me this 30 day of July, 1974

Glenn M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Have full custody of Sandra and give my full consent

State of Indiana, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Sandra E. Cloyd
Date of Birth August 8, 1957
Place of Birth (State or foreign country) Indianapolis
Residence Address 5410 Charleston, Speedway, Marion Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify) # 9466

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

Residence of father (if deceased so state) Indianapolis, Ind. R.R.

Occupation of father Union Bus Co. Race of father White

Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Madie Gertrude Simpson

Residence of mother (if deceased so state) 5410 Charleston, Speedway

Occupation of mother Waffle House Inc. Race of mother White

Birthplace of mother (State or foreign country) Cumberland Co. Ky.

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

County of HENDRICKS

Signed Sandra Cloyd

New Address 31 Acre Lane

Subscribed and sworn to before me this 30 day of July, 1974

Glenn M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Have full custody of Sandra and give my full consent

State of Indiana, } ss:

County of HENDRICKS

Signed _____ Father

Signed Madie Cloyd Mother

Subscribed and sworn to before me this 30 day of July, 1974

Glenn M. Harney 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. 7-30-74 Judge Nelson

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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

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

I, Glenn A. Clarkson hereby certify that on the 3 day of August,

one thousand nine hundred and 74 at Brownsburg, County of Hendricks,

State of Indiana, Groom Robert A. Drallinger of Hendricks County, State of Indiana,

and, Bride Sandra E. Cloyd 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 30 day of July, 1974.

Signed Glenn A. Clarkson

Official Designation Pastor, Petersburg U.M.C.

6th day of August, 1974.

Signed Glenn M. Harney Clerk

HENDRICKS Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 533

File #36

July 31, 1974
Date of Application

MALE
Medical Examination Report Dated 7-22-74
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 7-22-74
Name of Physician Eric Clark

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

MALE APPLICANT

Name First William Middle Last Gains
Date of Birth Month Day Year April 25 1947
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address Street or R. R. City County State
5612 W. Epler Indianapolis Marion Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Service Station Owner
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Bureau of Vital Statistics 4249

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

Name Age Address

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

11. Full name of father William Gains
Residence of father (if deceased so state) 5505 Stanley, Indpls, Ind.
Occupation of father Maintenance Supervisor Race of father Jr.
Birthplace of father (State or foreign country) Green Co., Indiana
12. Full maiden name of mother Norma Jean Kawohl
Residence of mother (if deceased so state) 5505 Stanley, Indpls, Ind.
Occupation of mother Housewife Race of mother Jr.
Birthplace of mother (State or foreign country) Cook Co., Illinois

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

Signed William J. Gains
New Address 5612 W. Epler Indpls.

Subscribed and sworn to before me this 31 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, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 5th day of August, 19____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____, authorizing the joining together as husband and wife
one thousand nine hundred and 74 _____ hereby certify that on the 18 day of August, 19____
State of Indiana, Groom William Gains at Mooresville _____ County of Marion
and, Bride LaVonne Truman of Marion _____ 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 _____ County, State of Ind.
Dated this 18 day of August, 1974 _____ HENDRICKS

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of August, 1974
Signed Billy J. Gott
Official Designation _____
Signed Glen M. Harvey _____ Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First LaVonne Middle Last Truman
Date of Birth Month Day Year September 24 1942
Place of Birth (State or foreign country) South St. Paul Minnesota
Residence Address Street or R. R. City County State
319 S. Center Plainfield Hendricks Ind.
Maiden Name If Different LaVonne Barber

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Assembly Worker

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Sun Life Insurance Co. # 73018106

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

7. Full name of father Robert Barber
Residence of father (if deceased so state) Stillwater, Minnesota
Occupation of father Livestock Race of father Jr.
Birthplace of father (State or foreign country) Minnesota
8. Full maiden name of mother Gwen Caskevitz
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother Jr.
Birthplace of mother (State or foreign country) Minnesota

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

Signed LaVonne Truman
New Address 5612 W. Epler Indpls.

Subscribed and sworn to before me this 31 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, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

Medical Examination Report Dated July 26, 1976
Name of Physician Joseph C. Kerlin M.D.

Medical Examination Report Dated July 26, 1970
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)".

FEMALE APPLICANT

Name *Pamela Ann Rubin* First Middle Last
Date of Birth *Nov. 3 1951* Month Day Year
Place of Birth (State or foreign country) *Warsaw, Indiana*
Residence Address *R.R. #3 Box 15* Street or R.R. City *Lawrence Ind.* County *Woods Co.* State
Maiden Name if Different

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Previous Marital Status: Never Married ☒ Number of Previous Marriages

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Usual Occupation *Student*

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

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service #12-30-51-177

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

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

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

2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☒

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

6. Are you now under the influence of a narcotic drug? No ☐ Yes ☒

Name	Age	Address
------	-----	---------

1. Full name of father William H. Webster
 Residence of father (if deceased so state) Warsaw, Indiana
 Occupation of father Farmer Race of father W.
 Birthplace of father (State or foreign country) N. Webster, Indiana

8. Full maiden name of mother Mary Magline Gillespie
 Residence of mother (if deceased so state) Warsaw, Indiana
 Occupation of mother Housewife Race of mother W.
 Birthplace of mother (State or foreign country) Shrewsbury, Indiana

(b) Are you supporting or contributing to their support? Yes ☐ No ☐

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

11. Full name of father..... James Earl Harrison
 Residence of father (if deceased so state)..... 230 Wilcoxway Blvd. Indianapolis
 Occupation of father..... Merchman..... Race of father..... W
 Birthplace of father (State or foreign country)..... Indianapolis, Ind

12. Full maiden name of mother..... Hilda Sue Cat
 Residence of mother (if deceased so state)..... R#2 Box 16 Danville, Ind
 Occupation of mother..... Housewife..... Race of mother..... W
 Birthplace of mother (State or foreign country)..... Wendricks County

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

Assigned Keith C. Harrison
New Address 122 Williams St Apt J, Bayside

Subscribed and sworn to before me this 1st day of August, 1911
Wm M. Hendricks Clerk **HENDRICKS**

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

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

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

y Signed Gamela A. Luper

New Address 122 Wilton St Apt J Bronx N.Y.

described and sworn to before me this 17 day of July, 1914
Wm M Harvey Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

County of..... **HENDRICKS** } ss:

Signed.....Father

Signed.....Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6th day of August 1974, authorizing the joining together as husband and wife

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

one thousand nine hundred and 74 hereby certify that on the 17 day of August at Leesburg County of Kosciusko

State of Indiana, Groom Keith Curtis Harrison of Hendricks County, State of Ind
and, Bride Janet Ann Huhn of Hendricks County, State of Ind

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

ated this 17 day of August, 1974. Signed Douglas A. Davies

Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of August, 19 74.

Signed Elin M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 335
File # 36
Date of Application Aug. 2, 1974

MALE
Medical Examination Report Dated July 31, 1974
Name of Physician Irrving Cohen M.D.

FEMALE
Medical Examination Report Dated July 31, 1974
Name of Physician Irrving 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 Patrick Deneen Jennings
Date of Birth Oct. 10 1952
Place of Birth (State or foreign country) Fargo, (Case Co.) N. Dakota
Residence Address 509 S. East St., Plainfield, 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 Conservation Officer, Dept. of Resources

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

☒ Other (Specify) Selective Serv #12-30-52-409

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

Name Age Address

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

11. Full name of father Duane Leo Jennings
Residence of father (if deceased so state) 509 South East, Plainfield
Occupation of father an Traffic Controller Race of father W
Birthplace of father (State or foreign country) Austin, Minn.

12. Full maiden name of mother Maxine Lorraine Deneen
Residence of mother (if deceased so state) 509 South East Blvd.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Austin, Minn.

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

Signed Patrick D. Jennings
New Address Evansville, Ind.

Subscribed and sworn to before me this 2 day of Aug., 1974
Glen M. Hawley Clerk HENDRICKS Circuit Court

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

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

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the _____ day of _____, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Brokhage, one thousand nine hundred and 74 hereby certify that on the 10 day of August, 1974, at Plainfield, State of Indiana, Groom Patrick Jennings and, Bride Rebecca M. Sims 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 _____ County, State of _____, Dated this 10 day of August, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1974.

Signed Joseph D. Brokhage
Official Designation P.C. Priest
Signed Glen M. Hawley Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Rebecca Mae Sims
Date of Birth Oct 9 1951
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address R.R. #1, Box 133, Plainfield, Hendricks Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Blender Clerk & Secretary

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

☐ Other (Specify) Dept. of Pub. Health Cert No 10522

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 William Sims
Residence of father (if deceased so state) R.R. 1, Box 133, Plainfield
Occupation of father owner Sims Sld Station Race of father W
Birthplace of father (State or foreign country) Marion Co. Ind.

8. Full maiden name of mother Melba Jeanette Cooper
Residence of mother (if deceased so state) R.R. 1, Box 133, Plainfield
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Plainfield, Hend. Co. Ind.

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

Signed Rebecca M. Sims
New Address Evansville, Ind.

Subscribed and sworn to before me this 2 day of Aug., 1974
Glen M. Hawley Clerk HENDRICKS Circuit Court

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

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. ~~336~~ 336

File # 36

Aug. 2, 1974
Date of Application

MALE
Medical Examination Report Dated July 6, 1974
Name of Physician Glen Baker

FEMALE
Medical Examination Report Dated July 6, 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 John Raymond Burgin
Date of Birth May 9 1953
Place of Birth (State or foreign country) Tebanon Boone Indiana
Residence Address 2 Burns Dr. N. Brownsburg Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student + Production Engineering

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

☐ Other (Specify) Witham Memorial Hospital

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

Name Age Address

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

11. Full name of father Edward Wayne Burgin

Residence of father (if deceased so state) 2 Burns Dr. Brownsburg, Ind.

Occupation of father Disabled Race of father W

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

12. Full maiden name of mother Parathy Jean Beeler

Residence of mother (if deceased so state) 2 Burns Dr. Brownsburg, Ind.

Occupation of mother Clerk Typist Race of mother W

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

State of Indiana, } ss: I depose and state the information given

County of HENDRICKS in this application is true and correct.

Signed John R. Burgin

New Address 123-11 MARSHALL W. LAFAYETTE, IND.

Subscribed and sworn to before me this 2 day of August, 1974.

Glen M. Harveef Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:

County of HENDRICKS

Signed..... Father

Signed..... Mother

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

..... Clerk

FEMALE APPLICANT

Name Claudia Ann Standiford
Date of Birth September 8 1955
Place of Birth (State or foreign country) Indianapolis Marion Indiana
Residence Address 1901 Union Lafayette Tippecanoe Indiana
Maiden Name if Different.....

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Secretary

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

☐ Other (Specify) #19462

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

Residence of father (if deceased so state) 510 Locust, Brownsburg, Ind.

Occupation of father Disabled Race of father W

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

8. Full maiden name of mother Roberta Jane Hanna

Residence of mother (if deceased so state) 510 Locust, Brownsburg, Ind.

Occupation of mother L.D.N. Race of mother W

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

State of Indiana, } ss: I depose and state the information given

County of HENDRICKS in this application is true and correct.

Signed Claudia A. Standiford

New Address 123-11 Marshall W. Lafayette, Ind.

Subscribed and sworn to before me this 2 day of August, 1974.

Glen M. Harveef Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:

County of HENDRICKS

Signed..... Father

Signed..... Mother

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

..... Clerk

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 7 day of August, 1974, authorizing the joining together as husband and wife

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

I, S. Howard Davidson hereby certify that on the 24 day of August,

one thousand nine hundred and 1974 at Brownsburg, County of Hendricks,

State of Indiana, Groom John Raymond Burgin of Hendricks County, State of Indiana,

and, Bride Claudia Ann Standiford of Hendricks County, State of Indiana,

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

County.

Dated this 24th day of August, 1974.

Signed S. Howard Davidson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of August, 1974.

Signed Glen M. Harveef Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 337

File # 36

Aug. 2, 1974
Date of Application

MALE
Medical Examination Report Dated 8-2-74
Name of Physician Donald Chesman

FEMALE
Medical Examination Report Dated 8-2-74
Name of Physician Donald Chesman

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

MALE APPLICANT

Name First Middle Last
Michael Edward Powell
Date of Birth Month Day Year
July 18 1956
Place of Birth (State or foreign country)
Indianapolis Marion Ind.
Residence Address Street or R. R. City County State
RR1 Clayton Hendricks Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Farm Bureau Co-op + Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree # 7692

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

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

11. Full name of father: Elbert Powell
Residence of father (if deceased so state) 5957 Cooper, Indianapolis
Occupation of father Public Relations Race of father Jr
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother: Martha Patton Taylor
Residence of mother (if deceased so state) 5957 Cooper, Indianapolis
Occupation of mother Supervisor + Accountant Race of mother Jr
Birthplace of mother (State or foreign country) North Carolina

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Michael Powell
New Address Indianapolis, IN
Subscribed and sworn to before me this 2 day of August, 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, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 6th day of August, 1974, authorizing the joining together as husband and wife of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____, hereby certify that on the 10 day of August, 1974, at _____, _____, County of _____, State of _____, _____ and _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of _____.
Dated this 10 day of August, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1974.
Signed _____ Minister
Official Designation _____
Signed _____ Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Lu Ann Settles
Date of Birth Month Day Year
August 29 1955
Place of Birth (State or foreign country)
Buck Grove Indiana
Residence Address Street or R. R. City County State
RR1 Clayton Hendricks Ind.
Maiden Name if Different

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

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

Usual Occupation waitress

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree # C-3531

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

7. Full name of father: Carl L. Settles
Residence of father (if deceased so state) RR1 Clayton Ind.
Occupation of father Carpenter Race of father Jr
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother: Shirley Virginia Madlyn
Residence of mother (if deceased so state) RR1 Clayton, Ind.
Occupation of mother Housewife Race of mother Jr
Birthplace of mother (State or foreign country) Indiana

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

Signed Lu Ann Settles
New Address Indianapolis, Indiana

Subscribed and sworn to before me this 2 day of August, 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, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 338

File #36

HENDRICKS County

August 2, 1974
Date of Application

MALE

Medical Examination Report Dated August 1, 1974
Name of Physician David B. Haggard, M.D.

FEMALE

Medical Examination Report Dated August 1, 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, representa-

MALE APPLICANT

Name Dean Buren McClain
Date of Birth September 14, 1952
Place of Birth Newark, Ohio
Residence Address 7849 Cimarron Trail, Indianapolis, Marion
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Peace Work

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

☒ Other (Specify) Selective Service # 12 5752 381

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

(a) List their full names, ages and addresses

Name	Age	Address

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

11. Full name of father Millard Filmore McClain
Residence of father (if deceased so state) deceased
Occupation of father..... Race of father W
Birthplace of father (State or foreign country) Salmon, W. Virginia

12. Full maiden name of mother Mary Elizabeth Kabbage
Residence of mother (if deceased so state) Newark, Ohio
Occupation of mother Cluck Race of mother W
Birthplace of mother (State or foreign country) Salmon, W. Virginia

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

Signed Dean Buren McClain

New Address unknown

Subscribed and sworn to before me this 2nd day of August, 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, HENDRICKS } ss:

Signed..... Father

Signed..... Mother

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

FEMALE APPLICANT

Name Sandra Denise Wernke
Date of Birth January 5, 1954
Place of Birth Black Horse, Indiana
Residence Address 230 Meadow Lane, Plainfield, Ind. 46064 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) Ind. St. Bdy. # 54-005-779

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

8. Full maiden name of mother Edna Mabel Tucker
Residence of mother (if deceased so state) same as above
Occupation of mother Home Designer Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Sandra D. Wernke

New Address unknown

Subscribed and sworn to before me this 2nd day of August, 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, HENDRICKS } ss:

Signed..... Father

Signed..... Mother

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued Aug 2, 1974 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3-day marriage

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of August, 1974, authorizing the joining together as husband and wife Dean Buren McClain and Sandra Denise Wernke.
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. 339

File # 36

August 2, 1974
Date of Application

MALE
Medical Examination Report Dated July 22, 1974
Name of Physician M. O. Scarnahan, M.D.

FEMALE
Medical Examination Report Dated July 22, 1974
Name of Physician M. O. Scarnahan, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 William Alexander
Date of Birth May 13, 1954
Place of Birth Madison County, Indiana
Residence Address 1558 Warden Ct, Plainfield Ind 46160
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

- ☐ Other (Specify) Dept of Pub Health 5763
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

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

11. Full name of father James David Alexander
Residence of father (if deceased so state) Same as applicant
Occupation of father Electrical Engineer Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Margaret Ann Turner
Residence of mother (if deceased so state) Same as above
Occupation of mother Dr. Branch Race of mother W
Birthplace of mother (State or foreign country) Illinois

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

Signed James W. Alexander
New Address 1558 Warden Ct Plainfield
Subscribed and sworn to before me this 2nd day of August, 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, HENDRICKS } ss:

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. _____
one thousand nine hundred and _____ hereby certify that on the _____ day of _____, _____
State of Indiana, Groom John William Alexander at Plainfield, County of Hendricks
and, Bride Jennifer Kay Ping of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____
Dated this 16 day of August, 1974.

Signed John Berlin
Official Designation Minister
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT
Name Jennifer Kay Ping
Date of Birth June 20, 1955
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 326 S. Line, Plainfield, Ind 46160
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dept of Pub Health 6303

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

- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Lescoe Tartie Ping
Residence of father (if deceased so state) Same as applicant
Occupation of father RCA Race of father W
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Mildred Burgie Long
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

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

Signed Jennifer Kay Ping
New Address 1558 Warden Ct Plainfield Ind
Subscribed and sworn to before me this 2nd day of August, 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, HENDRICKS } ss:

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

Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 340
File #36
Date of Application Aug 2, 1974

HENDRICKS County

MALE
Medical Examination Report Dated 7-15-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 7-15-74
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 David J. Kleber
Date of Birth 9-18-1951
Place of Birth Buffalo New York
Residence Address 1918 23 1/2 Dr. Terre Haute
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) New York St. Dept. Health 3775
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father John William Kleber
Residence of father (if deceased so state) 5335 Ashburn Ln Indianapolis
Occupation of father Chemist Race of father White
Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Mary Louise Dunkley
Residence of mother (if deceased so state) 5335 Ashburn Ln Indianapolis
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) St Louis Missouri
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed David J. Kleber
New Address 1918 23 1/2 Dr. Terre Haute IN
Subscribed and sworn to before me this 2 day of Aug, 19 74
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Jean E. Edmondson
Date of Birth 7-4-1951
Place of Birth Indianapolis, Ind.
Residence Address 480 Pickett Plainfield
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Counselor
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ind Dept of Health 6671
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Marvin Lester Edmondson
Residence of father (if deceased so state) Same
Occupation of father Payroll Supervisor Race of father White
Birthplace of father (State or foreign country) Dayton Ind.
8. Full maiden name of mother Mildred Ruth Williams
Residence of mother (if deceased so state) Same
Occupation of mother Medical Secretary Race of mother White
Birthplace of mother (State or foreign country) Dayton, Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jean E. Edmondson
New Address 1918 23 1/2 Dr. Terre Haute IN
Subscribed and sworn to before me this 2 day of August, 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, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 ____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 19 74, authorizing the joining together as husband and wife of David J. Kleber and Jean E. Edmondson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Wm. Munshower hereby certify that on the 10 day of August, one thousand nine hundred and 74 at Plainfield, County of Hendricks State of Indiana, Groom David J. Kleber of Marion County, State of Ind. and, Bride Jean E. Edmondson of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 10 day of August, 19 74.
Signed Wm. Munshower
Official Designation Catholic Priest
Filed and recorded in accordance with the laws of the State of Indiana this 14 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. 341
File Book 36
Date of Application 8-2-74

MALE
Medical Examination Report Dated 7-8-74
Name of Physician John A. Mc

FEMALE
Medical Examination Report Dated 7-8-74
Name of Physician John A. Mc M.D.

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

MALE APPLICANT

Name Charles W. Mc Clintock Jr.
Date of Birth 5/7/1955
Place of Birth Indianapolis, Ind.
Residence Address 5229 W. 36th Court, Indpls.
Previous 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) 4568
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

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

11. Full name of father Charles W. Mc Clintock Sr.
Residence of father (if deceased so state) 101 Box 32A Brownsburg
Occupation of father John Deere Race of father
Birthplace of father (State or foreign country) Elwood, Ind.
12. Full maiden name of mother Naomi Louise Richard
Residence of mother (if deceased so state) 101 Box 302A
Occupation of mother Ed Schier Race of mother
Birthplace of mother (State or foreign country) Michigan

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of Signed Charles W. Mc Clintock Jr.
New Address Phoenix, Arizona

Subscribed and sworn to before me this 2 day of August, 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, HENDRICKS } ss:
County of Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

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

Be 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 August, 1974, authorizing the joining together as husband and wife of Charles W. Mc Clintock Jr. and Daphne Jean Elserod. Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1, J. Kincaid Smith, hereby certify that on the 11 day of August, one thousand nine hundred and 74, at Brownsburg, County of Hendricks, State of Indiana, Groom Charles W. Mc Clintock and, Bride Daphne Jean Elserod, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana. Dated this 11 day of August, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of August, 1974.

FEMALE APPLICANT

Name Daphne Jean Elserod
Date of Birth 2/2/1956
Place of Birth Connersville, Ind.
Residence Address 5229 W. 36th Court, Indpls.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Red Lobster
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Book # 1956 p 26
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Eugene Henry Elserod
Residence of father (if deceased so state) Same
Occupation of father Roadway Race of father
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Fern Taylor
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of Signed Daphne Elserod
New Address
Subscribed and sworn to before me this 2 day of August, 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, HENDRICKS } ss:
County of Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

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

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

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 9th day of August, 1974, authorizing the joining together as husband and wife of Charles W. Mc Clintock Jr. and Daphne Jean Elserod. Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1, J. Kincaid Smith, hereby certify that on the 11 day of August, one thousand nine hundred and 74, at Brownsburg, County of Hendricks, State of Indiana, Groom Charles W. Mc Clintock and, Bride Daphne Jean Elserod, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana. Dated this 11 day of August, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of August, 1974.
Signed J. Kincaid Smith
Official Designation Pastor
Signed Glen M. Harvey
HENDRICKS Clerk
Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 342
File Book 36
Aug. 2, 1974
Date of Application

MALE

Medical Examination Report Dated 7-29-74
Name of Physician Eric W. Clark

FEMALE

Medical Examination Report Dated 7-29-74
Name of Physician Eric W. 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 Wayne Last Masten
Date of Birth Month May Day 5 Year 1951
Place of Birth (State or foreign country) St. Vincent, Ind.
Residence Address Street or R. R. 603 W. Township Rd. City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Unemployed

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

☐ Other (Specify) Copy of Vital Stat. Cert #4342

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

(a) List their full names, ages and addresses

Name	Age	Address
Barbara W. Masten		603 W. Township Rd.

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

11. Full name of father Barbara W. Masten

Residence of father (if deceased so state) 603 W. Township Rd.

Occupation of father Correctional officer, Ind. Penitentiary

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

12. Full maiden name of mother Rosemary Sate

Residence of mother (if deceased so state) Deceased

Occupation of mother _____

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

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

County of _____

Signed Dennis Wayne Masten

New Address 245 N. Vine St. Plainfield

Subscribed and sworn to before me this 2 day of Aug, 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

FEMALE APPLICANT

Name First Linda Middle Kay Last Hawks
Date of Birth Month Dec Day 2 Year 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. 245 N. Vine St. City Plainfield County Hendricks State Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation File Clerk, Public Sew. Ind.

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

☐ Other (Specify) Ind Bd of Health 113-48-245625

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

7. Full name of father Quenton Perry Hawks

Residence of father (if deceased so state) 536 Raisin St. Plainfield

Occupation of father Ind. Penitentiary

Birthplace of father (State or foreign country) Arkansas

8. Full maiden name of mother Evelyn Ruth Hall

Residence of mother (if deceased so state) 536 Raisin St. Plainfield

Occupation of mother Clerk Typist Insp.

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

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

County of _____

Signed Linda Kay Hawks

New Address 245 N. Vine St. Plainfield

Subscribed and sworn to before me this 2 day of Aug, 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 19 74, authorizing the joining together as husband and wife of Dennis Wayne Masten and Linda Kay Hawks

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

I, Warren A. Robbins hereby certify that on the _____ day of _____, _____

one thousand nine hundred and 74 at Plainfield, County of Hendricks

State of Indiana, Groom Dennis Wayne Masten of Hendricks County, State of Ind.

and, Bride Linda Kay Hawks of Hendricks County, State of Ind.

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

Dated this 18 day of August, 19 74.

Signed Warren A. Robbins

Official Designation Christian Minister

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of August, 19 74.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 343
File Book 36
Date of Application Aug 5 1974

MALE
Medical Examination Report Dated 8-1-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 8-1-74
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, representa-
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Steven Glen Summerlat
Date of Birth April 19 1952
Place of Birth (State or foreign country) Mich. Hosp. Indianapolis Marion Ind.
Residence Address R.R. 3, Box 389 Plainfield, 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 Mechanist

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Sup. of Prob. Records # 3688

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

Name Age Address

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

11. Full name of father Glen Sylvester Summerlat
Residence of father (if deceased so state) R.R. 3, Box 389, Plainfield
Occupation of father State of Ind. Affairs
Birthplace of father (State or foreign country) Clay Co. Ind.
12. Full maiden name of mother Iris Kathleen Porter
Residence of mother (if deceased so state) R.R. 3, Box 389, Plainfield
Occupation of mother Reg. Nurse VA Hosp.
Birthplace of mother (State or foreign country) Ind.

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

Signed

New Address 44 Omega Lane Plainfield

Subscribed and sworn to before me this 9th day of August 1974
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed

Signed

Subscribed and sworn to before me this day of 19

Clerk

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 9th day of August 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Wilson, hereby certify that on the 10th day of August

one thousand nine hundred and 74 at Brownsburg, County of Hendricks
State of Indiana, Groom Steven Glen Summerlat and, Bride Jennie Ann Springer

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

Dated this 10th day of August 1974.

Signed Joseph D. Wilson
Official Designation Minister

Signed Glen M. Hawley Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of August 1974.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 344
File Book 36
Date of Application Aug 5 1974

HENDRICKS County

MALE

Medical Examination Report Dated 7-29-74
Name of Physician J. Thomas Vieira

FEMALE

Medical Examination Report Dated 7-29-74
Name of Physician J. Thomas Vieira

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

MALE APPLICANT

Name First Ricci Middle Dee Last Skinner
Date of Birth Jan 7 1954
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Rt 1 Clayton 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 Draftsman

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

☐ Other (Specify) #00215

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

Name	Age	Address

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

11. Full name of father Donald E. Skinner
Residence of father (if deceased so state) Same
Occupation of father Salesman Race of father _____
Birthplace of father (State or foreign country) Perry Iowa
12. Full maiden name of mother Barbara Jane Truap
Residence of mother (if deceased so state) Same
Occupation of mother Secretary Race of mother _____
Birthplace of mother (State or foreign country) Iowa

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

Signed Rice D. Skinner

New Address 46 Omega Lane, Plainfield

Subscribed and sworn to before me this 5 day of August, 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, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Sherene Middle Ellen Last Gaston
Date of Birth Oct. 26 1954
Place of Birth (State or foreign country) Lafayette Ind.
Residence Address Rt 2 Coatesville 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 Secretary

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

☐ Other (Specify) St. Elizabeth's

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

7. Full name of father Louis E. Gaston
Residence of father (if deceased so state) Same
Occupation of father Engineer Race of father _____
Birthplace of father (State or foreign country) Rockville, Ill.
8. Full maiden name of mother Roberta E. Anderson
Residence of mother (if deceased so state) Same
Occupation of mother Seafarer Race of mother _____
Birthplace of mother (State or foreign country) Indiana

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

Signed Sherene E. Gaston

New Address _____

Subscribed and sworn to before me this 5 day of August, 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, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 9th day of August, 1974, authorizing the joining together as husband and wife
Rice Dee Skinner and Sherene Ellen Gaston
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gary P. Kirchhoff hereby certify that on the 10 day of August,
one thousand nine hundred and 74 at Amo, County of Hendricks,
State of Indiana, Groom Rice Dee Skinner of Hendricks County, State of Indiana,
and, Bride Sherene Ellen Gaston of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 10 day of August, 1974.

Signed Gary P. Kirchhoff

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of August, 1974.

Signed Glen M. Harvey

HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 345
File Book 36
Aug 5 1974
Date of Application

MALE
Medical Examination Report Dated 7-29-74
Name of Physician Dr. R. L. Vlach

FEMALE
Medical Examination Report Dated 7-29-74
Name of Physician Dr. R. L. Vlach

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

MALE APPLICANT

Name Thomas Derwald Conley
Date of Birth Aug 7 1952
Place of Birth Indianapolis Ind.
Residence Address 8330 Lynn Indpls Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

☐ Other (Specify) #2239

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

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name	Age	Address

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

11. Full name of father John William Conley Jr.
Residence of father (if deceased so state) deceased

Occupation of father _____ Race of father _____

Birthplace of father (State or foreign country) Indianapolis

12. Full maiden name of mother Seraldine Francis DeWald
Residence of mother (if deceased so state) 2256 North Apt 904 Indpls

Occupation of mother Accountant Race of mother _____

Birthplace of mother (State or foreign country) Hufford City

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

County of _____ Signed Thomas Derwald Conley
New Address 8330 Lynn Dr. Indpls

Subscribed and sworn to before me this 5 day of August, 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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Elizabeth Ann Hanlon
Date of Birth Aug 10 1954
Place of Birth Brunswick Ind.
Residence Address 447 N. Tackett Plainfield Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify) Book 17A

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

7. Full name of father Ray Benjamin Hanlon
Residence of father (if deceased so state) 447 Tackett St. Pfd.

Occupation of father Accountant Race of father _____

Birthplace of father (State or foreign country) Brunswick

8. Full maiden name of mother Melba Jean Shuck
Residence of mother (if deceased so state) same

Occupation of mother Treasurer of Savings Loan Race of mother _____

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

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

County of _____ Signed Elizabeth Ann Hanlon
New Address 8330 Lynn Drive

Subscribed and sworn to before me this 5 day of August, 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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County _____ Circuit Court of Indiana dated the 9th day of August, 1974.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ and _____, authorizing the joining together as husband and wife I, Warren A. Robbins

one thousand nine hundred and 74 hereby certify that on the 17 day of August, 1974, at Plainfield, County of Hendricks, State of Indiana, Groom Thomas Derwald Conley

and, Bride Elizabeth Ann Hanlon of Marion, County 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 _____ County, State of Ind.

Dated this 17 day of August, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of August, 1974.

Signed Warren A. Robbins
Official Designation Christian Minister

Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 346
File Book 36
Date of Application Aug 5, 1974

HENDRICKS County

MALE

Medical Examination Report Dated July 23, 1974
Name of Physician James M. Vandivier, M.D.

FEMALE

Medical Examination Report Dated July 31, 1974
Name of Physician James M. Vandivier M.D.

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

MALE APPLICANT

Name Michael Paul Sewell
Date of Birth January 27, 1953
Place of Birth Indianapolis, Indiana
Residence Address R#1 Box 408, Clayfield, Ind. Hendricks Co.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

- ☐ Other (Specify) Dept. of Pub. Health #978
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

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

11. Full name of father Orville Perry Sewell
Residence of father (if deceased so state) Same as applicant
Occupation of father Alison Race of father W
Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Dwight Orville Sewell
Residence of mother (if deceased so state) Same as above
Occupation of mother Nurse Race of mother W
Birthplace of mother (State or foreign country) Marion, Indiana

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

Signed Michael Paul Sewell
New Address 1241 Michels Dr. Indianapolis, IN
Subscribed and sworn to before me this 5 day of August, 19 74
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

FEMALE APPLICANT

Name Kathy Lynn Lamar
Date of Birth May 4, 1953
Place of Birth Indianapolis, Ind.
Residence Address R#2 Box 99 Brownsburg, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

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

7. Full name of father Charles Edwin Lamar Sr.
Residence of father (if deceased so state) Same
Occupation of father Farmer Race of father _____
Birthplace of father (State or foreign country) Brownsburg, Ind.
8. Full maiden name of mother Lillie Maxine Smith
Residence of mother (if deceased so state) Same
Occupation of mother Nurse Race of mother _____
Birthplace of mother (State or foreign country) Brownsburg

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

Signed Kathy Lynn Lamar
New Address 1241 Michels Dr. Indianapolis, IN
Subscribed and sworn to before me this 5 day of Aug, 19 74
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 9th day of August, 19 74, authorizing the joining together as husband and wife
Michael Paul Sewell and Kathy Lynn Lamar
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gerry D. Campbell hereby certify that on the 10 day of August,
one thousand nine hundred and 74 at Salem United Methodist Church County of Boone
State of Indiana, Groom Michael Paul Sewell of Hendricks County, State of Indiana
and, Bride Kathy Lynn Lamar of Hendricks County, State of Indiana
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 9 day of August, 19 74.

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of August, 19 74.
Signed Gerry D. Campbell Official Designation United Methodist Minister
Ellen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. # 347

File Book #36

Date of Application August 5, 1974

MALE
Medical Examination Report Dated July 31, 1974
Name of Physician Eric S. Clark, M.D.

FEMALE
Medical Examination Report Dated July 31, 1974
Name of Physician Eric S. 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 Dallas Lee Hubble
Date of Birth June 19, 1951
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address 141 S Maple St. Pittsburg, Ind. Hendricks
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1970 Hendricks
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Inspector - Bryant Air Cond.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Within Memorial Hospital, Lebanon

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

Name	Age	Address

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

11. Full name of father Delmar Floyd Hubble
Residence of father (if deceased so state) Same as applicant
Occupation of father Stubby Tackling Race of father W
Birthplace of father (State or foreign country) Hendricks County
12. Full maiden name of mother Georgia June Casey
Residence of mother (if deceased so state) Same as above
Occupation of mother Office Worker Race of mother W
Birthplace of mother (State or foreign country) _____

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

Signed Dallas L. Hubble
New Address 3141 Elizabeth St. Ellettsville, Indiana
Subscribed and sworn to before me this 5th day of August, 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, HENDRICKS } ss:

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

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana, dated the 9th day of August, 1974, authorizing the joining together as husband and wife of Dallas Lee Hubble and Denise Dawn Whitaker. Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1, Norman L. Weaver, hereby certify that on the 10th day of August, 1974, at Maplewood, Marion County, State of Indiana, Groom Dallas Lee Hubble and, Bride Denise Dawn Whitaker were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana. Dated this 10th day of August, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of August, 1974.

Signed Norman L. Weaver
Official Designation Minister
Signed Glen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Denise Dawn Whitaker
Date of Birth June 28, 1956
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address R#3 Box 145, Danville, Ind. Hendricks
Maiden Name if Different _____

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

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

Usual Occupation Receptionist

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

☐ Other (Specify) Ind St Bldg North #13-56-056663

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

8. Full maiden name of mother Rebecca Jane Roberts
Residence of mother (if deceased so state) Same as applicant
Occupation of mother Janitor Race of mother W
Birthplace of mother (State or foreign country) _____

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

Signed Denise Whitaker
New Address 3141 Elizabeth St. Ellettsville, Ind.
Subscribed and sworn to before me this 5th day of August, 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, HENDRICKS } ss:

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 348
File # Book 36
August 7, 1974
Date of Application

HENDRICKS County

MALE

Medical Examination Report Dated Aug. 2, 1974
Name of Physician Donald D. Chusman

FEMALE

Medical Examination Report Dated Aug. 2, 1974
Name of Physician Donald D. Chusman

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

MALE APPLICANT

Name William Edson Larison
Date of Birth March 14, 1955
Place of Birth (State or foreign country) Indianapolis Marion Indiana
Residence Address 115 N. Tennessee Danville Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Office Clerk

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

☐ Other (Specify) Dept. of Public Health 2576

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

Name	Age	Address
John Clayton Larison		

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

11. Full name of father John Clayton Larison
Residence of father (if deceased so state) Danville, Indiana
Occupation of father Engineer Race of father W
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Patricia Ann Pearson
Residence of mother (if deceased so state) Danville, Indiana
Occupation of mother Bank Teller Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed John Clayton Larison

New Address 115 N. Tennessee Apt #2

Subscribed and sworn to before me this 7th day of Aug., 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Linda Lee Poynter
Date of Birth May 30, 1957
Place of Birth (State or foreign country) Gerry Houston Georgia
Residence Address 243 Box 295 Danville Hendricks Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Never worked

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

☐ Other (Specify) _____

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

Residence of father (if deceased so state) Danville, Indiana

Occupation of father Insurance Agent Race of father W

Birthplace of father (State or foreign country) Belle Union, Indiana

8. Full maiden name of mother Barbare Jean Robinson

Residence of mother (if deceased so state) Danville, Indiana

Occupation of mother Housewife Race of mother W

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

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

Signed Linda Poynter

New Address 115 N. Tennessee Apt 2

Subscribed and sworn to before me this 7th day of August, 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, HENDRICKS } ss:

Signed Albert E. Poynter Father

Signed Barbare Jean Poynter Mother

Subscribed and sworn to before me this 7th day of Aug., 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 12 day of August, 1974, authorizing the joining together as husband and wife

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

I, C. Raymond Rissler hereby certify that on the 16th day of August, one thousand nine hundred and 74 at New Winchester, County of Hendricks, State of Indiana, Groom William E. Larison of Hendricks County, State of Ind.

and, Bride Linda Lee Poynter 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 16th day of August, 1974.

Signed C. Raymond Rissler

Official Designation Baptist Minister

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

Signed Glen M. Harvey

HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 349

File Book # 36

Aug. 7, 1974
Date of Application

MALE
Medical Examination Report Dated Aug. 2, 1974
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated Aug. 2, 1974
Name of Physician Thomas M. Walker

False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

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

MALE APPLICANT

Name Jeffrey M. Fidler
Date of Birth March 20, 1956
Place of Birth (State or foreign country) Batesville, Indiana
Residence Address 221 Pittsboro Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Grocery Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Margaret Mary Hospital Record # 366
☐ Other (Specify) _____

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

Name Age Address

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

11. Full name of father Leonard Harry Fidler
Residence of father (if deceased so state) Pittsboro, Ind.
Occupation of father Public Service Indiana Race of father W
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Shirley Elizabeth Ross
Residence of mother (if deceased so state) Pittsboro, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Ohio

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

Signed Jeffrey M. Fidler
New Address 6409 Consulate Ct. Speedway
Subscribed and sworn to before me this 7th day of Aug., 1974
by Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 13 day of August, 1974, authorizing the joining together as husband and wife
of Jeffrey M. Fidler and Patricia A. Drollinger
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Wilson hereby certify that on the 17 day of August,
one thousand nine hundred and 74 at Brownsburg, County of Hendricks
State of Indiana, Groom Jeffrey M. Fidler of Hendricks County, State of Ind.
and, Bride Patricia A. Drollinger of Hendricks County, State of Ind.
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Ind.
Dated this 17 day of August, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of August, 1974.

Signed Joseph D. Wilson
Official Designation Minister
Signed Ellen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Patricia A. Drollinger
Date of Birth March 17, 1956
Place of Birth (State or foreign country) Danville, Illinois
Residence Address 31 Vere Lane Brownsburg, Hendricks, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Cashier
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree #232
☐ Other (Specify) Lafayette Hospital Records

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Ace Drollinger
Residence of father (if deceased so state) Brownsburg, Indiana
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Hoopeston, Illinois
8. Full maiden name of mother Mary Rosalie Mahaley
Residence of mother (if deceased so state) Brownsburg, Indiana
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Lafayette, Indiana

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

Signed Patricia Drollinger
New Address Speedway, Ind.
Subscribed and sworn to before me this 7th day of Aug., 1974
by Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 350
File BK # 36
August 8, 1974
Date of Application

MALE
Medical Examination Report Dated 8-5-74
Name of Physician Eric N. Clark

FEMALE
Medical Examination Report Dated 8-5-74
Name of Physician Eric N. 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 Middle Last
Clifford W. Hawkins
Date of Birth Month Day Year
6 16 1934
Place of Birth (State or foreign country)
Coshocton, Ohio Coshocton Co.
Residence Address Street or R. R. City County State
R.R. #1 Box 262 Plainfield Ind. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Salesman

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

☒ Other (Specify) Selective Serv. # 12-30-54-267

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

Name Age Address

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

11. Full name of father Clifford Earl Hawkins
Residence of father (if deceased so state) R.R. #1 Box 262, Plainfield Ind.
Occupation of father Teacher Race of father White
Birthplace of father (State or foreign country) Coshocton Co.
12. Full maiden name of mother Elsie Louise Borden
Residence of mother (if deceased so state) R.R. #1 Box 262, Plainfield Ind.
Occupation of mother Telephone Operator Race of mother White
Birthplace of mother (State or foreign country) Harstadt Germany

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

Signed Clifford W. Hawkins

New Address BBox 261, Clayton, Ind.

Subscribed and sworn to before me this 8 day of August, 1974
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Middle Last
Joyce E. Keller
Date of Birth Month Day Year
10 7 1952
Place of Birth (State or foreign country)
Clayton Ind. Vermillion Co.
Residence Address Street or R. R. City County State
Box 261 Clayton Ind. Ind.
Maiden Name if Different Joyce Dugger
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 Clerk

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

☐ Other (Specify) # 29246

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

7. Full name of father James Leon Dugger
Residence of father (if deceased so state) Poland, Indiana
Occupation of father Machine Repairman Race of father White
Birthplace of father (State or foreign country) Terre Haute Ind.
8. Full maiden name of mother Wilma Joyce Poole
Residence of mother (if deceased so state) Poland, Indiana
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) New Whiteland, Ind.

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

Signed Joyce E. Keller

New Address Box 261 Clayton, Ind.

Subscribed and sworn to before me this 8 day of August, 1974
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued August 8, 3 day warrants filed
in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 8 day of August, 1974, authorizing the joining together as husband and wife

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

I, Rev. Wm. F. Whipple hereby certify that on the 9th day of August,

one thousand nine hundred and 74 at Belleville (Methodist), County of Hendricks,

State of Indiana, Groom Clifford W. Hawkins of Hendricks County, State of Indiana

and, Bride Joyce E. Keller of Hendricks County, State of Indiana

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

County.

Dated this 9th day of August, 1974.

Signed Rev. Wm. F. Whipple

Official Designation Minister

16 day of August, 1974.

Signed Glen M. Harney

HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 351

File Book 36

August 8, 1974
Date of Application

MALE
Medical Examination Report Dated July 24, 1974
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 7-24-74
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 William Middle Lee Last Dawson
Date of Birth Month Oct Day 5 Year 1955
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. City County State
6632 Valley Mills St Indpls. Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Link Belt

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

☐ Other (Specify) 113-55-085416

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

(a) List their full names, ages and addresses

Name Age Address

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

11. Full name of father Clarence William Dawson
Residence of father (if deceased so state) R#18 Bldg 139 Lt 141
Occupation of father Truck Driver Race of father Indpls. Ind.
Birthplace of father (State or foreign country) Indianapolis, Ind.

12. Full maiden name of mother Judith Ann Sutherland
Residence of mother (if deceased so state) 6632 Valley Mills St.
Occupation of mother Diamond-Clair Race of mother
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed William Lee Dawson
New Address.....

Subscribed and sworn to before me this 8 day of August, 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, HENDRICKS } ss:
County of HENDRICKS }
Signed.....
Signed.....
Subscribed and sworn to before me this..... day of....., 19.....
.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 13 day of August, 1974, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Seal O. Younce, hereby certify that on the 18 day of August, 1974,
one thousand nine hundred and 74, at Union Christian Church, County of Hendricks,
State of Indiana, Groom William Lee Dawson, of Marion County, State of Indiana,
and, Bride Lou Ann Haggard, of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 18 day of August, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of August, 1974.
Signed Glen M. Harvey
Official Designation Minister
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Lou Middle Ann Last Haggard
Date of Birth Month Sept Day 15 Year 1955
Place of Birth (State or foreign country) Fort Walton Beach Florida
Residence Address Street or R. R. City County State
R#2 Box 583 Rlyd Ind.
Maiden Name if Different

Previous 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) 109-55-059604

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

7. Full name of father David Benson Haggard
Residence of father (if deceased so state) Same
Occupation of father Doctor Race of father
Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Jo Ann Branson
Residence of mother (if deceased so state) Same
Occupation of mother Nurse Race of mother
Birthplace of mother (State or foreign country) Rosedale, Ind.

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

Subscribed and sworn to before me this 8 day of August, 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, HENDRICKS } ss:
County of HENDRICKS }
Signed.....
Signed.....
Subscribed and sworn to before me this..... day of....., 19.....
.....Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 352
File Book 36
August 9, 1974
Date of Application

MALE

Medical Examination Report Dated Aug 6, 1974
Name of Physician Leo Kammer M.D.

FEMALE

Medical Examination Report Dated Aug 6, 1974
Name of Physician Leo Kammer M.D.

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

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service - 72-30-56-7

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

Name	Age	Address
(b) Are you supporting or contributing to their support? Yes <input type="checkbox"/> No <input type="checkbox"/>		
(c) Are you complying with any court order or orders issued for their support? Yes <input type="checkbox"/> No <input type="checkbox"/>		
11. Full name of father: Ligo Neto Ramirez		
Residence of father (if deceased so state):		
Occupation of father: Race of father:		
Birthplace of father (State or foreign country): Texas		
12. Full maiden name of mother: Janet Grace Qualitza		
Residence of mother (if deceased so state): R#1 Linton		
Occupation of mother: Secretary Race of mother:		
Birthplace of mother (State or foreign country): Indianapolis		

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Signed: Ronald J. Ramirez
New Address: 8 Marianna Ct.
Subscribed and sworn to before me this day of Aug, 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, Hendricks } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of, 1974
Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) C 1437

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

7. Full name of father: Cleve Hoskins
Residence of father (if deceased so state): Same
Occupation of father: Power Plant Oper. Race of father:
Birthplace of father (State or foreign country): Kentucky
8. Full maiden name of mother: Linda Lee Robinson
Residence of mother (if deceased so state): Same
Occupation of mother: Housewife Race of mother:
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Signed: Donna Lynn Hoskins
New Address: 8 Marianna Ct.

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

Parents consent waived by Order of Court & age requirement
8-9-1974

State of Indiana, Hendricks } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of, 1974
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued May 1974 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 August 1974, authorizing the joining together as husband and wife of Ronald Joseph Ramirez and Donna Lynn Hoskins.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Charles J. Bair hereby certify that on the 9 day of August one thousand nine hundred and seventy-four at Hendricks County of Indiana, Groom: Ronald Joseph Ramirez of Hendricks County, State of Indiana, and, Bride: Donna Lynn Hoskins of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 9th day of August, 1974.

Signed: Charles J. Bair
Official Designation: Justice of the Peace
Filed and recorded in accordance with the laws of the State of Indiana this 9th 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. 353
File Book #36
Aug. 9, 1974
Date of Application

MALE
Medical Examination Report Dated July 22, 1974
Name of Physician R. W. Kirkley

FEMALE
Medical Examination Report Dated July 22, 1974
Name of Physician R. W. Kirkley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 W. Last Turner II
Date of Birth Month Oct. Day 24 Year 1952
Place of Birth (State or foreign country) Indianapolis, Marion, Ind.
Residence Address Street or R. R. 1st City Danville, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Ind. Dept. of Public Health #11291

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

Name Age Address

- (b) Are you supporting or contributing to their 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 Turner
Residence of father (if deceased so state) Danville, Indiana
Occupation of father Pharmacist Race of father W.
Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Martha Jean Stephenson
Residence of mother (if deceased so state) Danville, Indiana
Occupation of mother Teacher Race of mother W.
Birthplace of mother (State or foreign country) Crawfordville, Ind.

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

Signed Robert W. Turner

New Address 23-10 Hilltop Dr. W. Lafayette, Ind.

Subscribed and sworn to before me this 9 day of Aug., 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, Hendricks } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 15 day of August 1974.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ and Debra J. Turner, authorizing the joining together as husband and wife I, Norman L. Weaver

one thousand nine hundred and 74 hereby certify that on the 17 day of August

State of Indiana, Groom Robert W. Turner II at Danville, County of Hendricks

and, Bride Debra J. Turner of Hendricks County, State of Ind.

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

Dated this 17 day of August, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of August, 1974.

Signed Norman L. Weaver

Official Designation Minister

Signed Glen M. Harvey

Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. # 354
File Book 36
Date of Application Aug 9, 1974

MALE

Medical Examination Report Dated 8-8-74

Name of Physician Eric D. Clark

FEMALE

Medical Examination Report Dated 8-6-74

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 Elmer L. Broadbuhn
Date of Birth 6-15-1921
Place of Birth (State or foreign country) Donnellson, Ill.
Residence Address 2303 First St. Plainfield, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 4

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1966 Morgan Co

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

Usual Occupation Truck Driver

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License # 495-22-7845

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

Name	Age	Address

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

11. Full name of father Ired Charles Broadbuhn
Residence of father (if deceased so state) deceased
Occupation of father Race of father
Birthplace of father (State or foreign country) Missouri

12. Full maiden name of mother Beatrice Ellen Lucy
Residence of mother (if deceased so state) deceased
Occupation of mother Race of mother
Birthplace of mother (State or foreign country) Missouri

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

Signed Elmer L. Broadbuhn
New Address RR #2 Box 145 Indpls Ind

Subscribed and sworn to before me this 9 day of August, 1974.
Elmer M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Mary B. Beard
Date of Birth Dec 26 1925
Place of Birth (State or foreign country) Hancock Co. Ind.
Residence Address R.R. #2 Box 145, Indpls Ind
Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1974 Missouri

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

Usual Occupation Record Clerk

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) 113-25-062486

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

7. Full name of father John Alfred Gehlert
Residence of father (if deceased so state) deceased
Occupation of father Race of father
Birthplace of father (State or foreign country) Hancock Co. Ind.

8. Full maiden name of mother Elizabeth N. Nelson
Residence of mother (if deceased so state) 929 N. Oxford Indpls
Occupation of mother Retired Race of mother
Birthplace of mother (State or foreign country) Rush Co.

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

Signed Mary B. Beard
New Address RR #2, Box 145 Indpls Ind

Subscribed and sworn to before me this 9 day of August, 1974.
Elmer M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16th day of August, 1974, authorizing the joining together as husband and wife

of Elmer L. Broadbuhn and Mary B. Beard
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Keith Purcell hereby certify that on the 17 day of August, 1974, at Belleville, County of Hendricks, State of Indiana, Groom Elmer L. Broadbuhn of Hendricks County, State of Ind.

and, Bride Mary B. Beard 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 _____ County.

Dated this 17 day of August, 1974.
Signed Keith Purcell
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of August, 1974.
Signed Elmer M. Harney Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. # 355

File Book 36

August 9, 1974
Date of Application

MALE
Medical Examination Report Dated 8-8-74
Name of Physician A. N. Scudder, M.D.

FEMALE
Medical Examination Report Dated 8-8-74
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 Thomas M Taylor
Date of Birth March 31 1956
Place of Birth (State or foreign country) Indiana
Residence Address R.R. #1 Box 167 Linton Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Service

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

☒ Other (Specify) Sch. serv. # 12 30 56 281

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

Name Age Address

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

11. Full name of father Warren F. Taylor
Residence of father (if deceased so state) R.R. #1 Box 167 Linton Ind.
Occupation of father Teacher Race of father White Ind.
Birthplace of father (State or foreign country) Indpls. Ind.

12. Full maiden name of mother Theresa Belle Nolan
Residence of mother (if deceased so state) R.R. #1 Box 167 Linton Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Goodland Kansas

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

Signed Thomas M Taylor
New Address R.R. #1 Box 167

Subscribed and sworn to before me this 9 day of August, 19 74
Elen M. Harvey Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

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

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 1974, authorizing the joining together as husband and wife

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

I, Elen A. Clarkson, hereby certify that on the 11 day of August, 1974, at Pittsboro, County of Hendricks, State of Indiana, Groom Thomas M. Taylor and, Bride Kimberly S. Reid were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.

Dated this 9 day of August, 19 74.

Signed Elen A. Clarkson
Official Designation Pastor
_____, day of August, 19 74.
Signed Elen M. Harvey
_____, day of August, 19 74.
_____, Clerk
_____, Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1974.

FEMALE APPLICANT

Name Kimberly S. Reid
Date of Birth July 14 1958
Place of Birth (State or foreign country) Indiana
Residence Address R.R. #1 Box 78 Pittsboro Ind.
Maiden Name If Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation dish washer

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

☒ Other (Specify) Learner's permit # 1158120

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

7. Full name of father Richard C. Reid
Residence of father (if deceased so state) R.R. #1 Box 78 Pittsboro Ind.
Occupation of father Mechanic Race of father White
Birthplace of father (State or foreign country) Clay Co. Ky.

8. Full maiden name of mother Josephine Thompson
Residence of mother (if deceased so state) R.R. #1 Box 78 Pittsboro Ind.
Occupation of mother Widow Race of mother White
Birthplace of mother (State or foreign country) Liverpool, England

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

Signed Kimberly S. Reid
New Address R.R. #1 Box 167

Subscribed and sworn to before me this 9 day of August, 19 74
Elen M. Harvey Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed Josephine Reid Mother
Subscribed and sworn to before me this 9 day of August, 19 74
Elen M. Harvey Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 356
File B #36

August 9, 1974
Date of Application

MALE
Medical Examination Report Dated August 3, 1974
Name of Physician Glenn W. Baker, M.D.

FEMALE
Medical Examination Report Dated August 3, 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, representa-

MALE APPLICANT

Name First Middle Last
Kenneth Eugene Rance
Date of Birth March 16, 1956
Place of Birth Marion County, Indiana
Residence Address 7845 Souter Dr., Indianapolis, Ind. 46214
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Timberman
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Deputy Pub. Health # 3067

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

Name	Age	Address

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

11. Full name of father: Everett Eugene Rance
Residence of father (if deceased so state) Same as above
Occupation of father: Naval Aviator Race of father: W.
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother: Leone Louise Rance
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) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: }
Signed: Kenneth Rance
New Address: 530 Endersby, Apt 7, Brownsburg, Ind.

Subscribed and sworn to before me this 9th day of August, 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, Hendricks } ss:
County of: }

Signed: Father
Signed: Mother

Subscribed and sworn to before me this day of 1974
Clerk

FEMALE APPLICANT

Name First Middle Last
Deborah Lee Hoskins
Date of Birth March 15, 1956
Place of Birth Marion County, Indiana
Residence Address 48 Marissa Ct., Brownsburg, Ind. 46112
Maiden Name if Different

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

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

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St. Francis Hospital - Buckhorn, Ind.

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

7. Full name of father: Clint Hopkins
Residence of father (if deceased so state) Same as above
Occupation of father: Central Sugar Race of father: W.
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother: Linda Lee Robinson
Residence of mother (if deceased so state) Same as above
Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country) Kentucky

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

X Signed: Deborah Lee Hoskins
New Address: 530 Endersby, Apt 47 Brownsburg

Subscribed and sworn to before me this 9th day of August, 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, Hendricks } ss:
County of: }

Signed: Father
Signed: Mother

Subscribed and sworn to before me this day of 1974
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 13th day of August, 1974, authorizing the joining together as husband and wife of Kenneth Eugene Rance and Deborah Lee Hoskins. Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Richard L. Lane, hereby certify that on the 16th day of August, one thousand nine hundred and 74, at Indianapolis, County of Marion, State of Indiana, Groom: Kenneth Eugene Rance of Marion County, State of Ind. and, Bride: Deborah Lee Hoskins 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 13th day of August, 1974.
Signed: Richard L. Lane
Official Designation: Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 20th 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. 357
File Book 36
Date of Application Aug 9 1974

MALE
Medical Examination Report Dated 8-5-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated Aug 5, 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, Middle, Last
Date of Birth Month, Day, Year
Place of Birth (State or foreign country)
Residence Address Street or R. R., City, County, State
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

- ☐ Other (Specify) # 116-33-38971
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

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

Full name of father Donald S. Randall
Residence of father (if deceased so state) R#1 Box 39 Coatesville
Occupation of father Truck Driver Race of father
Birthplace of father (State or foreign country) New York
Full maiden name of mother Wilma J. Haskett
Residence of mother (if deceased so state) Same as father
Occupation of mother Housewife Race of mother
Birthplace of mother (State or foreign country) Indiana

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

Signed Tim Allen Randall
New Address R1 Linton, IN

Subscribed and sworn to before me this 9 day of August, 1974
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 13 day of August, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1, Everett Barnard and Rhoda Jo Singleton

one thousand nine hundred and 74 hereby certify that on the 17 day of August

State of Indiana, Groom Timothy Randall at Camby, County of MORGAN

and, Bride Rhoda Singleton of Hendricks County, State of Ind.

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

Dated this 17 day of August, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of August, 1974.

Signed Everett Barnard
Official Designation Pastor

Signed Glen M. Harvey
Clerk

HENDRICKS Circuit Court

HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 357

File Book 36

Aug 9 1974
Date of Application

MALE
Medical Examination Report Dated 8-5-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated Aug 5, 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 Timothy Middle Allen Last Randall
Date of Birth Month July Day 31 Year 1955
Place of Birth (State or foreign country) Fort Campbell, Kentucky
Residence Address Rt 1, Box 30, Coatesville, Ind

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Mechanic

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

☐ Other (Specify) # 116-55-38971

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

FEMALE APPLICANT

Name First Rheda Middle Jo Last Singleton
Date of Birth Month Aug Day 20 Year 1955
Place of Birth (State or foreign country) Madley, Ind.
Residence Address Rt 3, Box 340, Danville, Ind
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Typist

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

☐ Other (Specify) Book "B-1" Page 104

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

I, Don Randall, hereby give my consent for
my son, Timothy Randall to
marry Rheda Singleton

Subscribed and sworn to before me this 5th day of Aug, 1974

Glen M. Harvey
Notary Public
Clerk

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

Signed _____ Father
Signed _____ Mother

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

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

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

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 13 day of August, 1974.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Timothy Allen Randall and Rheda Jo Singleton

one thousand nine hundred and 74 hereby certify that on the 17 day of August

State of Indiana, Groom Timothy Randall at Camby, County of MORGAN

and, Bride Rheda Singleton of Hendricks County, State of Ind.

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

Dated this 17 day of August, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1974.

Signed Everett Barnard
Official Designation Pastor

Signed Glen M. Harvey
Clerk

HENDRICKS

Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 358
File Book 36
Date of Application August 9, 1974

MALE

Medical Examination Report Dated 8-7-74
Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 8-7-74
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 Myron B. Western
Date of Birth February 22, 1954
Place of Birth (State or foreign country) Greencastle
Residence Address P.R. #2 Box 175 Clayton Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Truck Labour - Link Belt
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #42531 B

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

Name Age Address

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

11. Full name of father Marion David Western Sr.
Residence of father (if deceased so state) P.R. #2 Box 175 Clayton Ind.
Occupation of father Self-Employed Race of father White
Birthplace of father (State or foreign country) Bellville Ind.
12. Full maiden name of mother Sue Ann Jackson
Residence of mother (if deceased so state) _____
Occupation of mother Self-Employed Race of mother White
Birthplace of mother (State or foreign country) Indy Ind.

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

Signed Myron B. Western
New Address 1180 Lincoln St. Danville

Subscribed and sworn to before me this 9 day of August, 19 74
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this 9 day of August, 19 74

Clerk

FEMALE APPLICANT

Name Sue Lynn B. Kempf
Date of Birth April 20, 1955
Place of Birth (State or foreign country) Dubuois County
Residence Address Cartersburg Ind.
Maiden Name if Different _____

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

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

Usual Occupation Administrative Assistant at Head. Co. Hosp.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dubuois Co. Mem. Hospital

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

7. Full name of father Sylvester Kempf
Residence of father (if deceased so state) Cartersburg Ind.
Occupation of father F.A.A. Race of father White
Birthplace of father (State or foreign country) Dubuois Co.
8. Full maiden name of mother Marita Gress
Residence of mother (if deceased so state) Cartersburg Ind.
Occupation of mother Marsh Super. Race of mother White
Birthplace of mother (State or foreign country) Dubuois Co.

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

Signed Sue Lynn B. Kempf
New Address 1180 Lincoln St. Danville

Subscribed and sworn to before me this 9 day of August, 19 74
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 13th day of August, 19 74, authorizing the joining together as husband and wife
of Myron B. Western and Sue Lynn B. Kempf
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Herman G. Luty hereby certify that on the 17 day of August,
one thousand nine hundred and 74 at Clainfield, County of Hendricks,
State of Indiana, Groom Myron B. Western of Hendricks County, State of Ind.
and, Bride Sue Lynn B. Kempf 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 _____
County.
Dated this 17 day of August, 19 74.

Signed Rev. Herman G. Luty

Official Designation Pastor

Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of August, 19 74.

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 359
File Book #36
August 12, 1974
Date of Application

MALE
Medical Examination Report Dated August 7, 1974
Name of Physician Donald S. Chusman, M.D.

FEMALE
Medical Examination Report Dated August 5, 1974
Name of Physician Donald S. Chusman, M.D.

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

MALE APPLICANT

Name Richard A. Brooks
Date of Birth 12-10-31
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 433 E. 285th St. Danville, Ind. Hendricks
Previous Marital Status: Never Married Number of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1971
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Shut Metal Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Arthur Reed 430-47-80

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

Name Age Address
Richard Brooks 4 _____

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

11. Full name of father: Albert Brooks
Residence of father (if deceased so state): deceased
Occupation of father: _____ Race of father: W
Birthplace of father (State or foreign country): Missouri
12. Full maiden name of mother: Edna Brooks
Residence of mother (if deceased so state): Indianapolis Ind.
Occupation of mother: housewife Race of mother: W
Birthplace of mother (State or foreign country): Illinois

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed Richard A. Brooks
New Address 433 E. 285th St. Danville Ind.
Subscribed and sworn to before me this 12th day of August, 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, Hendricks } ss:
County of Hendricks

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Hendricks Circuit Court of Indiana dated the _____ day of _____, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Stump, _____ hereby certify that on the _____ day of _____, 1974, at _____, County of _____, 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, State of _____ Indiana.

Dated this _____ day of _____, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1974.

Signed Dr. Joseph D. Stump
Official Designation Pastor
Signed Glen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Sharon L. Pedigo
Date of Birth 2-21-43
Place of Birth (State or foreign country) Illinois
Residence Address 433 E. 285th St. Danville Ind. Hendricks
Maiden Name if Different Lacey
Previous Marital Status: Never Married Number of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1971
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Bookkeeper
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) State of Ill. # 51

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: Jack Curtis Lacey
Residence of father (if deceased so state): deceased
Occupation of father: _____ Race of father: W
Birthplace of father (State or foreign country): Illinois
8. Full maiden name of mother: Charlene James
Residence of mother (if deceased so state): Danville, Ind.
Occupation of mother: housewife Race of mother: W
Birthplace of mother (State or foreign country): Edgar Co. Illinois

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed Sharon L. Pedigo
New Address 433 E. 285th St. Danville Ind.
Subscribed and sworn to before me this 12th day of August, 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, Hendricks } ss:
County of Hendricks

Signed _____ Father
Signed _____ Mother

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 360
File B #36
Date of Application August 12, 1974

HENDRICKS County

MALE

Medical Examination Report Dated July 29, 1974
Name of Physician Eric D. Clark, M.D.

FEMALE

Medical Examination Report Dated July 29, 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 Randall Joe McNeil
Date of Birth February 2, 1956
Place of Birth Anderson, Indiana
Residence Address 1009 Range Line Rd, Anderson, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Cabinet Maker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Ind. Sec #12-48-56-465

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

Name Age Address

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

11. Full name of father James Edward McNeil
Residence of father (if deceased so state) Anderson, Indiana
Occupation of father Real Estate Race of father W.
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Phyllis Jean Bergquist
Residence of mother (if deceased so state) Anderson, Ind.
Occupation of mother Wrestress Race of mother W.
Birthplace of mother (State or foreign country) Indiana

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

Signed Randall Joe McNeil
New Address 908-1 Walnut St Anderson Ind

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

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Wanda May Hall
Date of Birth August 22, 1956
Place of Birth Marion County, Indiana
Residence Address Rt 8 Box 271, Indpls Ind
Maiden Name if Different Hendricks, G.

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

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

Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Dept of Pub Health #10086

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

7. Full name of father Ernie J. Hall
Residence of father (if deceased so state) Same as above
Occupation of father Truck Rep Race of father W.
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Valerie Hays
Residence of mother (if deceased so state) Same as above
Occupation of mother Gen. Accountant Race of mother W.
Birthplace of mother (State or foreign country) Kentucky

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

Signed Wanda May Hall

New Address 908-1 Walnut St Anderson Ind

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

Signed _____ Father

Signed Valerie Hall _____ Mother

Subscribed and sworn to before me this 12th day of August, 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 August, 1974, authorizing the joining together as husband and wife of Randall Joe McNeil and Wanda May Hall.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. C. W. Fiscus hereby certify that on the 24 day of August, one thousand nine hundred and 74 at Indianapolis, County of Marion, State of Indiana, Groom Randall Joe McNeil of Madison County, State of Indiana and, Bride Wanda May Hall of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 24 day of August, 1974.

Signed Rev. C. W. Fiscus

Official Designation Minister

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

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 360
File B#36
Date of Application August 12, 1974

HENDRICKS County

MALE
Medical Examination Report Dated July 29, 1974
Name of Physician Eric S. Clark, M.D.

FEMALE
Medical Examination Report Dated July 29, 1974
Name of Physician Eric S. 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, representa-

MALE APPLICANT

Name Randall Joe McNeil
Date of Birth February 2, 1956
Place of Birth Anderson, Indiana
Residence Address 1009 Range Line Rd, Anderson, Ind.
Previous Marital Status: ☒ Never Married ☐ Number of Previous Marriages 0
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Cabinet Maker

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

☒ Other (Specify) Id # 12-48-56-465

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

Of Unsound Mind? ☐ No ☐ Yes

2. Are you under guardianship as a person of unsound mind? ☐ No ☐ Yes

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? ☐ No ☐ Yes

If answer to 3 is "yes" has the cause of such condition been removed? ☐ No ☐ Yes

4. Are you afflicted with a transmissible disease? ☐ No ☐ Yes

5. Are you related to the bride closer than second cousin? ☐ No ☐ Yes

6. Are you now under the influence of intoxicating liquor? ☐ No ☐ Yes

7. Are you now under the influence of a narcotic drug? ☐ No ☐ Yes

8. Are you able to support a family? ☐ Yes ☐ No

9. Are you likely to so continue? ☐ Yes ☐ No

10. Do you have minor children from one or more former marriages? ☐ No ☐ Yes

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? ☐ Yes ☐ No

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

11. Full name of father James Edward McNeil

Residence of father (if deceased so state) Anderson, Indiana

Occupation of father Real Estate Race of father W.

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Phyllis Jean Boyquist

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

Occupation of mother Waitress Race of mother W.

Birthplace of mother (State or foreign country) Indiana

State of Indiana, _____

County of H

Neve

Subscribed and sworn [Signature]

CONSENT OF PARE

We, the parents, of t

signs, state facts whi

State of Indiana, _____

County of H

Sig

Sig

Subscribed and sworn

COMPLETE IF

HENDRICKS County

in _____

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

Court by written order issued _____ and filed

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 16th day of August, 1974, authorizing the joining together as husband and wife

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

I, Rev. C. W. Fiskus, hereby certify that on the 24 day of August

one thousand nine hundred and 74 at Indianapolis, County of Marion

State of Indiana, Groom Randall Joe McNeil of Madison County, State of Indiana

and, Bride Wanda May Hall of Hendricks County, State of Indiana

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

County, _____

Dated this 24 day of August, 1974.

Signed Rev. C. W. Fiskus

Official Designation Minister

Signed Glen M. Hawley Clerk

HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 368
File Book #36
Date of Application Aug. 12, 1974

MALE
Medical Examination Report Dated Aug. 9, 1974
Name of Physician David Hadley, M.D.

FEMALE
Medical Examination Report Dated Aug. 9, 1974
Name of Physician David B. Staggard, M.D.

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

MALE APPLICANT

Name Allen Lee Brown
Date of Birth April 5, 1954
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. 1, Morgan Co., Ind.

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

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

Usual Occupation Grain Elevator Employee
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Morgan Co. Cert. of Health 7-20-54

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

Name _____ Age _____ Address _____

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

11. Full name of father Clyde Lee Brown
Residence of father (if deceased so state) R.R. 1, Morgan Co., Ind.
Occupation of father Grain Elevator Race of father W
Birthplace of father (State or foreign country) Bernie Co., Okla.
12. Full maiden name of mother Jewell Odell Cherry
Residence of mother (if deceased so state) R.R. 1, Morgan Co., Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Bertrand, Mo.

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

Signed Allen Lee Brown
New Address 303 Brun St. Plainfield

Subscribed and sworn to before me this 12 day of August, 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, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother

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

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

in _____ Court by written order issued _____ and filed _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

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

I, Donald B. Randolph, hereby certify that on the _____ day of _____, at _____, County of _____, State of _____, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____, Dated this _____ day of _____, 19____.

Signed Donald B. Randolph
Official Designation Pastor
day of _____, 19____
Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

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

FEMALE APPLICANT

Name Linda Rose Love
Date of Birth July 15, 1957
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. 1, Box 97, Plainfield, Ind.
Maiden Name if Different _____

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

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

Usual Occupation Waitress
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Copy of Birth Cert. Local # 8504

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Frank Marion Love
Residence of father (if deceased so state) R.R. 1, Box 97, Plainfield, Ind.
Occupation of father Attorney State Police Race of father W
Birthplace of father (State or foreign country) Morgan Co.

8. Full maiden name of mother Marilyn Rose Randolph
Residence of mother (if deceased so state) R.R. 1
Occupation of mother Sales Clerk Race of mother W
Birthplace of mother (State or foreign country) Lafayette, Ind.

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

Signed Linda Rose Love
New Address 303 Brun St. Plainfield

Subscribed and sworn to before me this 12 day of August, 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, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Frank M. Love Father
Signed Marilyn R. Love Mother

Subscribed and sworn to before me this 12 day of August, 1974
Glen M. Harvey, Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 362
File BK. # 36
August 15 1974
Date of Application

MALE

Medical Examination Report Dated Aug 12, 1974
Name of Physician Eric S. Clark

FEMALE

Medical Examination Report Dated Aug. 12, 1974
Name of Physician Eric S. 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, represents."

MALE APPLICANT

Name Jeffery A. Harris
Date of Birth Nov. 18 1952
Place of Birth (State or foreign country) Marion County Ind.
Residence Address 1580 Oliver Dr. Plainfield Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) 11832
Usual Occupation A.F.N.B. Bond Salesman
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) # 11832
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐

(a) List their full names, ages and addresses

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

11. Full name of father William Wesley Harris
Residence of father (if deceased so state) deceased, June 1973
Occupation of father deceased Race of father White
Birthplace of father (State or foreign country) Clay Co. Ind.
12. Full maiden name of mother Patricia Gillen Tapp
Residence of mother (if deceased so state) 1580 Oliver Dr. Plainfield Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Marion Co.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Eric S. Clark
New Address 1003 Valley View Dr. P.O. Box 158
Subscribed and sworn to before me this 15 day of August, 1974
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

FEMALE APPLICANT

Name Cheryl Marie McElroy
Date of Birth Sept. 5 1954
Place of Birth (State or foreign country) Marion County Ind.
Residence Address 1003 Valley View Dr. P.O. Box 158
Maiden Name if Different Pls. Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St. Francis Hospital

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

7. Full name of father Harold C. McElroy
Residence of father (if deceased so state) 210 Park St. P.O. Box 158
Occupation of father Chvrolet-Dealers Race of father White
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Betty Jean Rupp
Residence of mother (if deceased so state) 260 Park St. P.O. Box 158
Occupation of mother Sales Clerk Race of mother White
Birthplace of mother (State or foreign country) Tennessee

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

Signed Cheryl Marie McElroy
New Address 1003 Valley View Dr. P.O. Box 158
Subscribed and sworn to before me this 15 day of August, 1974

Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of August, 1974, authorizing the joining together as husband and wife of Jeffery A. Harris and Cheryl Marie McElroy.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ron Hallock, hereby certify that on the 24 day of August, 1974, at Plainfield Christian Church County of Hendricks State of Indiana, Groom Jeffery A. Harris of Hendricks County, State of Indiana and, Bride Cheryl Marie McElroy of Hendricks County, State of Indiana were by me united 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 August, 1974.

Signed Ron Hallock
Official Designation Minister
Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 368

File Book #36

Aug. 15 1974
Date of Application

MALE
Medical Examination Report Dated July 17, 1974
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated July 17, 1974
Name of Physician Eric Clark

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

MALE APPLICANT

Name Robert E. Maxwell
Date of Birth March 18, 1955
Place of Birth (State or foreign country) Indiana
Residence Address 924 Highland, Plainfield, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student + Allison's

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Div. of Public Health # 2929

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

Name Age Address

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

11. Full name of father Robert George Maxwell
Residence of father (if deceased so state) Plainfield, Indiana
Occupation of father Electrician Race of father W
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Betty Marie Wikoff
Residence of mother (if deceased so state) Plainfield, Indiana
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Robert E. Maxwell
New Address Indianapolis, Indiana
Subscribed and sworn to before me this 15 day of Aug, 1974
Allen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 19 day of August, 19____, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Don Hallock, _____ hereby certify that on the 12 day of October, _____
one thousand nine hundred and 74, at Plainfield, County of Hendricks,
State of Indiana, Groom Robert E. Maxwell and Bride Peggy A. Rogers of _____
and, _____ of _____ County, State of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. _____
Dated this 12 day of October, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of October, 1974.

Signed Don Hallock
Official Designation Minister
Signed Allen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Peggy A. Rogers
Date of Birth February 22, 1955
Place of Birth (State or foreign country) Indiana
Residence Address 603 Marshall, Clark, Illinois
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation None

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Terra Haute Dept. of Health 21782

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

7. Full name of father Lloyd Morton Rogers
Residence of father (if deceased so state) Marshall, Illinois
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Florence Ann Carpenter
Residence of mother (if deceased so state) Marshall, Illinois
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Peggy A. Rogers
New Address Indianapolis, Ind
Subscribed and sworn to before me this 15 day of August, 1974
Allen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 364
File BK 36
Date of Application August 16, 1974

HENDRICKS County

MALE
Medical Examination Report Dated August 6, 1974
Name of Physician Irring Cohen

FEMALE
Medical Examination Report Dated August 6, 1974
Name of Physician Irring 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 Dennis First Roy Middle DeLois Last
Date of Birth 4 Month 27 Day 1953 Year
Place of Birth (State or foreign country) Marion County Indiana
Residence Address 1109 Rogers Drive Plainfield Ind. Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Selection Sur. # 123053190

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

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

11. Full name of father Frank James DeLois
Residence of father (if deceased so state) 1109 Rogers Dr. P.O. Box 392
Occupation of father Instrument Repairer Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Lena Lou Battershell
Residence of mother (if deceased so state) 1109 Rogers Dr. P.O. Box 392
Occupation of mother Captain (Army) Race of mother White
Birthplace of mother (State or foreign country) Marion, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Dennis Roy DeLois
New Address Sugar Grove Road P.O. Box 392
Subscribed and sworn to before me this 16 day of August, 1974
Glen M. Harney Clerk HENDRICKS Circuit Court

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

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

Clerk

FEMALE APPLICANT

Name Deborah First Lynn Middle Long Last
Date of Birth October Month 6 Day 1954 Year
Place of Birth (State or foreign country) Marion County Indiana
Residence Address RR #1 Box 392 Plainfield Ind. Street or R. R. City County State
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Dental Assistant
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree State Board of Health #10752 ☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Delmus Long
Residence of father (if deceased so state) RR #1 Box 392 P.O. Box 392
Occupation of father Bridgeport Brass Race of father White
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Gorgia Bell Scott
Residence of mother (if deceased so state) RR #1 Box 392 P.O. Box 392
Occupation of mother Shememaker Race of mother White
Birthplace of mother (State or foreign country) Kentucky

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

Signed Deborah Lynn Long
New Address Sugar Grove Rd. P.O. Box 392
Subscribed and sworn to before me this 16 day of August, 1974
Glen M. Harney Clerk HENDRICKS Circuit Court

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of August, 1974, authorizing the joining together as husband and wife of Dennis Roy DeLois and Deborah Lynn Long.
Be it further remembered the following marriage certificate was filed in my office, to-wit:
I, M. L. Crawley hereby certify that on the 24 day of August, 1974, at Plainfield, County of Hendricks, State of Indiana, Groom Dennis Roy DeLois of Hendricks County, State of Indiana, and, Bride Deborah Lynn Long of Hendricks County, State of Indiana, were by me united 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 August, 1974.
Signed M. L. Crawley
Official Designation Justice of the Peace
Filed and recorded in accordance with the laws of the State of Indiana this 27 day of August, 1974.
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 365

File BK 36

Date of Application Aug. 16, 1974

MALE
Medical Examination Report Dated 8-15-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 8-15-74
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, representa-
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1-1973
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Machinist - Bar Tender

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) # 41-057490

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

(a) List their full names, ages and addresses
Name Age Address
Mr. Laetta Goff 12 Houston Texas
Frances Marie Goff 9 Houston Texas
Fred Leslie Goff 6 Plainfield Ind.

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Fred L. Goff
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 Dorothy E. Byfield
Residence of mother (if deceased so state) RR 2, Box 495D
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Indiana

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

County of Hendricks }
Signed Fred Clement Goff
New Address Happy L. Traders Park, Plainfield, Ind.Subscribed and sworn to before me this 16 day of August, 1974
Glen M. Harney Clerk Hendricks Circuit Court

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

State of Indiana, Hendricks } ss:

County of Hendricks }
Signed _____ Father
Signed _____ MotherSubscribed and sworn to before me this _____ day of _____, 19____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1974, authorizing the joining together as husband and wifeBe it further remembered, the following marriage certificate was filed in my office, to-wit:
I, M. L. Crawley, _____ and Rachel Irene Thompson

one thousand nine hundred and 74 hereby certify that on the 31 day of August

State of Indiana, Groom Fred Clement Goff at Plainfield

and, Bride Rachel Irene Thompson of Hendricks County, State of Ind.

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

Dated this 31 day of August, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of September, 1974.

Signed M. L. Crawley
Official Designation Justice of the PeaceSigned Glen M. Harney Clerk
Hendricks Circuit Court

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Homemaker

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) # 113-49-08118

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Charles L. Thompson
Residence of father (if deceased so state) P.O. Box 108, Clayton, Ind.
Occupation of father Machine Repair Race of father White
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Leona M. Sparks

Residence of mother (if deceased so state) P.O. Box 108, Clayton, Ind.

Occupation of mother Music Aide Race of mother White

Birthplace of mother (State or foreign country) Indiana

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

County of Hendricks }
Signed Rachel Irene Thompson
New Address P.O. Box 108 Clayton, Ind.

Subscribed and sworn to before me this 16 day of August, 1974

Glen M. Harney Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:

County of Hendricks }
Signed _____ Father
Signed _____ MotherSubscribed and sworn to before me this _____ day of _____, 19____

Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 366
File BK 36
Date of Application August 16, 1974

MALE
Medical Examination Report Dated 7-31-74
Name of Physician Mr. M.D. Seaman

FEMALE
Medical Examination Report Dated 7-31-74
Name of Physician Mr. M.D. Seaman

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

MALE APPLICANT

Name Brian N. Lovell
Date of Birth July 24 1946
Place of Birth (State or foreign country) Indianapolis
Residence Address R.R. #1 Box 108, Linton Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Postman

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

☐ Other (Specify) #113-46-034874

1. Are you now or have you been adjudged, diagnosed or considered as:

An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐

If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐

4. Are you afflicted with a transmissible disease? No ☒ Yes ☐

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒

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

11. Full name of father Edwin L. Lovell

Residence of father (if deceased so state) 107 E. Main, Brownsburg Ind.

Occupation of father Barber Race of father White

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Lelia M. Wilson

Residence of mother (if deceased so state) 107 E. Main, Brownsburg Ind.

Occupation of mother Housewife Race of mother White

Birthplace of mother (State or foreign country) Indiana

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

County of HENDRICKS

Signed Brian N. Lovell

New Address RR1 Box 108 Linton Ind 4649

Subscribed and sworn to before me this 16 day of August, 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, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Karen R. Cox
Date of Birth February 11 1952
Place of Birth (State or foreign country) Evansville
Residence Address 3534 Bowen Place, Indpls. Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Missions - Cafeteria

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

☐ Other (Specify) Protestant Diaconess Hosp. Evansville 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 Lawrence H. Cox

Residence of father (if deceased so state) 110 N. Cedar Ave. Engle-

Occupation of father Retired Race of father White

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

8. Full maiden name of mother Alice Alice Johnson

Residence of mother (if deceased so state) 3534 Bowen Place, Indpls. Ind.

Occupation of mother Naval Avionics Race of mother White

Birthplace of mother (State or foreign country) Gallatin Co. Ill.

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

County of HENDRICKS

Signed Karen R Cox

New Address RR1 Box 108 Linton Ind

Subscribed and sworn to before me this 16 day of August, 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, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 23 day of August, 1974, authorizing the joining together as husband and wife

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

I, Lucien E. Behar hereby certify that on the 31 day of August,

one thousand nine hundred and 74 at Indianapolis County of Marion,

State of Indiana, Groom Brian N. Lovell of Hendricks County, State of Indiana

and, Bride Karen R. Cox 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 31 day of August, 1974

Signed Lucien E. Behar

Official Designation Associate Pastor

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of September, 1974

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 367

File B. #36

August 16, 1974
Date of Application

MALE
Medical Examination Report Dated Aug. 8, 1974
Name of Physician Eric D. Clark, M.D.

FEMALE
Medical Examination Report Dated Aug. 8, 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 Charles Duane Unger
Date of Birth January 21, 1937
Place of Birth Ind. Ind.
Residence Address 224 Holiday Dr., Indianapolis, Ind. Hendricks 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 Job Sitter
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Wed. Deputy Comm. #365
☒ Other (Specify) Ind. Sec. #12-30-37-18

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

Name David Duane Age 13 Address Hendricks Co. Ind.
Name David Duane Age 10 Address Hendricks Co. 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 Leroy Unger
Residence of father (if deceased so state) Hendricks County, Ind.
Occupation of father Retired Race of father W.
Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Mildred A. Straig
Residence of mother (if deceased so state) Same as above
Occupation of mother Retired Race of mother W.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS as: I depose and state the information given in this application is true and correct.
County of _____
Signed Charles D. Unger
New Address 224 Holiday Dr., Plainfield, Ind.
Subscribed and sworn to before me this 16th day of August, 1974.
Clerk Allen M. Tarsney HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS as: I depose and state the information given in this application is true and correct.
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 20 day of August, 1974, authorizing the joining together as husband and wife of Charles Duane Unger and Judith Marlene Sutton.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Sonny H. Hays, hereby certify that on the 24 day of August, 1974, at Plainfield, County of Hendricks, State of Indiana, Groom Charles Duane Unger and, Bride Judith Marlene Sutton were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.
Dated this 24 day of August, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of August, 1974.
Signed Sonny H. Hays
Official Designation Baptist Minister
Signed Allen M. Tarsney Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Judith Marlene Sutton
Date of Birth March 19, 1938
Place of Birth Ind. Ind.
Residence Address 337 Ellis St., Plainfield, Ind. Hendricks Co.
Maiden Name if different Judith James
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 Club-Keeper
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Ind. Sec. #13-38-02918
☐ Other (Specify) _____

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

8. Full maiden name of mother Doyle Cecil Jones
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Retired Race of mother W.
Birthplace of mother (State or foreign country) Morgan Co. Ind.

State of Indiana, HENDRICKS as: I depose and state the information given in this application is true and correct.
County of _____
Signed Judith M. Sutton
New Address 224 Holiday Dr., Plainfield, Ind.
Subscribed and sworn to before me this 16th day of August, 1974.
Clerk Allen M. Tarsney HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS as: I depose and state the information given in this application is true and correct.
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 368
File #36
Date of Application Aug. 16, 1974

MALE
Medical Examination Report Dated Aug. 16, 1974
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated Aug. 16, 1974
Name of Physician Carl L. Heinlein

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

MALE APPLICANT

Name First Middle Last
Harold Max Hughes
Date of Birth Month Day Year
December 12 1935
Place of Birth (State or foreign country)
Danville-Hendricks-Indiana
Residence Address Street or R. R. City County State
438 W. Main Danville Hendricks Ind
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

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

Usual Occupation Counselor

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Ind. Dept. of Health Indiana 1926-1938 p. 86

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

Name Age Address
Cynthia Gale Hughes 9 Danville, Ind. 438 W. Main

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

11. Full name of father: Walter Hughes
Residence of father (if deceased so state): Deceased
Occupation of father: Race of father: St
Birthplace of father (State or foreign country):

12. Full maiden name of mother: Ruby Smith
Residence of mother (if deceased so state): Kempton, Indiana
Occupation of mother: Nurses Aid Race of mother: St
Birthplace of mother (State or foreign country): Indiana

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

Signed: Harold Max Hughes
New Address: 438 W. Main St Danville, Ind.

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

Signed: Father
Signed: Mother

Subscribed and sworn to before me this day of 1974
Clerk

FEMALE APPLICANT

Name First Middle Last
Grace C. Tinson
Date of Birth Month Day Year
July 4 1950
Place of Birth (State or foreign country)
Kankakee, Illinois
Residence Address Street or R. R. City County State
3446 Glen Arm Dr. Indianapolis Marion-Indiana
Maiden Name if Different

Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Registered Nurse

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Illinois Dept. of Health 19676

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

7. Full name of father: Gregorio Tinson
Residence of father (if deceased so state): Gardena, California
Occupation of father: Evangelist Race of father: Filipino
Birthplace of father (State or foreign country): Philippines

8. Full maiden name of mother: Olga Branda
Residence of mother (if deceased so state): Gardena, California
Occupation of mother: Housewife Race of mother: Filipino
Birthplace of mother (State or foreign country): Philippines

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

Signed: Grace C. Tinson

New Address: 438 W. Main St Danville, Indiana

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

Signed: Father
Signed: Mother

Subscribed and sworn to before me this day of 1974
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1974, authorizing the joining together as husband and wife
of Harold Max Hughes and Grace C. Tinson.

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

I, Luke J. Martin hereby certify that on the 28 day of August, 1974, at Kokomo, County of Howard, State of Indiana, Groom Harold Max Hughes of Hendricks County, State of Ind. and, Bride Grace C. Tinson of Marion 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 20 day of August, 1974.

Signed: Luke J. Martin
Official Designation: Minister

Subscribed and sworn to before me this 4 day of September, 1974

Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of September, 1974

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 369
File Book 36
Aug. 19, 1974
Date of Application

MALE
Medical Examination Report Dated Aug. 7, 1974
Name of Physician Eric D. Clark, M.D.

FEMALE
Medical Examination Report Dated Aug. 7, 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 Henry Imhausen
Date of Birth May 1, 1953
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address R.R. 3 Box 187, Clayton, Hendricks Co. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

☐ Other (Specify) Dept of Pub. Health Cert # 4191

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

Name _____ Age _____ Address _____

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

11. Full name of father William Eugene Imhausen

Residence of father (if deceased so state) R.R. 3 Box 187 Clayton

Occupation of father Electrician Race of father W

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

12. Full maiden name of mother Gae Eileen Smith

Residence of mother (if deceased so state) R.R. 3 Box 187 Clayton

Occupation of mother Housewife Race of mother W

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

State of Indiana, HENDRICKS ss: I depose and state the information given

County of _____ in this application is true and correct.

Signed James H. Imhausen

New Address 1654 DuSoto Dr. Indianapolis

Subscribed and sworn to before me this 19 day of Aug, 1974

Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

State of Indiana, HENDRICKS ss:

County of _____

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

in _____ County _____ Court by written order issued _____ and filed

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 23 day of August, 19____

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

I, Rev. Sterling Prock and Kathryn Joan Prock

one thousand nine hundred and 74 hereby certify that on the 31 day of August

State of Indiana, Groom James Henry Imhausen at Blainfield, County of Hendricks

and, Bride Kathryn Joan Prock 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 _____ County, State of Ind.

Dated this 31 day of August, 1974.

FEMALE APPLICANT

Name Kathryn Joan Prock
Date of Birth Aug. 13, 1949
Place of Birth (State or foreign country) Walla Walla, Walla Walla Co., Wash.
Residence Address R.R. 1 Box 155A, Clayton Hendricks Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Bank Teller

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

☐ Other (Specify) State of Wash. Cert # 36504

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

Residence of father (if deceased so state) R.R. 1 Box 155A Clayton

Occupation of father Contractor Race of father W

Birthplace of father (State or foreign country) Maine, Mo.

8. Full maiden name of mother Nancy Amelia West

Residence of mother (if deceased so state) R.R. 1 Box 155A Clayton

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Kansas

State of Indiana, HENDRICKS ss: I depose and state the information given

County of _____ in this application is true and correct.

Signed Kathryn J. Prock

New Address 1654 DuSoto Dr. Indianapolis

Subscribed and sworn to before me this 19 day of Aug, 1974

Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

State of Indiana, HENDRICKS ss:

County of _____

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

Signed Rev. Sterling Prock

Official Designation Ordained Minister

4 day of September, 1974

Signed Glen M. Hawley Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 370
File Book #36
Date of Application August 19, 1974

MALE
Medical Examination Report Dated August 12, 1974
Name of Physician Eric S. Clark, M.D.

FEMALE
Medical Examination Report Dated August 12, 1974
Name of Physician Eric S. 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, representa-

MALE APPLICANT

Name First Kevin O'Shea Middle Sabo Last
Date of Birth May 5, 1951
Place of Birth (State or foreign country) Port Huron, Michigan
Residence Address 329 South Main St., Plainfield, Ind. Hendricks
Previous Marital Status: Never Married Number of Previous Marriages

Last Marriage Ended By: Death Divorce Annulment

Color or Race White Negro Other (specify)

Usual Occupation Recreational Director

Date of birth verified by Birth Cert. Judicial Decree

Other (Specify) Port Huron Hospital, Michigan

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

2. Are you under guardianship as a person of unsound mind? No Yes

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No Yes

If answer to 3 is "yes" has the cause of such condition been removed? No Yes

4. Are you afflicted with a transmissible disease? No Yes

5. Are you related to the bride closer than second cousin? No Yes

6. Are you now under the influence of intoxicating liquor? No Yes

7. Are you now under the influence of a narcotic drug? No Yes

8. Are you able to support a family? Yes No

9. Are you likely to so continue? Yes No

10. Do you have minor children from one or more former marriages? No Yes

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their 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 Sabo

Residence of father (if deceased so state) 329 South Main, Plainfield

Occupation of father Salesman Race of father W

Birthplace of father (State or foreign country) Pennsylvania

12. Full maiden name of mother Mary Theresa Cooper

Residence of mother (if deceased so state) Same as above

Occupation of mother Secretary Race of mother W

Birthplace of mother (State or foreign country) Detroit, Michigan

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

Signed Kevin O'Shea

New Address 1110 Independence St. Plainfield, Ind.

Subscribed and sworn to before me this 19th day of August, 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, Hendricks ss:

Signed

Signed

Subscribed and sworn to before me this day of 1974

Clerk

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

HENDRICKS County Court by written order issued and filed in

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1974, authorizing the joining together as husband and wife

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

I, Warren L. Robbins hereby certify that on the 31 day of August, 1974, at Plainfield, County of Hendricks, State of Indiana, Groom Kevin O'Shea Sabo of Hendricks County, State of Ind.

and, Bride Carol Ann Humphrey 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 31 day of August, 1974.

Signed Warren L. Robbins

Official Designation Christian Minister

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of September, 1974.

FEMALE APPLICANT

Name First Carol Ann Middle Humphrey Last
Date of Birth August 20, 1955
Place of Birth (State or foreign country) Marion County, Indiana
Residence Address 1421 Stefford Rd., Plainfield, Ind. Hendricks
Maiden Name if Different

Previous 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) Ind. St. Bentley Weekly #113-55-065709

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No Yes

Of Unsound Mind? No Yes

2. Are you under guardianship as a person of unsound mind? No Yes

3. Are you afflicted with a transmissible disease? No Yes

4. Are you related to the groom closer than second cousin? No Yes

5. Are you now under the 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 Robert Humphrey

Residence of father (if deceased so state) Same as applicant

Occupation of father Engineer Race of father W

Birthplace of father (State or foreign country) Greensburg, Indiana

8. Full maiden name of mother Mary Lois Carroll

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) Greensburg, Ind.

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

Signed Carol Ann Humphrey

New Address 1110 Independence St. Plainfield, Ind.

Subscribed and sworn to before me this 19th day of August, 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, Hendricks ss:

Signed

Signed

Subscribed and sworn to before me this day of 1974

Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 371

File Book #36

August 19, 1974
Date of Application

MALE
Medical Examination Report Dated August 7, 1974
Name of Physician Eric S. Clark, M.D.

FEMALE
Medical Examination Report Dated 8-7-74
Name of Physician Eric S. 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 Middle Last
James Edward Perkins
Date of Birth Month Day Year
12-29-1948
Place of Birth (State or foreign country)
Indianapolis, Indiana Marion Co.
Residence Address Street of R. R. City County State
301 W. Main St., Plainfield Ind. Hendricks
Previous Marital Status: Never Married ☐ Number of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1973
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Truck Driver
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) See No. 12-30-48-423

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

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

11. Full name of father James W. Perkins
Residence of father (if deceased so state) Marion Co. Indiana
Occupation of father Office Worker Race of father W.
Birthplace of father (State or foreign country) Indianapolis Ind.
12. Full maiden name of mother Betty Collins
Residence of mother (if deceased so state) deceased.
Occupation of mother _____ Race of mother W.
Birthplace of mother (State or foreign country) Marion, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed James Edward Perkins
New Address 301 W. Main, Plainfield Ind.
Subscribed and sworn to before me this 19th day of August, 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

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

Be 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 August, 1974, authorizing the joining together as husband and wife of James Edward Perkins and Georgia Ann Smallman.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins, hereby certify that on the 14th day of Sept., 1974, at Plainfield, Hendricks County, State of Indiana, Groom James Edward Perkins and, Bride Georgia Ann Smallman, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of Indiana.
Dated this 14th day of Sept., 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of Sept., 1974.
Signed Warren A. Robbins
Official Designation Christian Minister
Signed Glen M. Harvey, Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Georgia Ann Smallman
Date of Birth Month Day Year
Sept 3 1943
Place of Birth (State or foreign country)
Jefferson City Tenn.
Residence Address Street of R. R. City County State
301 W. Main, Plainfield
Maiden Name if Different _____

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

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

Usual Occupation Hair Dresser

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

☐ Other (Specify) 4323

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

7. Full name of father Bland Smallman
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Morristown, Tenn.
8. Full maiden name of mother Evelyn Idell Ridley
Residence of mother (if deceased so state) P.O. New Market Tenn.
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Morristown, Tenn.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Georgia Ann Smallman
New Address 301 W. Main St.
Subscribed and sworn to before me this 20 day of August, 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 372
File BK #36
August 20, 1974
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 7-24-74
Name of Physician Eric L. Clark

FEMALE
Medical Examination Report Dated 8-16-74
Name of Physician Walter M. Maxm's M.D.

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

MALE APPLICANT

Name David L Morphew
Date of Birth 6 23 1941
Place of Birth (State or foreign country) Plainfield Ind.
Residence Address 1425 Rose Ct. P.O. Hendricks Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 4
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Fireman - Lilly Ind. Coal Co.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☒ Other (Specify) Registration # 6035
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Myrtle David Morphew 13 Indianapolis Ind.
Scott Arnold 6 " " "

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

11. Full name of father James Alfred Morphew
Residence of father (if deceased so state) RR 3 Box 61, P.O. Ind.
Occupation of father Operator Mgr. Race of father White
Birthplace of father (State or foreign country) Plainfield Ind.
12. Full maiden name of mother Alice Kathryn Hunter
Residence of mother (if deceased so state) RR #3 Box 61 P.O. Ind.
Occupation of mother House 76 Race of mother White
Birthplace of mother (State or foreign country) Plainfield Ind.

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

Signed David L. Morphew
New Address 1425 ROSE CT. P.O. IND.

Subscribed and sworn to before me this 20 day of August, 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, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Arenitha M Borders
Date of Birth 8 24 1945
Place of Birth (State or foreign country) Terre Haute Ind.
Residence Address 1425 Rose Ct. P.O. Hendricks Ind.
Maiden Name (if different) Jefferson
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) Hendricks Co. Ind.
Usual Occupation Claims Calculator
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☒ Other (Specify) Registration # 6036
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the groom closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - Full name of father William Wesley Johnson
Residence of father (if deceased so state) RR #1 Box 94, P.O. Ind.
Occupation of father Retired Race of father White Ind.
Birthplace of father (State or foreign country) Texas, Ill.

8. Full maiden name of mother Clara Belle Shields
Residence of mother (if deceased so state) Terre Haute, Ind.
Occupation of mother McQuay-Norris Race of mother White
Birthplace of mother (State or foreign country) Terre Haute, Ind.

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

Signed Arenitha M. Borders
New Address 1425 Rose Ct. Plainfield, Ind.

Subscribed and sworn to before me this 20 day of August, 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, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of August, 1974, authorizing the joining together as husband and wife of David L. Morphew and Arenitha Borders.

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

I, Rev. Guy Dunkin, hereby certify that on the 23 day of August, one thousand nine hundred and 74 at Indianapolis, County of Marion, State of Indiana, Groom David Lee Morphew of Marion County, State of Indiana and, Bride Arenitha Marie Borders of Hendricks County, State of Indiana were by me united 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 August, 1974. Signed Guy Dunkin

Official Designation Clergyman
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 373

File BK # 36

Aug. 20, 1974
Date of Application

MALE
Medical Examination Report Dated 8-14-74
Name of Physician Elmer L. Rock M.D.

FEMALE
Medical Examination Report Dated 8-20-74
Name of Physician Elmer L. Rock M.D.

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

MALE APPLICANT

Name First Mark Middle R. Last Lindsay
Date of Birth Month 8 Day 19 Year 1955
Place of Birth (State or foreign country) Indiana
Residence Address 1191 Lincoln St. Apt. 3B. City Cartersburg Ind.
Previous 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) # 112-55-062429

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

Name Age Address

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

11. Full name of father William Martin Lindsay
Residence of father (if deceased so state) New Castle Ind.
Occupation of father Construction Office Race of father White
Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Elizabeth Harris
Residence of mother (if deceased so state) New Castle Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Illinois

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

Signed Mark Lindsay
New Address 1191 Lincoln St. Apt. 3-B

Subscribed and sworn to before me this 20 day of August, 1974
Elmer M. Harvey Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 24 day of August, 1974, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Andy Arnett, Sr. _____
one thousand nine hundred and 74 _____
State of Indiana, Groom Mark A. Lindsay _____
and, Bride Lisa J. Quinn _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of Indiana.
Dated this 24th day of August, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of September, 1974.
Signed Andy Arnett, Sr. _____
Official Designation Minister _____
Signed Elmer M. Harvey _____ Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Lisa Middle J. Last Quinn
Date of Birth Month 12 Day 16 Year 1954
Place of Birth (State or foreign country) Indpls.
Residence Address 1191 Lincoln St. Apt. 3B. City Cartersburg Ind.
Maiden Name if Different Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Laboratory

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

☐ Other (Specify) # 13675

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

7. Full name of father Harold Everett Quinn
Residence of father (if deceased so state) Cartersburg Ind.
Occupation of father Self Employed Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Jean Elizabeth Cornwell
Residence of mother (if deceased so state) Cartersburg Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Indiana

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

Signed Lisa Quinn
New Address 1191 Lincoln St. Apt. 3B Dan.

Subscribed and sworn to before me this 20 day of August, 1974
Elmer M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 374
File Book #36
Date of Application August 20, 1974

MALE

Medical Examination Report Dated August 16, 1974
Name of Physician C. Claire Lane, M.D.

FEMALE

Medical Examination Report Dated August 16, 1974
Name of Physician C. Claire Lane, M.D.

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

MALE APPLICANT

Name Robert Chas. Jennings
Date of Birth February 24, 1951
Place of Birth Madisonville, Ohio
Residence Address 1807 Raible Avenue, Ind. Madison 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 Area Supervisor - Retailing

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

☒ Other (Specify) Ind. Lic. # 12-101-51-103

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

Name Age Address

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

11. Full name of father: Charles Emerson Jennings
Residence of father (if deceased so state) Newark, Ohio
Occupation of father mgr. Race of father W.
Birthplace of father (State or foreign country) Richfield, Ohio
12. Full maiden name of mother: Gertrude Bon
Residence of mother (if deceased so state) Newark, Ohio
Occupation of mother Clerk Race of mother W.
Birthplace of mother (State or foreign country) Sharon, Illinois

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

Signed Robert C. Jennings
New Address 1807 Raible Ave, Anderson, Ind.

Subscribed and sworn to before me this 20th day of Aug, 1974
Elen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Robin Lee Ward
Date of Birth June 18, 1954
Place of Birth San Francisco, California
Residence Address 136 So. Center, Plainfield, Ind. 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) # 9250

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ No ☐ Yes ☐
Of Unsound Mind? ☐ No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? ☐ No ☐ Yes ☐
- Are you afflicted with a transmissible disease? ☐ No ☐ Yes ☐
- Are you related to the groom closer than second cousin? ☐ No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? ☐ No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? ☐ No ☐ Yes ☐
- Full name of father: Robert Maynard
Residence of father (if deceased so state) same as applicant
Occupation of father Retailing Race of father W.
Birthplace of father (State or foreign country) Indianapolis, Indiana
- Full maiden name of mother: Barbara Lee Ward
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) Martinsville, Ind.

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

X Signed Robin L. Ward
New Address 1807 Raible Ave, Anderson, Ind.

Subscribed and sworn to before me this 20th day of Aug, 1974
Elen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27 day of August, 1974, authorizing the joining together as husband and wife of Robert Chas. Jennings and Robin Lee Ward.

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

I, Warren A. Robbins hereby certify that on the 31 day of August, 1974, at Plainfield, County of Hendricks, State of Indiana, Groom Robert Charles Jennings of Madison County, State of Ind., and, Bride Robin Lee Ward 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 31 day of August, 1974.

Signed Warren A. Robbins
Official Designation Christian Minister

Signed Elen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of September, 1974.

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 315
File BK #36
Date of Application Aug. 20, 1974

MALE
Medical Examination Report Dated 8-13-74
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8-13-74
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 Frank H. Parsons
Date of Birth September 14, 1926
Place of Birth (State or foreign country) Indiana
Residence Address RR #3 Box 112, Plainfield, Ind.
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Married 1974

Color or Race White ☐ Negro ☐ Other ☐ (specify) _____
Usual Occupation Plant Manager
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Registration # 32977

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

Name Age Address

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

11. Full name of father Charles Adrian Parsons
Residence of father (if deceased so state) RR #3 Plainfield, Ind.
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Hazel Francis Miller
Residence of mother (if deceased so state) RR #3 Plainfield, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indiana

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

Signed Frank H. Parsons
New Address RR #3 Box 112, Plainfield, Ind.

Subscribed and sworn to before me this 20 day of August, 1974
Clerk Glenn M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Charles J. Bair and Ofelia Macouzet

one thousand nine hundred and 74 hereby certify that on the 24 day of August, 1974, at Dansville, County of Hendricks, State of Indiana

State of Indiana, Groom Frank H. Parsons and, Bride Ofelia Macouzet of Hendricks County, State of Indiana

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

Dated this 24 day of August, 1974

Signed Charles J. Bair
Official Designation Justice of the Peace
day of August, 1974

Signed Glenn M. Harvey Clerk
HENDRICKS Circuit Court

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

FEMALE APPLICANT

Name Ofelia Macouzet
Date of Birth September 29, 1929
Place of Birth (State or foreign country) San Antonio, Texas
Residence Address 7039 San Pedro Apt. 1106, San Antonio, Texas
Maiden Name if Different Ramirez
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Bejarco 1974

Color or Race White ☐ Negro ☐ Other ☐ (specify) _____
Usual Occupation Barber

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

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Full name of father Jose C. Ramirez
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Zacatecas, Mexico
- Full maiden name of mother Ofelia Stackpole
Residence of mother (if deceased so state) Deceased
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) San Luis, Mexico

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

Signed Ofelia Macouzet
New Address RR #3 Box 112, Plainfield, Ind.

Subscribed and sworn to before me this 20 day of August, 1974
Clerk Glenn M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 376

File PK # 36

Aug 21, 1974
Date of Application

MALE

Medical Examination Report Dated 8-19-74

Name of Physician Eric D. Clark

FEMALE

Medical Examination Report Dated 8-19-74

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, representa-

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

MALE APPLICANT

Name First Stanley Middle W. Last Brown
Date of Birth Month 11 Day 26 Year 1948
Place of Birth (State or foreign country) Putnam Co. Indiana
Residence Address R.R. #1 Box 88B, Nashville Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Engineer - Student

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

☐ Other (Specify) # in Book # 17A.

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

Name Age Address

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

11. Full name of father Howard Wayne Brown
Residence of father (if deceased so state) R3, Brumfield Ind.
Occupation of father Self Race of father White
Birthplace of father (State or foreign country) Putnam Co.
12. Full maiden name of mother Mary Pauline Coleman
Residence of mother (if deceased so state) R3, Brumfield Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Putnam Co.

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

Signed Stanley Brown

New Address R#1 Box 88B Danville

Subscribed and sworn to before me this 21 day of August, 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Rhonda Middle D. Last Darnell
Date of Birth Month May Day 26 Year 1955
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address R.R. #1 Box 42, Clayton 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 Secretarial

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Bureau of Vital Statistics 5221(?)

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

7. Full name of father Arnold Eugene Darnell

Residence of father (if deceased so state) Clayton, Indiana

Occupation of father Tool & Die Maker Race of father W

Birthplace of father (State or foreign country) Illinois

8. Full maiden name of mother Helen Virginia Carter

Residence of mother (if deceased so state) Clayton, Indiana

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Illinois

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

Signed Rhonda Darnell

New Address RR1 Box 88B Danville, Ind.

Subscribed and sworn to before me this 22 day of August, 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1974, authorizing the joining together as husband and wife
of Stanley W. Brown and Rhonda Darnell
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Earl C. Davis, B.D. hereby certify that on the 31 day of August, 1974, at Stilesville Christian Church, County of Hendricks, State of Indiana, Groom Stanley Wayne Brown of Hendricks County, State of Indiana, and, Bride Rhonda Louise Darnell of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 31 day of August, 1974.

Signed Earl C. Davis, B.D.

Official Designation Pastor - Counselor

9 day of September, 1974

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 377

File Book 36

Aug. 21, 1974
Date of Application

MALE
Medical Examination Report Dated Aug. 12, 1974
Name of Physician Walter McManus, M.D.

FEMALE
Medical Examination Report Dated Aug. 12, 1974
Name of Physician Walter McManus, M.D.

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

MALE APPLICANT

Name Michael Break Beliles
Date of Birth Aug. 7, 1953
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. 2, Plainfield, Hendricks Co., Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Sales

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

☒ Other (Specify) 8316-53-3312

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

Name Age Address

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

11. Full name of father William Break Beliles
Residence of father (if deceased so state) R.R. 2, Plainfield
Occupation of father Const. Co. owner Race of father W
Birthplace of father (State or foreign country) Bowling Green, Ky.
12. Full maiden name of mother Julie A. Supanich
Residence of mother (if deceased so state) R.R. 2, Plainfield
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Michael Break Beliles
New Address R.R. 2, Plainfield

Subscribed and sworn to before me this 21 day of August, 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, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
_____, 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 21 day of August, 1974, authorizing the joining together as husband and wife

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

1, William E. Carroll, one thousand nine hundred and 74, hereby certify that on the 25 day of August

State of Indiana, Groom Michael Break Beliles at R.R. 2, Winter Road, County of Hendricks

and, Bride Cynthia Lynn Bryant of Hendricks County, State of Indiana

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

Dated this 25 day of August, 1974.

Signed William E. Carroll
Official Designation Minister

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Cynthia Lynn Bryant
Date of Birth April 4, 1953
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. 2, Plainfield, Hendricks Co., Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Sales

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

☒ Other (Specify) Div. of Public Health #3637

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Richard L. Bryant
Residence of father (if deceased so state) 3439 Sycamore Dr., Indianapolis
Occupation of father Car Salesman Race of father W
Birthplace of father (State or foreign country) Indianapolis, Ind.

8. Full maiden name of mother Wilma J. Fugate
Residence of mother (if deceased so state) 3439 Sycamore Dr.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Science Hill, Ky.

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

Signed Cynthia Lynn Bryant
New Address R.R. 2, Plainfield, Ind.

Subscribed and sworn to before me this 21 day of August, 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, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. # 318

File Book 36

Aug 21, 1974
Date of Application

MALE

Medical Examination Report Dated 8-12-74

Name of Physician Edwin J. Hendry

FEMALE

Medical Examination Report Dated Aug 9, 1974

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 Middle Last
Hollis W. Hodson
Date of Birth Month Day Year
Jan 3 1954
Place of Birth (State or foreign country)
Fairfield Ind.
Residence Address Street or R. R. City County State
1110 Newport Manor, Rhode Island
Previous 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. Navy

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

☐ Other (Specify) # 58

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

Name Age Address

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

11. Full name of father Hollis Clark Hodson
Residence of father (if deceased so state) 2130 Clinton St. Spadary
Occupation of father Chemist
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary E. Fleischer
Residence of mother (if deceased so state) Deceased
Occupation of mother
Birthplace of mother (State or foreign country) Illinois

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

Signed Hollis W. Hodson

New Address 1110 Newport Manor, Newport, R.I.

Subscribed and sworn to before me this 21 day of August, 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, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Middle Last
Lu Ann Bombei
Date of Birth Month Day Year
Dec 16 1954
Place of Birth (State or foreign country)
Putnam Co. Hospital
Residence Address Street or R. R. City County State
108 Kathy Dr. Brownsburg
Maiden Name if Different

Previous 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) # 17A Pg. 4173

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Robert Garrell Bombei
Residence of father (if deceased so state) Same
Occupation of father Twp Supervisor
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Betty Jean Clise
Residence of mother (if deceased so state) Same
Occupation of mother Maplehurst Deli
Birthplace of mother (State or foreign country) Indiana

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

Signed Lu Ann Bombei

New Address

Subscribed and sworn to before me this 21 day of August, 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, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 1974, authorizing the joining together as husband and wife
Glen M. Harvey and Lu Ann Bombei
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Rev. Donald Tyler hereby certify that on the 7th day of September, 1974, at Brownsburg, County of Hendricks, State of Indiana, Groom Hollis W. Hodson of Newport, County of Rhode Island and, Bride Lu Ann Bombei of Hendricks, County, State of Indiana, were by me united 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 September, 1974.

Signed Donald Tyler

Official Designation Baptist Minister

Signed Glen M. Harvey Clerk

Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of September, 1974.

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 379
File BK # 36
Date of Application Aug 22, 1974

MALE
Medical Examination Report Dated 8-19-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 8-19-74
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 Douglas A. Corryell
Date of Birth November 5, 1943
Place of Birth (State or foreign country) Illinois
Residence Address 1995 Crescent Franklin, Ind.
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: Johnson Co. 1974
Color or Race: White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Supervisor - Chrysler, Ind.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Sub. # 123943250

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

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Mimi D. Corryell 3 Franklin, Ind.

Douglas A. Corryell 9 1922 Prince Franklin

Michael Christian Corryell 8 Idaho

Mark Andrew Corryell 6 Idaho

(b) Are you supporting or contributing to their support? Yes ☒ No ☐

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

11. Full name of father: Elmer Werny Corryell

Residence of father (if deceased so state) deceased

Occupation of father: _____ Race of father: _____

Birthplace of father (State or foreign country) North Vernon Ind.

12. Full maiden name of mother: Edna Marie Pearson

Residence of mother (if deceased so state) 1995 Crescent Franklin Ind.

Occupation of mother: Homemaker Race of mother: White

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

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

County of: HENDRICKS

Signed: Douglas A. Corryell

New Address: 1319 Pierce Pl. Plainfield, Ind.

Subscribed and sworn to before me this 22 day of August, 1974

Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, _____ } ss: _____

County of: HENDRICKS

Signed: _____ Father

Signed: _____ Mother

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

_____, Clerk

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

in _____ Court by written order issued _____ and filed _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 26 day of August, 1974, authorizing the joining together as husband and wife

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

I, Sonny H. Hays, hereby certify that on the 1st day of September, 1974, at Plainfield, County of Hendricks, State of Indiana, Groom Douglas A. Corryell and, Bride Vickie E. Meisenheimer 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 _____

Dated this 1st day of Sept., 1974.

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

Signed: Sonny H. Hays

Official Designation: Baptist Minister

Signed: Glen M. Harney

_____, Clerk

_____, Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 380
File BK. # 36
Date of Application August 22, 1974

MALE

Medical Examination Report Dated 8-22-74
Name of Physician David M. Hadley

FEMALE

Medical Examination Report Dated 8-22-74
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 George E. Todd
Date of Birth Month 3 Day 2 Year 1954
Place of Birth (State or foreign country) Indianapolis
Residence Address Box 50, Clayton Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Baker

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

☒ Other (Specify) Rel. # 12305476

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

Name	Age	Address
Carl Thomas Todd, Jr.		deceased

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

11. Full name of father Carl Thomas Todd, Jr.
Residence of father (if deceased so state) deceased
Occupation of father _____
Race of father _____
Birthplace of father (State or foreign country) Bridgport, Ind.
12. Full maiden name of mother Sada Ruth Francis Maxwell
Residence of mother (if deceased so state) Box 50, Clayton
Occupation of mother Self-employed
Race of mother White
Birthplace of mother (State or foreign country) Illinois

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

Signed George E. Todd
New Address Box 50 Clayton Ind.

Subscribed and sworn to before me this 22 day of August, 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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Debra J. Gibson
Date of Birth Month November Day 19 Year 1956
Place of Birth (State or foreign country) Indianapolis
Residence Address RR #1 Box 33 Clayton Ind.
Maiden Name if Different _____

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

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

Usual Occupation Student

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

☒ Other (Specify) Ins. Policy # 2744197

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

7. Full name of father Harold Gene Gibson
Residence of father (if deceased so state) RR #1 Box 33 Clayton Ind.
Occupation of father Self-employed
Race of father White
Birthplace of father (State or foreign country) Westmoreland, Pa.
8. Full maiden name of mother Marion Ardelle Little
Residence of mother (if deceased so state) RR #1 Box 33 Clayton Ind.
Occupation of mother Self-employed
Race of mother White
Birthplace of mother (State or foreign country) Eminence, Ind.

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

Signed Debra J. Gibson
New Address PO Box 20 Clayton Ind.

Subscribed and sworn to before me this 22 day of August, 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, HENDRICKS } ss:
County of _____

Signed Harold Gene Gibson Father
Signed Marion A. Gibson Mother

Subscribed and sworn to before me this 22 day of August, 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 _____
of Indiana dated the 26th day of August, 1974, authorizing the joining together as husband and wife

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

I, Keith Purcell hereby certify that on the 26 day of August,
one thousand nine hundred and 74 at Bellville, County of Hendricks
State of Indiana, Groom George E. Todd of Hendricks County, State of Ind.
and, Bride Debra J. Gibson 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 _____
County.

Dated this 26 day of August, 1974. Signed Keith Purcell

Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of September, 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. 381

File B #36

August 23 1974
Date of Application

MALE
Medical Examination Report Dated August 19 1974
Name of Physician Eric S. Clark, M.D.

FEMALE
Medical Examination Report Dated August 19, 1974
Name of Physician Eric S. 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, representa-

MALE APPLICANT

Name Michael Todd Seif
Date of Birth May 16 1947
Place of Birth (State or foreign country) Cincinnati, Ohio
Residence Address 9 Woodridge #2 Plainfield, Ind. Hendricks Co.
Previous Marital Status: Never Married ☒ Number of Previous Marriages: 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Farmer - A.T.C. FAA
Date of birth verified by: Birth Cert. ☒ Judicial Decree ☐
☐ Other (Specify) City Dept of Health #64374

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

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

11. Full name of father Dale Herbert Seif
Residence of father (if deceased so state) Pkinton, Ohio
Occupation of father Farmer Race of father W.
Birthplace of father (State or foreign country) Stearns County, Ohio
12. Full maiden name of mother Patricia McNeill Patterson
Residence of mother (if deceased so state) Same as above
Occupation of mother Teacher Race of mother W.
Birthplace of mother (State or foreign country) Pkinton, Ohio

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed Michael Todd Seif
New Address 9 Woodridge #2 Plainfield, Ind.
Subscribed and sworn to before me this 23rd day of Aug, 1974
Clerk Glen M. Harvey Hendricks Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 29 day of August, 1974, authorizing the joining together as husband and wife of Michael Todd Seif and Annabelle Lee Vaughn.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Rev. Walter L. Mapson hereby certify that on the 7 day of September, 1974, at Plainfield, Hendricks County, State of Indiana, Groom Michael Todd Seif and, Bride Annabelle Lee Vaughn of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 29 day of August, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of September, 1974.
Signed Rev. Walter L. Mapson
Official Designation Minister
Signed Glen M. Harvey
Hendricks Circuit Court

FEMALE APPLICANT

Name Annabelle Lee Vaughn
Date of Birth June 12 1951
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 9 Woodridge #2 Plainfield, Ind. Hendricks Co.
Maiden Name if different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages: 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Insurance Sales - Bus Furniture Corp.
Date of birth verified by: Birth Cert. ☒ Judicial Decree ☐
☐ Other (Specify) City of Indpls #5430

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

7. Full name of father John Clarence Vaughn
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Mechanic Race of father W.
Birthplace of father (State or foreign country) Stearns County, Ohio
8. Full maiden name of mother Mary Josephine Clawson
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) Clayton, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed Annabelle Lee Vaughn
New Address 9 Woodridge #2 Plainfield, Ind.
Subscribed and sworn to before me this 23 day of Aug, 1974
Clerk Glen M. Harvey Hendricks Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 382

File B#36

August 23, 1974
Date of Application

MALE

Medical Examination Report Dated 8-20-74

Name of Physician A. N. Scudder

FEMALE

Medical Examination Report Dated 8-20-74

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, representa-

MALE APPLICANT

Name First Michael Middle A. Last Hodge
Date of Birth Month April Day 8 Year 1954
Place of Birth (State or foreign country) Franklin Johnson Indiana
Residence Address Street or R. R. 415 Enderly Brownsburg City Hendricks 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

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Johnson Co. Hospital #11671-13

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

Name	Age	Address
Harold Lee Hodge		

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

11. Full name of father: Harold Lee Hodge
Residence of father (if deceased so state): Brownsburg, Indiana
Occupation of father: Allison Race of father: W
Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Barbara Jean Trues
Residence of mother (if deceased so state): Brownsburg, Indiana
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country): Indiana

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

Signed: Michael R. Hodge

New Address: 415 Enderly Brownsburg, Indiana

Subscribed and sworn to before me this 23 day of August, 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, Hendricks } ss:

Signed: _____ Father

Signed: _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Ruth Ann Middle Comegys Last
Date of Birth Month January Day 2 Year 1958
Place of Birth (State or foreign country) Lebanon Indiana
Residence Address Street or R. R. 510 Alpha Brownsburg City Hendricks Ind. State
Maiden Name if Different

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

Usual Occupation

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

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

7. Full name of father: Robert Eugene Comegys
Residence of father (if deceased so state): Indianapolis, Indiana
Occupation of father: Control Tower Race of father: W
Birthplace of father (State or foreign country): Iowa
8. Full maiden name of mother: Marilouise Heenecke
Residence of mother (if deceased so state): 510 Alpha Brownsburg, Ind.
Occupation of mother: Supervisor Insurance Race of mother: W
Birthplace of mother (State or foreign country): Indiana

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

Signed: Ruth Ann Comegys

New Address: 415 Enderly Brownsburg, Indiana

Subscribed and sworn to before me this 23 day of August, 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 mother has custody.

State of Indiana, Hendricks } ss:

Signed: _____ Father

Signed: Marilouise Comegys Mother

Subscribed and sworn to before me this 23 day of August, 1974.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued _____ 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 28 day of August, 1974, authorizing the joining together as husband and wife

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

I, Howard Davidson, hereby certify that on the 31 day of August, 1974, at Brownsburg, Hendricks County, State of Indiana, Groom Michael R. Hodge of Hendricks County, State of Indiana, and Bride Ruth Ann Comegys of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 31 day of August, 1974.

Signed: Howard Davidson

Official Designation: Minister
3 day of September, 1974

Signed: Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of September, 1974.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 383

File BK #36

August 26 1974
Date of Application

MALE
Medical Examination Report Dated 8-24-74
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 8-23-74
Name of Physician Hunter F. Kennedy

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

MALE APPLICANT

Name Stephen A. Harlan
Date of Birth November 3 1954
Place of Birth (State or foreign country) Indiana
Residence Address 218 S. Green, Brownsburg, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation U.S. Army

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

☒ Other (Specify) Armed Forces I.D. # 310-60-484

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

Name Age Address

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

11. Full name of father: Byrl C. Harlan
Residence of father (if deceased so state) 218 S. Green, Brownsburg, Ind.
Occupation of father F. A. A. Race of father White
Birthplace of father (State or foreign country) Bowling Green, Ky.
12. Full maiden name of mother: Valores Jean Anderson
Residence of mother (if deceased so state) 218 S. Green, Brownsburg
Occupation of mother B. B. Library Race of mother White
Birthplace of mother (State or foreign country) Bowling Green, Ky.

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

Signed Stephen A. Harlan
New Address Great Lakes, Illinois

Subscribed and sworn to before me this 26 day of August, 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, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

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

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

in _____ Court by written order issued _____ and filed _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court

of Indiana dated the 30 day of August 1974, authorizing the joining together as husband and wife

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

1, V. C. Mc Cormick hereby certify that on the 30 day of August

one thousand nine hundred and 74 at Brownsburg, County of Hendricks

State of Indiana, Groom Stephen A. Harlan and, Bride Deborah D. Garrigus

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

Dated this 30 day of August, 1974

Signed V. C. Mc Cormick
Official Designation Minister

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of September, 1974

FEMALE APPLICANT

Name Deborah D. Garrigus
Date of Birth December 13 1954
Place of Birth (State or foreign country) Ind.
Residence Address 3501 Bowen Place, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Unemployed

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

☐ Other (Specify) # St. Francis Hospital

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

7. Full name of father: Clyde Robert Garrigus

Residence of father (if deceased so state) 3501 Bowen Place, Ind.

Occupation of father National Tea Co. Race of father White

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother: Wilma Haupt

Residence of mother (if deceased so state) 3501 Bowen Place, Ind.

Occupation of mother Harper J. Kinsburg Race of mother White

Birthplace of mother (State or foreign country) Germany

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

County of

Signed Deborah D. Garrigus

New Address Great Lakes, Illinois

Subscribed and sworn to before me this 26 day of August, 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, HENDRICKS } ss:

County of

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 384

File Bk #36

August 26, 1974
Date of Application

MALE

Medical Examination Report Dated 8-21-74

Name of Physician David Hadley

FEMALE

Medical Examination Report Dated 8-21-74

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, representa-

MALE APPLICANT

Name First Warren Middle Millerson Last Shrum, Jr.
Date of Birth Month March Day 11 Year 1952
Place of Birth (State or foreign country) Columbus, Indiana
Residence Address Street or R. R. 411 S. Carr 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 Safety Engineer

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Bureau of Vital Statistics 113-52-015421

☐ Other (Specify) _____

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

Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐

If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐

4. Are you afflicted with a transmissible disease? No ☒ Yes ☐

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒

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

11. Full name of father Warren M. Shrum

Residence of father (if deceased so state) 411 S. Carr, Plainfield, Ind.

Occupation of father Order Buyer Race of father W

Birthplace of father (State or foreign country) Missouri

12. Full maiden name of mother Mary Ann Robertson

Residence of mother (if deceased so state) Plainfield, Indiana

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Illinois

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

County of HENDRICKS

Signed Warren Millerson Shrum, Jr.

New Address 418 S. Vine, Plainfield, Ind.

Subscribed and sworn to before me this 26 day of August, 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, _____ } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Cynthia Lynn Middle Crowe Last Crowe
Date of Birth Month October Day 1 Year 1951
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address Street or R. R. 511 S. Carr 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 Bureau of Vital Statistics 10359

☐ Other (Specify) _____

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

Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Thomas William Crowe

Residence of father (if deceased so state) 511 S. Carr, Plainfield, Ind.

Occupation of father Machine Shop Owner Race of father W

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Donna Marlene Pearson

Residence of mother (if deceased so state) Plainfield, Indiana

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Indiana

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

County of HENDRICKS

Signed Cynthia Lynn Crowe

New Address 418 S. Vine, Plainfield, Indiana

Subscribed and sworn to before me this 26 day of August, 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, _____ } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 30th day of August, 1974, authorizing the joining together as husband and wife

Warren Millerson Shrum, Jr. and Cynthia Lynn Crowe

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

1. Rev. Dillon Laffin hereby certify that on the 31 day of August,

one thousand nine hundred and 74 at Plainfield, County of Hendricks,

State of Indiana, Groom Warren Millerson Shrum, Jr. of Hendricks County, State of Ind.

and, Bride Cynthia Lynn Crowe 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 _____

County. _____

Dated this 30 day of August, 1974.

Signed Dillon Laffin

Official Designation Minister

4 day of September, 1974

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 385
File Book 36
Aug. 26, 1974
Date of Application

MALE
Medical Examination Report Dated 8-22-74
Name of Physician Robert J. Rohm, M.D.

FEMALE
Medical Examination Report Dated 8-22-74
Name of Physician Robert J. Rohm, M.D.

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

MALE APPLICANT

Name First Lynn Middle Karl Last Finkel
Date of Birth Month Day Year 28 1946
Place of Birth (State or foreign country) Bartholomew Co. Columbus Ind.
Residence Address 4147 Golden Eagle Dr. 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 Adm. Asst. I. U. School of Medicine

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Bartholomew Co. Birth Health Cert # 523

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

Name Age Address

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

11. Full name of father: Karl Almatene Finkel
Residence of father (if deceased so state): 2404 Lafayette St
Occupation of father: Farmer Race of father: W.
Birthplace of father (State or foreign country): Columbus, Bartholomew Co. Ind.

12. Full maiden name of mother: Helen Ruth Rogers
Residence of mother (if deceased so state): 2404 Lafayette St
Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country): Columbus Bartholomew Co. Ind.

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

Signed: Lynn Karl Finkel
New Address: 4147 Golden Eagle Dr. Indianapolis

Subscribed and sworn to before me this 26 day of August, 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, HENDRICKS } ss:
County of: HENDRICKS } ss:
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day 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 _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 30th day of August, 1974, authorizing the joining together as husband and wife of _____ and _____, the following marriage certificate was filed in my office, to-wit:

I, Robert E. Harris, hereby certify that on the 1st day of September, 1974, at _____, County of _____, State of Indiana, Groom: Lynn Karl Finkel and, Bride: Jane Elise Bayendale, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of Indiana.

Dated this 30th day of August, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of Sept., 1974.

Signed: Robert E. Harris
Official Designation: Baptist Minister
Signed: Glen M. Harvey
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Jane Middle Elise Last Bayendale
Date of Birth Month Day Year 5 1950
Place of Birth (State or foreign country) Windsor, Ontario Canada
Residence Address 804 Highlander Dr. Plainfield, Hendricks Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Book store

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) U.S. Cert. of Citizenship Cert # AA-264655

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: William L. Bayendale
Residence of father (if deceased so state): 804 Highlander Dr. Plainfield
Occupation of father: Architect Race of father: W.
Birthplace of father (State or foreign country): Clinton Ind.

8. Full maiden name of mother: Glorie Maynard Lord
Residence of mother (if deceased so state): 804 Highlander Dr. Plainfield
Occupation of mother: Librarian Race of mother: W.
Birthplace of mother (State or foreign country): Windsor, Ont. Canada

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

Signed: Jane Elise Bayendale
New Address: 4147 Golden Eagle Dr. Indianapolis

Subscribed and sworn to before me this 26 day of Aug, 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, HENDRICKS } ss:
County of: HENDRICKS } ss:
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 386
File Book 36
Date of Application Aug. 26, 1974

MALE
Medical Examination Report Dated 8-12-74
Name of Physician Irving Cohen, M.D.

FEMALE
Medical Examination Report Dated Aug. 12, 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 David Wayne Sembach
Date of Birth Nov. 27, 1953
Place of Birth (State or foreign country) Camp Carson, El Paso Co., Colo.
Residence Address R. 2, Box 145, Indpls, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Military - U.S. Air Force

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

☐ Other (Specify) St. of Colo. Registrar # 2747

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

Name	Age	Address
Robert Compton Sembach	34	3959 W. 182nd, Apt 230, Torrance, Calif.
Bridley Ann Craig	30	R. 2, Box 145, Indpls, Hendricks, Ind.

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

11. Full name of father Robert Compton Sembach
Residence of father (if deceased so state) 3959 W. 182nd, Apt 230, Torrance, Calif.
Occupation of father Airline Employee Race of father W
Birthplace of father (State or foreign country) Hopkinton, Ryeley Co.

12. Full maiden name of mother Bridley Ann Craig
Residence of mother (if deceased so state) R. 2, Box 145, Indpls, Hendricks, Ind.
Occupation of mother Inventory Clerk Race of mother W
Birthplace of mother (State or foreign country) Connersville, Ind.

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

Signed David W. Sembach
New Address 1603 Black Oak Dr., Plainfield

Subscribed and sworn to before me this 30 day of August, 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, HENDRICKS ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 30 day of August, 1974, authorizing the joining together as husband and wife of David Wayne Sembach and Ann Elizabeth Hardin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren L. Robbins hereby certify that on the 7th day of September, one thousand nine hundred and 74 at Plainfield, County of Hendricks, State of Indiana, Groom David Wayne Sembach of Hendricks County, State of Indiana, and, Bride Ann Elizabeth Hardin of Hendricks County, State of Indiana, were by me united in marriage by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 7th day of September, 1974.
Signed Warren L. Robbins
Official Designation Christian Minister
Subscribed and sworn to before me this 13th day of September, 1974.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

FEMALE APPLICANT

Name Ann Elizabeth Hardin
Date of Birth Jan. 19, 1954
Place of Birth (State or foreign country) Muncie, Delaware Co., Ind.
Residence Address 1603 Black Oak Dr., Plainfield, Hendricks, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Programmer

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

☐ Other (Specify) Ind. State Bk. of Health 54-001361

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Charles D. Hardin
Residence of father (if deceased so state) 1603 Black Oak Dr.
Occupation of father Heating & Air Cond. Co. Race of father W
Birthplace of father (State or foreign country) Berwyn, Mass. Co.

8. Full maiden name of mother Mary E. Parker
Residence of mother (if deceased so state) 1603 Black Oak Dr.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Muncie, Del. Co., Ind.

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

Signed Ann C. Hardin
New Address 1603 Black Oak Dr., Plainfield

Subscribed and sworn to before me this 26 day of August, 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, HENDRICKS ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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

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

Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 387

File 38736

8-26-74

Date of Application

MALE
Medical Examination Report Dated Aug. 22, 1974
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated Aug. 22, 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 Jeffrey Wade Cooper
Date of Birth February 9, 1956
Place of Birth Oceanside, California
Residence Address 202 Coatesville, Hendricks, Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Farmer

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Oceanside Hospital, Oceanside, California

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

Name Age Address

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

11. Full name of father Charles Cooper
Residence of father (if deceased so state) Coatesville, Indiana
Occupation of father Retired Marine Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Ernestine Hampton
Residence of mother (if deceased so state) Coatesville, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Jeff Cooper
New Address 202 Coatesville, IN

Subscribed and sworn to before me this 26 day of August, 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, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

HENDRICKS County _____ Court by written order issued _____ and filed

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 30th day of August, 1974, authorizing the joining together as husband and wife

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

I, Rev. Judith H. Wray, hereby certify that on the 31 day of August

one thousand nine hundred and 74 at Coatesville, County of Hendricks,

State of Indiana, Groom Jeffrey Wade Cooper of Hendricks County, State of Ind.

and, Bride Joy Lynette King 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 _____

Dated this 31 day of August, 1974.

_____, Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1974.

Signed Rev. Judith H. Wray

Official Designation Minister

Signed Glen M. Harvey

_____, Clerk

HENDRICKS Circuit Court

FEMALE APPLICANT

Name Joy Lynette King
Date of Birth December 2, 1955
Place of Birth Dayton, Montgomery, Ohio
Residence Address 201 S. Milton Coatesville, Hendricks, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Clerk - Typist

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

☐ Other (Specify) A 27164

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Arlen King
Residence of father (if deceased so state) Coatesville, Indiana
Occupation of father Brick Mason Race of father W
Birthplace of father (State or foreign country) Wrentham, Ind.

8. Full maiden name of mother Jane Marie Campbell
Residence of mother (if deceased so state) Coatesville, Indiana
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Highland, Ohio

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

Signed Joy King
New Address 202 Coatesville, Ind.

Subscribed and sworn to before me this 26 day of August, 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, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 388

File # 36

8-26-74

Date of Application

MALE

Medical Examination Report Dated Aug. 5, 1974

Name of Physician Thomas H. Black III

FEMALE

Medical Examination Report Dated Aug. 5, 1974

Name of Physician Thomas H. Black III

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

MALE APPLICANT

Name First Steven Middle Curtis Last Godsey
Date of Birth Month August Day 25 Year 1954
Place of Birth (State or foreign country) Indianapolis Marion Indiana
Residence Address R.R. 1 Coatesville 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

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

☒ Other (Specify) Selective Service # 12 67 54 137

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

Name Age Address

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

11. Full name of father: Curtis C. Godsey
Residence of father (if deceased so state) Cloverdale, Indiana
Occupation of father Contractor Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother: Barbara Ann Webb
Residence of mother (if deceased so state) Cloverdale, Indiana
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

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

Signed Steven C. Godsey

New Address R.R. #1 Coatesville

Subscribed and sworn to before me this 26th day of August, 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, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Pamela Middle Ann Last Souker
Date of Birth Month July Day 25 Year 1955
Place of Birth (State or foreign country) Greencastle Putnam Co. Indiana
Residence Address R.R. 1 Coatesville Hendricks Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation

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

☐ Other (Specify) Health St. # 170, p. 181

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

7. Full name of father: Richard Jack Souker
Residence of father (if deceased so state) Coatesville, Indiana
Occupation of father Mail Carrier Race of father W
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother: Mildred Ann Smith
Residence of mother (if deceased so state) Greencastle, Indiana
Occupation of mother Factory Worker Race of mother W
Birthplace of mother (State or foreign country) Kentucky

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

Signed Pamela Ann Souker

New Address R.R. #1 Coatesville, Ind.

Subscribed and sworn to before me this 26th day of August, 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, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 30th day of August, 1974, authorizing the joining together as husband and wife of Steven Curtis Godsey and Pamela Ann Souker.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert W. Wallace, hereby certify that on the 30 day of August, one thousand nine hundred and 74, at Cloverdale, County of Putnam, State of Indiana, Groom Steven Curtis Godsey of Putnam County, State of Ind. and, Bride Pamela Ann Souker of Putnam 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 _____ County.
Dated this 30 day of August, 1974.

Signed Robert W. Wallace

Official Designation Justice of the Peace

3 day of September, 1974

Signed Glen M. Harvey

HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

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

HENDRICKS County

No. 389

File # 36

August 26, 1974
Date of Application

MALE
Medical Examination Report Dated August 23, 1974
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated August 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 Middle Last
Larry David Frazier
Date of Birth Month Day Year
January 25 1951
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R. R. City County State
P.O. #3 Plainfield 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 Machine Operator - Linp Belt

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

☐ Other (Specify) Frankfort, Indiana

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

Name	Age	Address

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

11. Full name of father: Porter Frazier
Residence of father (if deceased so state) Avon, Indiana
Occupation of father: Truck Driver Race of father: W
Birthplace of father (State or foreign country) Clay Co., Tennessee
12. Full maiden name of mother: Delphia Boone
Residence of mother (if deceased so state) Avon, Indiana
Occupation of mother: Factory (R.C.A.) Race of mother: W
Birthplace of mother (State or foreign country) Monroe Co., Kentucky

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

Signed Larry David Frazier

New Address 387 Morgan Coler Rd. Merrill Ind.

Subscribed and sworn to before me this 26 day of August, 1974
Shen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 3 day of September, 1974, authorizing the joining together as husband and wife

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

1, _____ hereby certify that on the 6th day of September, 1974, at Indianapolis, County of Marion, State of Indiana, Groom Larry David Frazier

and, Bride Kathy Ann Mullins of Hendricks County, State of Indiana

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

Dated this 3rd day of September, 1974.

Signed Vernon Smalling
Official Designation Minister

11 day of September, 1974

Signed Shen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 390
File Book #36
Date of Application August 27, 1974

MALE
Medical Examination Report Dated August 14, 1974
Name of Physician John F. Mac, M.D.

FEMALE
Medical Examination Report Dated August 14, 1974
Name of Physician John F. Mac, M.D.

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

MALE APPLICANT

Name Ricky Blane Darrough
Date of Birth October 30, 1953
Place of Birth (State or foreign country) Indiana
Residence Address 4525 Harmony Dr, Indpls, Ind. 46204
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Warehouse Mgr - Westinghouse

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

☐ Other (Specify) Ind St Bd of Health 13-53-091500

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

Name _____ Age _____ Address _____

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

11. Full name of father Justin Titus Darrough
Residence of father (if deceased so state) 5867 Pine St, Indpls
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Indianapolis Ind
12. Full maiden name of mother Mae Delastre Gregory
Residence of mother (if deceased so state) Same as above
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

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

County of HENDRICKS

Signed Ricky B. Darrough

New Address 4525 Harmony Dr, Indpls, Ind

Subscribed and sworn to before me this 27th day of August, 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, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

FEMALE APPLICANT

Name Paula Jean Ziebell
Date of Birth December 18, 1955
Place of Birth (State or foreign country) Chicago Heights, Illinois
Residence Address 4525 Harmony Dr, Indpls, Ind. 46204
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Unemployed

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

☐ Other (Specify) St James Hospital, Chicago 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 Richard Martin Ziebell
Residence of father (if deceased so state) Chicago Illinois
Occupation of father Engineer Race of father W
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Charlotte Jean Bellingsworth
Residence of mother (if deceased so state) 3946 Howard St, Indpls, Ind
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Harvey, Illinois

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

County of HENDRICKS

Signed Paula J. Ziebell

New Address 4525 Harmony Dr, Indpls, Ind

Subscribed and sworn to before me this 27th day of August, 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, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
in HENDRICKS County Superior Court by written order issued August 27, 1974 and filed 3-day Waiver
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 27th day of August, 1974, authorizing the joining together as husband and wife

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

1. Charles J. Bair hereby certify that on the 30 day of August,
one thousand nine hundred and 74 at Danville, County of Hendricks,
State of Indiana, Groom Ricky Blane Darrough of Hendricks County, State of Indiana,
and, Bride Paula Jean Ziebell of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 30 day of August, 1974.

Signed Charles J. Bair

Official Designation Justice of the Peace

30 day of August, 1974

Signed Glen M. Harvey

HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 391
File BK # 36
Aug. 27, 1974
Date of Application

MALE
Medical Examination Report Dated 8-27-74
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8-27-74
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 B. Last Kolodziej
Date of Birth Month 2 Day 6 Year 1951
Place of Birth (State or foreign country) West Springfield, Hampden Mass.
Residence Address 16 Elm St., Springfield, West Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1974
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Maintenance
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Sel. Serv. # 12 30 51 47

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

(a) List their full names, ages and addresses
Name Age Address
Lisa Kolodziej 4 Baber Field, 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 Casimir Kolodziej
Residence of father (if deceased so state) 16 Elm St., West Ind.
Occupation of father Truck driver Race of father White
Birthplace of father (State or foreign country) Chicopee Falls, Mass.
12. Full maiden name of mother Norma May Brown
Residence of mother (if deceased so state) 16 Elm St., West Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Springfield, Mass.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Steven Kolodziej
New Address 5903 Fieldcrest

Subscribed and sworn to before me this 27 day of August, 1974
Elen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 31 day of August, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Keith Russell and Darla J. Forshee

one thousand nine hundred and 74 hereby certify that on the 31 day of August

State of Indiana, Groom Steven B. Kolodziej at Belleville, County of HENDRICKS

and, Bride Darla J. Forshee of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana

Dated this 31 day of August, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1974.

Signed Keith Russell
Official Designation Justice of the Peace
4 day of September, 1974

Signed Elen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Darla Middle Forshee Last
Date of Birth Month 4 Day 25 Year 1956
Place of Birth (State or foreign country) Marion Ind.
Residence Address 1245 Baber, Ben Davis, Marion Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Homemaker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 4640

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Gerald Eugene Forshee

Residence of father (if deceased so state) Unknown

Occupation of father Unknown Race of father

Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Melba Elayne Riggs

Residence of mother (if deceased so state) 816 Kindly Indpls.

Occupation of mother Homemaker Race of mother White

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Darla Forshee
New Address 5903 Fieldcrest

Subscribed and sworn to before me this 27 day of August, 1974

Elen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 392

File #36

Aug. 27, 1974
Date of Application

MALE

Medical Examination Report Dated Aug. 20, 1974

Name of Physician Nelson D. Gaddy

FEMALE

Medical Examination Report Dated Aug. 20, 1974

Name of Physician Nelson D. Gaddy

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First William Middle Ray Last Carter
Date of Birth Month Sept. Day 25 Year 56
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. Marion Co. Indiana
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 Plumber helper

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 11238

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☐ No ☐
- Are you likely to so continue? Yes ☐ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father William E. Carter
Residence of father (if deceased so state) R. 2 Indianapolis, Ind.
Occupation of father Plumber Race of father It
Birthplace of father (State or foreign country) Bowling Green, Kentucky
12. Full maiden name of mother Skilma Marie Martin
Residence of mother (if deceased so state) Indianapolis, Indiana
Occupation of mother Machine Operator Race of mother It
Birthplace of mother (State or foreign country)

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed William E. Carter
New Address R. 2 Box 407 Indianapolis

Subscribed and sworn to before me this 27 day of August, 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, } ss:
County of HENDRICKS

Signed William E. Carter Father
Signed Skilma M. Carter Mother

Subscribed and sworn to before me this 27 day of August, 1974.
Glen M. Harvey Clerk

FEMALE APPLICANT

Name First Linda Middle Taylor Last
Date of Birth Month October Day 1 Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. Indianapolis Marion Co. Indiana
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 Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Book # 11 P 87

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

7. Full name of father Edsworth Joseph Taylor
Residence of father (if deceased so state) New Orleans
Occupation of father retired military Race of father It
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Phyllis Jean Sprinkle
Residence of mother (if deceased so state) Indianapolis, Indiana
Occupation of mother self-employed Race of mother It
Birthplace of mother (State or foreign country)

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Linda G. Taylor

New Address R. 2 Box 407 Indianapolis

Subscribed and sworn to before me this 27 day of August, 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.

Legal Guardian

State of Indiana, } ss:
County of HENDRICKS

Signed Phyllis J. Tallman Father

Signed Edsworth J. Taylor Mother

Subscribed and sworn to before me this 27 day of August, 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

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 31 day of August, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, William Ray Carter and Linda G. Taylor

I, Saul W. Pagsdale hereby certify that on the 31st day of August, 1974, at
one thousand nine hundred and 74, County of Hendricks, State of Indiana, Groom William Ray Carter of Hendricks County, State of Indiana,
and, Bride Linda G. Taylor of Marion County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County.

Dated this 31 day of August, 1974.
Signed Saul W. Pagsdale
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 5 day of Sept., 1974.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 393
File BK # 36
Date of Application August 28, 1974

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

MALE
Medical Examination Report Dated 8-24-74
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 8-24-74
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, represents, tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name David Mark Thomas
Date of Birth Month 8 Day 11 Year 1954
Place of Birth (State or foreign country) Indiana
Residence Address 3390 Raceway Rd. Indianapolis, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Labour (construction)
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Cert. # 113-54-232801

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

11. Full name of father Mark E. Thomas
Residence of father (if deceased so state) RR #2 Box 76D, B'burg Ind.
Occupation of father Engineer Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Martha C. Faust
Residence of mother (if deceased so state) RR #2 Box 76D, B'burg Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed David Thomas
New Address 3390 Raceway Rd. Indpls.
Subscribed and sworn to before me this 28 day of August, 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, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Pattisue Ann Bemis
Date of Birth Month 1 Day 1953
Place of Birth (State or foreign country) Indiana
Residence Address 275 Magnolia Pkwy. Indianapolis, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Clk typist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Cert. # 3

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Paul R. Bemis
Residence of father (if deceased so state) 275 Magnolia Pkwy. Ind.
Occupation of father Truck Driver Race of father White
Birthplace of father (State or foreign country) Union City Ind.
8. Full maiden name of mother Dorothy M. Hall
Residence of mother (if deceased so state) 275 Magnolia Pkwy.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Bloomington, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Pattisue Ann Bemis
New Address 3390 Raceway Rd. Indpls #15
Subscribed and sworn to before me this 28 day of August, 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, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ in _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 3rd day of Sept., 1974.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, David Roberts, hereby certify that on the 14th day of Sept., 1974, at Indianapolis, County of Marion, State of Indiana, Groom David Mark Thomas and, Bride Pattisue Ann Bemis of HENDRICKS County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of Indiana.
Dated this 14th day of Sept., 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of Sept., 1974.
Signed David Roberts Official Designation Christian Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 394

File Bk 36

HENDRICKS County

Aug. 28, 1974
Date of Application

MALE

Medical Examination Report Dated August 23, 1974

Name of Physician Eric D. Clark

FEMALE

Medical Examination Report Dated August 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 Robert Middle Dale Last Hohgrefe
Date of Birth Month Nov. Day 24 Year 1941
Place of Birth (State or foreign country) Chester
Residence Address Street or R. R. welge City Randolph Co. County Illinois State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Truck Driver

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Selective Service 11-185-41-212

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Scott Hohgrefe 12 Steelville, Illinois
Stephen Hohgrefe 10 Steelville, Ill.
Shannon Hohgrefe 7 Steelville, Ill.

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Hugo P. Hohgrefe
Residence of father (if deceased so state) Bremen, Illinois
Occupation of father retired Race of father Jr.
Birthplace of father (State or foreign country) Chester, Illinois
12. Full maiden name of mother Margaret M. Zimmer
Residence of mother (if deceased so state) Bremen, Ill.
Occupation of mother retired Race of mother Jr.
Birthplace of mother (State or foreign country)

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Eric D. Clark

New Address Welge Ill.

Subscribed and sworn to before me this 28 day of August, 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, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Judy Middle Ann Last Ford
Date of Birth Month May Day 5 Year 1945
Place of Birth (State or foreign country) Lebanon
Residence Address Street or R. R. Boone Co. City Clayton County Hendricks State Indiana
Maiden Name if Different Clayton
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 Boone Co. Dept.

☐ Other (Specify) H. Health 163-Bk. 11-p. 19

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Lester Martin
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father Jr.
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Marguerite Snow McKinsey
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother Jr.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Judy Ann Ford

New Address Welge Illinois

Subscribed and sworn to before me this 28 day of August, 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, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued three day waiver and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. Aug. 28, 1974

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 28 day of August, 1974, authorizing the joining together as husband and wife
of Robert Dale Hohgrefe and Judy Ann Ford
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Charles J. Bair, hereby certify that on the 28 day of August
one thousand nine hundred and 74 at Danville, County of Hendricks
State of Indiana, Groom Robert Dale Hohgrefe of Randolph County, State of Illinois
and, Bride Judy Ann Ford of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County.

Dated this 28 day of August, 1974.

Signed Charles J. Bair
Official Designation Justice of the Peace

28 day of August, 1974.

Signed Glen M. Harvey Clerk

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 395

File BK. # 36

August 28, 1974
Date of Application

MALE
Medical Examination Report Dated 8-12-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 8-12-74
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 Michael E. Hall
Date of Birth Dec. 6, 1953
Place of Birth (State or foreign country) Methodist Hospital Marion Co.
Residence Address R.R. # 8 Box 271 Indianapolis Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Electrician

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Adm. - Ill. Serv. # 12-3053-474

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Ernie I. Hall

Residence of father (if deceased so state) RR#8 Box 271, Indpls.

Occupation of father Lilly Indpls. Deputy Sheriff Race of father White

Birthplace of father (State or foreign country) Kentucky

12. Full maiden name of mother Valerie Harp

Residence of mother (if deceased so state) RR#8 Box 271, Indpls.

Occupation of mother Elc Lilly Race of mother White

Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Michael E. Hall

New Address 5705 Port-au-Prince Apt. B

Subscribed and sworn to before me this 28 day of August, 1974

Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

of Indiana dated the 14 day of Sept, 1974, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court

Be it further remembered, the following marriage certificate was filed in my office, to wit: Joyce E. Searcy, authorizing the joining together as husband and wife

I, Leah O. Younce, hereby certify that on the 14 day of September, 1974

one thousand nine hundred and 74 at Indianapolis, County of Marion

State of Indiana, Groom Michael E. Hall of Hendricks County, State of Indiana

and, Bride Joyce E. Searcy of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana

Dated this 14 day of September, 19____

Signed Leah O. Younce Official Designation Minister

23 day of September, 1974

Signed Glen M. Harney Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 396
File BK 36
August 29, 1974
Date of Application

MALE
Medical Examination Report Dated 8-24-74
Name of Physician Thomas Walker, M.D.

FEMALE
Medical Examination Report Dated 8-24-74
Name of Physician Thomas Walker, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Mike Duane Baldwin
Date of Birth 3 10 1952
Place of Birth (State or foreign country) Lafayette, Ind.
Residence Address R.R. #4 Delphi, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation N.A.P.A. Auto Parts

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Cert. # 472 BK CH-18 pg. 38

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Clifford D. Baldwin

Residence of father (if deceased so state) R.R. #4 Delphi, Ind.

Occupation of father N.A.P.A. Store Mgr. Race of father White

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Marylin J. Shaffer

Residence of mother (if deceased so state) R.R. #4 Delphi, Ind.

Occupation of mother Housewife Race of mother White

Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

County of Signed Mike Duane Baldwin

New Address Apt 2 Cottage St Delphi, Ind.

Subscribed and sworn to before me this 29 day of August, 1974

Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

County of Signed

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name Cheryl Ann Martoth
Date of Birth 9 13 1954
Place of Birth (State or foreign country) Brownsburg, Ind.
Residence Address R.R. #1 Box 880 Brownsburg, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Mayflower Transit - Indpls.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) BK # CH 21 Page No. 7

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Aaron Dwight Martoth

Residence of father (if deceased so state) R.R. #1 Box 880 B'burg

Occupation of father Saw Chemical Race of father White

Birthplace of father (State or foreign country) Martonville, Ind.

8. Full maiden name of mother Mary Louise Gibson

Residence of mother (if deceased so state) R.R. #1 Box 880 B'burg

Occupation of mother Park Plaza Sec. Race of mother White

Birthplace of mother (State or foreign country) Ladoga, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

County of Signed Cheryl Ann Martoth

New Address Apt 2 Cottage St Delphi, Ind.

Subscribed and sworn to before me this 29 day of August, 1974

Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

County of Signed

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued 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 3rd day of September, 1974, authorizing the joining together as husband and wife Mike Duane Baldwin and Cheryl Ann Martoth

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Rev. Donald Tyler hereby certify that on the 14 day of Sept.

one thousand nine hundred and 74 at Brownsburg, County of Hendricks

State of Indiana, Groom Mike Duane Baldwin of Carroll County, State of Indiana

and, Bride Cheryl Ann Martoth of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County.

Dated this 14 day of Sept., 1974.

Signed Rev. Donald Tyler
Official Designation Baptist Minister
17 day of Sept., 1974.
Signed Allen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of Sept., 1974.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 397

File Ak 36

August 29, 1974
Date of Application

MALE
Medical Examination Report Dated August 28, 1974
Name of Physician Elmer L. Koch

FEMALE
Medical Examination Report Dated Aug. 23, 1974
Name of Physician Elmer L. Koch

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First William Middle Ray Last De Borde
Date of Birth Month November Day 15 Year 1908
Place of Birth (State or foreign country) Tipton Co., Tennessee
Residence Address Street or R. R. 4th Danville City Hendricks Co. 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 Retired

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Voter Registration 29630

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Joseph Adams De Borde
Residence of father (if deceased so state) deceased
Occupation of father..... Race of father 3K
Birthplace of father (State or foreign country) Tennessee

12. Full maiden name of mother Minnie Lee Livingston
Residence of mother (if deceased so state) deceased
Occupation of mother..... Race of mother 3K
Birthplace of mother (State or foreign country) Tennessee

State of Indiana, Hendricks } ss: I depose and state the information given
County of in this application is true and correct.
Signed William B. De Borde
New Address Danville, Indiana

Subscribed and sworn to before me this 29 day of Aug., 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, Hendricks } ss:
County of Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

FEMALE APPLICANT

Name First Mary Middle Church Last
Date of Birth Month March Day 24 Year 1919
Place of Birth (State or foreign country) Loranger, Louisiana
Residence Address Street or R. R. 145 S. Indiana Danville City 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 Retired

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Voter Registration 19445

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Robert S. Church
Residence of father (if deceased so state) deceased
Occupation of father..... Race of father 3K
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Clarence Mount
Residence of mother (if deceased so state) New Winchester, Indiana
Occupation of mother retired Race of mother 3K
Birthplace of mother (State or foreign country).....

State of Indiana, Hendricks } ss: I depose and state the information given
County of in this application is true and correct.

Signed Mary J. Church

New Address Danville, Indiana

Subscribed and sworn to before me this 29 day of August, 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, Hendricks } ss:
County of Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County..... Court by written order issued..... and filed
in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court
of Indiana dated the 4th day of September, 1974, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Vincian Helton and Mary J. Church
one thousand nine hundred and 74 hereby certify that on the 4th day of September
State of Indiana, Groom William Ray De Borde at Danville, County of Hendricks,
and, Bride Mary J. Church of Hendricks County, State of Indiana
were by me united 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 September, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of September, 1974.

Signed Vincian Helton
Official Designation Judge, Hendricks Superior Court
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 398
File BK 36
August 29 1974
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 8-23-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 8-23-74
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 Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #163

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father: Homer William Brown
Residence of father (if deceased so state): RR #2 Indpls. Ind.
Occupation of father: Rock Worker Race of father: White
Birthplace of father (State or foreign country): Pennsylvania
12. Full maiden name of mother: Paula Gene Chley
Residence of mother (if deceased so state): RR #2, Indpls. Ind.
Occupation of mother: Homemaker Race of mother: White
Birthplace of mother (State or foreign country): Pennsylvania

State of Indiana, } ss: I depose and state the information given
County of: HENDRICKS in this application is true and correct.

Signed: Gary L. Brown
New Address: RR #2 Box 145 Indianapolis 46231

Subscribed and sworn to before me this 29 day of August, 1974
Shen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of: HENDRICKS

Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #2467

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: James Elbert Ogden Jr.
Residence of father (if deceased so state): RR #1 Box 91-100 Hamlet
Occupation of father: Contractor Race of father: White Ind.
Birthplace of father (State or foreign country): Indpls. Ind.

8. Full maiden name of mother: Gloria Mae Ann Young
Residence of mother (if deceased so state): RR #1 Box 91-100 Hamlet
Occupation of mother: Golden Rule Nursing Race of mother: White
Birthplace of mother (State or foreign country): Green Castle, Ind.

State of Indiana, } ss: I depose and state the information given
County of: HENDRICKS in this application is true and correct.

Signed: Gale Ann Willoughby
New Address: RR 1 Box 91-100

Subscribed and sworn to before me this 29 day of August, 1974
Shen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of: HENDRICKS

Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 3 day of Sept., 1974, authorizing the joining together as husband and wife
of Gary L. Brown and Gale Ann Willoughby

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, M. L. Crawley hereby certify that on the 7th day of August, 1974

one thousand nine hundred and 74 at Plainfield, County of Hendricks

State of Indiana, Groom: Gary L. Brown of Hendricks County, State of Indiana,
and, Bride: Gale Ann Willoughby of Hendricks County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.

Dated this 7th day of September, 1974.

Signed: M. L. Crawley
Official Designation: Justice of the Peace
10 day of September, 1974
Signed: Shen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 399

File Aug 30 1974

Aug. 30, 1974
Date of Application

MALE
Medical Examination Report Dated Aug. 16, 1974
Name of Physician M. O. Seamahorn

FEMALE
Medical Examination Report Dated Aug. 30, 1974
Name of Physician M. O. Seamahorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
William Edward McPeck II
Date of Birth Month Day Year
August 29 1948
Place of Birth (State or foreign country)
Lafayette, Indiana
Residence Address Street or R. R. City County State
P.O. Box 127 Danville - Hendricks - Ind.
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Parts Sales - Aircraft
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 18-05-8449

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

11. Full name of father William Thomas McPeck
Residence of father (if deceased so state) P.O. Box 127 Danville, Ind.
Occupation of father Engineer Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Wilma Page
Residence of mother (if deceased so state) P.O. Box 127 Danville, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed William E. McPeck II
New Address 408 S Cross Danville
Subscribed and sworn to before me this 30 day of August, 1974
Elen M. Harvey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, Hendricks } ss:
County of Hendricks
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
in _____ Court by written order issued _____ and filed _____
authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 11 day of September, 1974, authorizing the joining together as husband and wife of William Edward McPeck II and Catherine Irene Vandergriff.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, E. Vaughn Couell, hereby certify that on the 14 day of Sept., 1974, at West Lafayette, County of Tippecanoe, State of Indiana, Groom William Edward McPeck II and Bride Catherine Irene Vandergriff of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 14 day of Sept., 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of Sept., 1974.
Signed E. Vaughn Couell
Official Designation Minister
Signed Elen M. Harvey
Hendricks Circuit Court

FEMALE APPLICANT

Name First Middle Last
Catherine Irene Vandergriff
Date of Birth Month Day Year
July 5 1948
Place of Birth (State or foreign country)
Indianapolis, Indiana
Residence Address Street or R. R. City County State
9886 W. 10th Indianapolis - Marion - Indiana
Maiden Name if Different Catherine Irene Myers
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Cost Accounting
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 5931

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father William Mur Myers
Residence of father (if deceased so state) P.O. Box 1 Danville, Indiana
Occupation of father Security Race of father W
Birthplace of father (State or foreign country) Clinton, Indiana
8. Full maiden name of mother Ellen Virginia Collyer
Residence of mother (if deceased so state) P.O. Box 1, Danville, Ind.
Occupation of mother Homemaker Race of mother W
Birthplace of mother (State or foreign country) Terre Haute, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed Catherine I. Vandergriff
New Address 408 S Cross Danville
Subscribed and sworn to before me this 30 day of August, 1974
Elen M. Harvey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, Hendricks } ss:
County of Hendricks
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 400

File Bk. 36

HENDRICKS County

August 30, 1974
Date of Application

MALE
Medical Examination Report Dated August 27, 1974
Name of Physician Paul S. Lewis

FEMALE
Medical Examination Report Dated August 27, 1974
Name of Physician Paul S. Lewis

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Student & United Parcel

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Div. License Registration 12-83-47-199

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Kimberly Presnell 4 922 Indianapolis, Ind.

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Thomas Herbert Presnell
Residence of father (if deceased so state) Terre Haute, Ind.
Occupation of father retired Race of father W
Birthplace of father (State or foreign country) Terre Haute, Ind.
12. Full maiden name of mother Mary Louise Long
Residence of mother (if deceased so state) Terre Haute, Ind.
Occupation of mother Cashier Race of mother W
Birthplace of mother (State or foreign country) Terre Haute, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed John C. Presnell

New Address 9619 Melody Lane Indpls

Subscribed and sworn to before me this 30 day of August, 1974

Glen M. Harway Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, Hendricks } ss:

County of Hendricks

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
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 Bureau of Vital Statistics 8497

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Charles Okley Riddle
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Allison Race of father W
Birthplace of father (State or foreign country) Iowa

8. Full maiden name of mother Martha Jean Bly
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country)

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

County of Hendricks

Signed Rebecca A. Riddle

New Address 9619 Melody Lane, Indpls

Subscribed and sworn to before me this 30 day of August, 1974

Glen M. Harway Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, Hendricks } ss:

County of Hendricks

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 5 day of Sept., 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, M. L. Crawley, hereby certify that on the 7th day of September, 1974, at _____, County of Hendricks, State of Indiana, Groom John C. Presnell of Hendricks County, State of Indiana, and, Bride Rebecca A. Riddle of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 7th day of September, 1974.

Signed M. L. Crawley

Official Designation Justice of the Peace

Signed Glen M. Harway

Subscribed and sworn to before me this 10 day of September, 1974

Glen M. Harway Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of September, 1974

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 401

File Bk 36

Sept. 3, 1974
Date of Application

MALE
Medical Examination Report Dated Aug. 30, 1974
Name of Physician Donald D. Cheesman

FEMALE
Medical Examination Report Dated Aug. 30, 1974
Name of Physician Donald D. Cheesman

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Daniel Allen Russell
Date of Birth December 24, 1955
Place of Birth (State or foreign country) Indianapolis - Marion - Ind.
Residence Address 3027 Jefferson Danville - Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Truck driver

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 14450

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their 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 Donald Russell
Residence of father (if deceased so state) Danville, Indiana
Occupation of father Manager Gas Station Race of father W
Birthplace of father (State or foreign country) Indianapolis, Indiana
12. Full maiden name of mother Sharon Delores Swain
Residence of mother (if deceased so state) Florida
Occupation of mother Clerk Race of mother W
Birthplace of mother (State or foreign country) Danville, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Daniel Allen Russell

New Address 741 Mackey Rd. Danville, Ind.

Subscribed and sworn to before me this 3 day of Sept., 1974
I Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County _____ Court _____ of Indiana dated the 7 day of August, 1974, authorizing the joining together as husband and wife of Daniel Allen Russell and Jami Jo Sentry.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John P. Roof, _____ hereby certify that on the 7 day of September, 1974, at Danville, _____ County, State of Indiana, one thousand nine hundred and 74 _____ County, State of Indiana, Groom Daniel Allen Russell and, Bride Jami Jo Sentry were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.

Dated this 7 day of September, 1974.
Signed John P. Roof
Official Designation Episcopal Priest
Day of September, 1974.
Signed Allen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

FEMALE APPLICANT

Name Jami Jo Sentry
Date of Birth December 20, 1957
Place of Birth (State or foreign country) Indianapolis - Marion - Indiana
Residence Address 1902 High St. Danville - Hendricks - Ind.
Maiden Name if different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 16013

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Buren Ellis Sentry
Residence of father (if deceased so state) Danville, Indiana
Occupation of father Link Belt Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Wanema Maxine Wallace
Residence of mother (if deceased so state) Danville, Indiana
Occupation of mother Bank Teller Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jami Jo Sentry

New Address 741 Mackey Road Danville, Ind.

Subscribed and sworn to before me this 3 day of Sept., 1974
I Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed Buren E. Sentry Father

Signed Maxine Sentry Mother

Subscribed and sworn to before me this 3 day of Sept., 1974
I Allen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 402

File Bk. # 36

Sept. 3, 1974
Date of Application

HENDRICKS County

MALE

Medical Examination Report Dated Aug 26, 1974
Name of Physician Eric D. Clark

FEMALE

Medical Examination Report Dated Aug. 26, 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, representa-

MALE APPLICANT

Name First Roger Middle Last Phillips
Date of Birth Month February Day 1 Year 1954
Place of Birth (State or foreign country) Kentucky
Residence Address McCreary Co., Kentucky
R.R. 8, Box 298 Indianapolis - Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Bridgeport Brass

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Commonwealth

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Obie Phillips
Residence of father (if deceased so state): Welltop, Kentucky
Occupation of father: Farmer Race of father: W
Birthplace of father (State or foreign country): McCreary Co. Ky.
12. Full maiden name of mother: Gladys Tucker
Residence of mother (if deceased so state): Welltop, Kentucky
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country):

State of Indiana, } ss: I depose and state the information given
County of: HENDRICKS in this application is true and correct.

Signed Roger Phillips

New Address: R.R. 8 Box 298 Indpls Ind.

Subscribed and sworn to before me this 3 day of Sept., 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, } ss:
County of: HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Janice Middle Elaine Last McCommon
Date of Birth Month February Day 10 Year 1955
Place of Birth (State or foreign country) Indiana
Residence Address Indianapolis Marion Indiana
R.R. 8 Indianapolis 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 Typ - Way

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Indiana State

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: Lawson McCommon
Residence of father (if deceased so state): Indianapolis, Ind.
Occupation of father: Diamond Chain Race of father: W
Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Betty Jo Price
Residence of mother (if deceased so state): Indianapolis, Ind.
Occupation of mother: Eli Lilly's Race of mother: W
Birthplace of mother (State or foreign country): Indiana

State of Indiana, } ss: I depose and state the information given
County of: HENDRICKS in this application is true and correct.

Signed Janice Elaine McCommon

New Address: R.R. 8 Box 298 Indianapolis

Subscribed and sworn to before me this 3 day of Sept., 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, } ss:
County of: HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued 3 day waiver and filed
in Clerks authorizes and directs the issuance of a marriage license to the above named parties. Sept 3, 1974

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 3 day of September, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to wit:

I, Daniel W. Hayden hereby certify that on the 6th day of September, 1974, at Indianapolis, County of Marion, State of Indiana, Groom Roger Phillips of Hendricks County, State of Indiana, and, Bride Janice Elaine McCommon of Hendricks County, State of Indiana, were by me united 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 September, 1974.

Signed Daniel W. Hayden

Official Designation Elder, Church of the Nazarenes

11 day of September, 1974

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of September, 1974

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 403

File Book 36

Sept. 3, 1974
Date of Application

MALE
Medical Examination Report Dated 8-28-74
Name of Physician David M. Hadley, M.D.

FEMALE
Medical Examination Report Dated 8-27-74
Name of Physician David M. Hadley, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Paul Middle Edward Last Day
Date of Birth Month 12 Year 1944
Place of Birth (State or foreign country) Morgan Co. Tenn.
Residence Address Rt. 1, Box 697, Plainfield, Hendricks Co., Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ (Circuit Court) 1974

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Landscaping
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Service Record 685-41-64
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Media Lynn Day 5 yr. 325 Reberta Dr.
Indianapolis, Ind.

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Alva Burl Day
Residence of father (if deceased so state) Rt. 2, Martinsville, Ind.
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Nashville, Brown Co.
12. Full maiden name of mother Emma Marie Day
Residence of mother (if deceased so state) deceased
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Vincennes, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed David Edward Day
New Address 4569 Pine Hollow Dr.
Rt. 1603
Subscribed and sworn to before me this 3 day of Sept, 1974.
Klen M. Harvey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of Hendricks
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County, Superior Court by written order issued 3 day Warren and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court
of Indiana dated the 6th day of Sept. 1974, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to wit:
I, Warren A. Robbins, hereby certify that on the 7th day of September
one thousand nine hundred and 74, at Plainfield, County of Hendricks,
State of Indiana, Groom Paul Edward Day and, Bride Lynn Earlene Goen
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 7th day of September, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of September, 1974.
Signed Warren A. Robbins
Official Designation Christian Minister
Signed Klen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Lynn Middle Earlene Last Goen
Date of Birth Month 17 Year 1955
Place of Birth (State or foreign country) St. Anthony, Ind.
Residence Address Rt. 1, Box 697, Plainfield, Hendricks Co., Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Landscaping

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Dept. of Health
☐ Other (Specify) Terre Haute #CH-44

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father William Wayne Goen

Residence of father (if deceased so state) Rt. 1, Box 697, Plainfield
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Belfore, Ind.

8. Full maiden name of mother Rebecca Jean Davis
Residence of mother (if deceased so state) Rt. 2, Box 697, Plfld.
Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Terre Haute Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed Lynn Earlene Goen
New Address 4569 Pine Hollow Dr.
Rt. 1603

Subscribed and sworn to before me this 3 day of Sept, 1974.
Klen M. Harvey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of Hendricks
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 404

File Book 36

Sept 3, 1974
Date of Application

MALE
Medical Examination Report Dated Aug 29, 1974

Name of Physician Irving Cohen

FEMALE

Medical Examination Report Dated Aug 29, 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, representa-

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐ 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) # C 327

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐

4. Are you afflicted with a transmissible disease? No ☒ Yes ☐

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Lowell Conrad Jones

Residence of father (if deceased so state) Same

Occupation of father Steel Binder Race of father

Birthplace of father (State or foreign country) Indianapolis

12. Full maiden name of mother Vera Mae Albertson

Residence of mother (if deceased so state) Same

Occupation of mother Housewife Race of mother

Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, Hendricks ss: I depose and state the information given in this application is true and correct.

County of Signed Lowell Conrad Jones II

New Address 2947 South S. V. Bluffs Road

Subscribed and sworn to before me this 3 day of September, 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, Hendricks ss: I depose and state the information given in this application is true and correct.

County of Signed

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1974

Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Typist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # C 686

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the 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 Herbert Kinnett

Residence of father (if deceased so state) Same

Occupation of father Carpenter Race of father

Birthplace of father (State or foreign country) Indianapolis

8. Full maiden name of mother Janice Ann Strawder

Residence of mother (if deceased so state) Same

Occupation of mother Housewife Race of mother

Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, Hendricks ss: I depose and state the information given in this application is true and correct.

County of Signed Carol Ann Kinnett

New Address 2947 S. V. Bluffs Road

Subscribed and sworn to before me this 3 day of September, 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, Hendricks ss: I depose and state the information given in this application is true and correct.

County of Signed

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1974

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County Court by written order issued 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 9th day of September, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. I, Rev. Ralph P. Wade, hereby certify that on the 14 day of Sept.

one thousand nine hundred and 74 at Friendswood, County of Marion,

State of Indiana, Groom Lowell Conrad Jones II of Hendricks County, State of Indiana,

and, Bride Carol Ann Kinnett 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

County. HENDRICKS

Dated this 14 day of Sept., 1974.

Signed Rev. Ralph P. Wade

Official Designation Pastor, Baptist Church

17 day of Sept., 1974

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 405
File Sept. 3, 1974
Book # 36
Date of Application

MALE
Medical Examination Report Dated Aug. 22, 1974
Name of Physician R. N. Scudder

FEMALE
Medical Examination Report Dated Aug. 22, 1974
Name of Physician R. 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 Robert Middle Martin Last
Date of Birth Month June Day 26 Year 1936
Place of Birth (State or foreign country) Wayne Michigan
Residence Address Street or R. R. City County State
921 East St. Indianapolis Hendricks Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Self Employed

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Voter Registration # 121376

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☒

(a) List their full names, ages and addresses
Name Age Address
Theresa L. Martin 15 Dayton, Ohio
Jeffrey L. Martin 13 Dayton, Ohio
Brenda L. Martin 8 Dayton, Ohio

(b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father: Clair Lewis Martin
Residence of father (if deceased so state) 36 W. 49th, Indpls, Ind.
Occupation of father: Self-Employed Race of father: It
Birthplace of father (State or foreign country) Missouri
12. Full maiden name of mother: Doris M. Martin
Residence of mother (if deceased so state) 36 W. 49th, Indpls, Ind.
Occupation of mother: Research Race of mother: It
Birthplace of mother (State or foreign country) New York

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Robert D. Martin
New Address: RR 18 Box 3618 Indpls, Ind.

Subscribed and sworn to before me this 3rd day of Sept., 1974
Helen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
in _____ Court by written order issued _____ and filed _____
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 7th day of September, 1974, authorizing the joining together as husband and wife
of Robert D. Martin and Deanna Kay Lawrence
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, V. Kincaid Smith, hereby certify that on the 7th day of September, 1974, at Brownsburg, County of Hendricks, State of Indiana, Groom Robert Dean Martin and, Bride Deanna Kay Lawrence, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
Dated this 7th day of September, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of September, 1974.
Signed: V. Kincaid Smith
Official Designation: Pastor
Signed: Helen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Deanna Middle Kay Last Lawrence
Date of Birth Month January Day 12 Year 1942
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address Street or R. R. City County State
921 East St. Westfield Hamilton Ind.
Maiden Name if Different Deanna Kay Dickard
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Secretary

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) St. Francis Hosp.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: Ralph E. Dickard
Residence of father (if deceased so state) R#2, Westfield, Ind.
Occupation of father: Self-Employed Race of father: It
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother: Delores J. Cain
Residence of mother (if deceased so state) R#2 Westfield, Ind.
Occupation of mother: Self-Employed Race of mother: It
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Deanna K. Lawrence

New Address: RR 18 Box 3618 Indpls, Ind.

Subscribed and sworn to before me this 3 day of Sept., 1974

Helen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 406
File Sept 3, 1974
Book 36 A
Date of Application

MALE
Medical Examination Report Dated Aug 28, 1974
Name of Physician Donald Cheesman M.D.

FEMALE
Medical Examination Report Dated 8-28-74
Name of Physician Donald Cheesman

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Jackson Middle Last Collins
Date of Birth Month 8 Day 17 Year 1931
Place of Birth (State or foreign country) Corbin Kentucky
Residence Address 225 South Kentucky Street or R. R. City County State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1965 Kentucky
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation State Highway
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 81198

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Rance	17	Kokomo, Ind.
Elisa	14	Kokomo, 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 Collins
Residence of father (if deceased so state) 225 S Kentucky Danville
Occupation of father Retired Race of father
Birthplace of father (State or foreign country) Corbin Kentucky
12. Full maiden name of mother Mary Day
Residence of mother (if deceased so state) Same
Occupation of mother Retired Race of mother
Birthplace of mother (State or foreign country) Corbin Kentucky

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Jackson Collins
New Address Linton, RT. Box 50
Subscribed and sworn to before me this 3 day of Sept, 1974
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Barbara Middle Last Gilman
Date of Birth Month Sept Day 17 Year 1935
Place of Birth (State or foreign country) Wernsberg, Germany
Residence Address R#1 Box 50, Linton, Ind.
Maiden Name if Different Barbara A. Fuchs
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 Nurse
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Artificial Translation # 75-6

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Peter Will
Residence of father (if deceased so state) Deceased
Occupation of father Race of father
Birthplace of father (State or foreign country) Germany

8. Full maiden name of mother Regina Fuchs
Residence of mother (if deceased so state) Wernsberg, Germany
Occupation of mother Retired Race of mother
Birthplace of mother (State or foreign country) Wernsberg, Germany

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Barbara A Gilman
New Address Linton R 1 Box 50

Subscribed and sworn to before me this 3 day of Sept, 1974
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 7 day of September, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Stanley K. Ficks and Barbara A. Gilman

one thousand nine hundred and 74 hereby certify that on the 7 day of September, 1974, at Hazlewood, County of Hendricks

State of Indiana, Groom Jackson Collins of Hendricks County, State of Indiana

and, Bride Barbara A. Gilman of Hendricks County, State of Indiana

were by me united 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 September, 1974.

Signed Stanley K. Ficks
Official Designation Christian Minister
day of September, 1974.
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of September, 1974.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 407

File Bk #36

Sept 3, 1974
Date of Application

MALE
Medical Examination Report Dated Aug. 27, 1974
Name of Physician A. N. Suddler

FEMALE
Medical Examination Report Dated Aug. 27, 1974
Name of Physician A. N. Suddler

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Victor H. Calhoun
Date of Birth April 20 1952
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address R#3 Brownsburg 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 Sanitation Worker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Sept 4 Pub. Health #3810
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

11. Full name of father Arnold L. Calhoun
Residence of father (if deceased so state) R#3 Brownsburg, Ind.
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Rilda Stodgill
Residence of mother (if deceased so state) R#3 Brownsburg, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Victor H. Calhoun
New Address R#3 Bk 36 Brownsburg, Ind.
Subscribed and sworn to before me this 3 day of Sept., 1975.
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ in _____ County _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 9 day of September, 1974, authorizing the joining together as husband and wife of Victor H. Calhoun and Peggy J. Foster.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James A. Jones, hereby certify that on the 21 day of September, 1974, at Brownsburg, County of Hendricks, State of Indiana, Groom Victor H. Calhoun and, Bride Peggy J. Foster were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.
Dated this 21 day of September, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of September, 1974.
Signed James A. Jones Official Designation Minister
Signed Ellen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Peggy J. Foster
Date of Birth July 8 1953
Place of Birth (State or foreign country) Beechgrove Ind.
Residence Address R#3 Brownsburg Hendricks Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Ind. State

- ☐ Other (Specify) Board of Health 53-054459
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Billie L. Foster
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Telling Station Race of father W
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Vera J. Crase
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, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Peggy J. Foster
New Address R#3 Bk 36 Brownsburg, Ind.
Subscribed and sworn to before me this 3 day of Sept., 1975.
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 408

File Book 36

Sept 3, 1974
Date of Application

MALE

Medical Examination Report Dated Aug 28, 1974

Name of Physician Eric D. Clark

FEMALE

Medical Examination Report Dated 8-28-74

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, representa-

MALE APPLICANT

Name First Walter Middle E. Last Beck
Date of Birth Month Jan Day 20 Year 1954
Place of Birth (State or foreign country) Lexington North Carolina
Residence Address Rt 1, Box 9-15 Danville, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Vice President of CompanyDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☒ Other (Specify) Selective Service 12-30-54-20

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Walter Thomas Beck Jr.Residence of father (if deceased so state) SameOccupation of father President - B. D. Contracting Race of father _____Birthplace of father (State or foreign country) Salisbury North Carolina12. Full maiden name of mother Eddie Jean PierceResidence of mother (if deceased so state) SameOccupation of mother L. P. Y. Race of mother _____Birthplace of mother (State or foreign country) Milledgeville Georgia

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.Signed Walter E. BeckNew Address 5505 Whitehorse Rd. SpeedwaySubscribed and sworn to before me this 3 day of Sept, 1974Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, _____ } ss:

County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Rebecca Middle D. Last Springer
Date of Birth Month Aug Day 7 Year 1954
Place of Birth (State or foreign country) Beech Grove, Ind.
Residence Address Rt 3 Box 50 B. Danville, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Hg. NurseDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) St. Francis Hospital

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father David Shig SpringerResidence of father (if deceased so state) SameOccupation of father Supervisor Race of father _____Birthplace of father (State or foreign country) Sullivan, Ind.8. Full maiden name of mother Alma Lucine MoodyResidence of mother (if deceased so state) SameOccupation of mother Housewife Race of mother _____Birthplace of mother (State or foreign country) Beech Grove

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.Signed Rebecca D. SpringerNew Address 5505 Whitehorse Rd. SpeedwaySubscribed and sworn to before me this 3 day of Sept, 1974Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, _____ } ss:

County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

in HENDRICKS County _____ Court by written order issued _____ and filed

_____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court

of Indiana dated the 7 day of September, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Wilson hereby certify that on the 7th day of Septemberone thousand nine hundred and 74 at Brownsburg, County of HendricksState of Indiana, Groom Walter E. Beck of Hendricks County, State of Indianaand, Bride Rebecca D. Springer of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County, _____

Dated this 7th day of September, 1974.Signed Joseph D. WilsonOfficial Designation MinisterSigned Glen M. HarveyOfficial Designation ClerkSubscribed and sworn to before me this 10 day of September, 1974

County, _____

Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 409
File Book 36
Sept 4 1974
Date of Application

MALE
Medical Examination Report Dated 8-28-74
Name of Physician Donald Cheesman

FEMALE
Medical Examination Report Dated 8-28-74
Name of Physician Donald Cheesman

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Marlowe Map Marlowe
Date of Birth July 20 1941
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 207 South Center, Pldg. Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1972

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Office Manager
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) # 4019
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐

(a) List their full names, ages and addresses
Name Age Address
Scott Marlowe 11 Same
Julie 4 Speedway, 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: Ralph Hamilton Marlowe
Residence of father (if deceased so state): 301 Duffy Pldg. Ind.
Occupation of father: Dentist Race of father: _____
Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Mildred Ida Thornburgh
Residence of mother (if deceased so state): 301 Duffy
Occupation of mother: Retired Race of mother: _____
Birthplace of mother (State or foreign country): Martinsville, Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: _____

Signed: M. Max Marlowe
New Address: 207 So. Center St. Hoofield
Subscribed and sworn to before me this 4 day of Sept, 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, HENDRICKS } ss:
County of: _____
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be 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 September, 1974, authorizing the joining together as husband and wife of Melwyn Map Marlowe and Sharon R. Engle.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Darrell W. Cop, hereby certify that on the 27 day of Sept, 1974, at Book 79, County of Hendricks, State of Ind., and, Bride Sharon R. Engle of Marion 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.
Dated this 27 day of September, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Sept, 1974.
Signed: Darrell W. Cop Official Designation Pastor
Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Sharon R. Engle
Date of Birth July 9 1945
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 1119 East Ninth St. Indph. Ind.
Maiden Name if Different Engle
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1968

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Assembly Line
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) # 113-45-031087
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: George Franklin Engle
Residence of father (if deceased so state): P.O. Box 13 Ayer, Ind.
Occupation of father: Retired Race of father: _____
Birthplace of father (State or foreign country): Indianapolis
8. Full maiden name of mother: Mary Jane Callahan
Residence of mother (if deceased so state): Shutridge Rd. Indph.
Occupation of mother: Ret Race of mother: _____
Birthplace of mother (State or foreign country): Indianapolis

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: _____

Signed: Sharon R. Engle
New Address: 207 S. Center
Subscribed and sworn to before me this 4 day of Sept, 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, HENDRICKS } ss:
County of: _____
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 410
File Book #36
Date of Application September 4, 1974

HENDRICKS County

MALE
Medical Examination Report Dated Aug. 30, 1974
Name of Physician Glen T. Ryan, M.D.

FEMALE
Medical Examination Report Dated Aug. 30, 1974
Name of Physician Glen T. Ryan, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Edward Vernon Kempf
Date of Birth March 26, 1947
Place of Birth Mt. Pleasant, Iowa
Residence Address Rt. 2 Box 250, Plainfield, Ind. 46160
Previous Marital Status: ☒ Never Married ☐ Number of Previous Marriages 0

Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐

Color or Race ☒ White ☐ Negro ☐ Other ☐ (specify) _____

Usual Occupation Respiratory Therapy Tech.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Indiana Div. of Vital Stats
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ No ☒ Yes
Of Unsound Mind? ☐ No ☒ Yes
 - Are you under guardianship as a person of unsound mind? ☐ No ☒ Yes
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? ☐ No ☒ Yes
If answer to 3 is "yes" has the cause of such condition been removed? ☐ No ☒ Yes
 - Are you afflicted with a transmissible disease? ☐ No ☒ Yes
 - Are you related to the bride closer than second cousin? ☐ No ☒ Yes
 - Are you now under the influence of intoxicating liquor? ☐ No ☒ Yes
 - Are you now under the influence of a narcotic drug? ☐ No ☒ Yes
 - Are you able to support a family? ☒ Yes ☐ No
 - Are you likely to so continue? ☒ Yes ☐ No
 - Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name _____ Age _____ Address _____

- (b) Are you supporting or contributing to their support? ☐ Yes ☒ No
(c) Are you complying with any court order or orders issued for their support? ☐ Yes ☒ No

11. Full name of father Edward V. Kempf
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W.
Birthplace of father (State or foreign country) Galena, Iowa

12. Full maiden name of mother Marion Ruth Brayfield
Residence of mother (if deceased so state) Mt. Pleasant, Iowa
Occupation of mother housewife Race of mother W.
Birthplace of mother (State or foreign country) Bellevue, Ohio

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Edward V. Kempf
New Address Rt. 2 Box 250, Plainfield, Ind.

Subscribed and sworn to before me this 4th day of Sept., 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, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Sally Ann Wise
Date of Birth July 6, 1950
Place of Birth Terre Haute, Indiana
Residence Address 230 Welcome Way, Blue Apt 306C, Indianapolis, Ind. 46204
Maiden Name if Different _____

Previous Marital Status: ☒ Never Married ☐ Number of Previous Marriages 0

Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐

Color or Race ☒ White ☐ Negro ☐ Other ☐ (specify) _____

Usual Occupation Registered Nurse
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Terre Haute Dept of Health
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ No ☒ Yes
Of Unsound Mind? ☐ No ☒ Yes
 - Are you under guardianship as a person of unsound mind? ☐ No ☒ Yes
 - Are you afflicted with a transmissible disease? ☐ No ☒ Yes
 - Are you related to the groom closer than second cousin? ☐ No ☒ Yes
 - Are you now under the influence of intoxicating liquor? ☐ No ☒ Yes
 - Are you now under the influence of a narcotic drug? ☐ No ☒ Yes
 - Full name of father Robert J. Wise
Residence of father (if deceased so state) Terre Haute, Ind.
Occupation of father Life Insurance Race of father W.
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Marion Ruth Brayfield
Residence of mother (if deceased so state) Terre Haute, Ind.
Occupation of mother Salisbury Race of mother W.
Birthplace of mother (State or foreign country) Bellevue, Ohio

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Sally Ann Wise
New Address Rt. 2 Box 250, Plainfield, Ind.

Subscribed and sworn to before me this 4th day of Sept., 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, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed in _____ County _____ Court by written order issued _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 9th day of September, 1974 authorizing the joining together as husband and wife of Edward Vernon Kempf and Sally Ann Wise

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, David L. Wise hereby certify that on the 21 day of September, one thousand nine hundred and 74 at Seelville, County of Wago, State of Indiana, Groom Edward V. Kempf of Hendricks County, State of Indiana and, Bride Sally Ann Wise of Marion County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 7 day of September, 1974
Signed David L. Wise
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of September, 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. 411

File Book 36

Sept 4, 1974

Date of Application

MALE
Medical Examination Report Dated 9-3-74
Name of Physician J. Thomas Viorio

FEMALE
Medical Examination Report Dated 9-3-74
Name of Physician J. Thomas Viorio

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Earl Middle D. Last Bell
Date of Birth Month June Day 17 Year 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. R #1, Coatesville, Ind. City Coatesville County Ind. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Painter
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #16414
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☐ No ☒
9. Are you likely to so continue? Yes ☐ No ☒
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
11. Full name of father <u>Thomas Edison Bell</u>		
Residence of father (if deceased so state) <u>R #1 Box 14 Coatesville</u>		
Occupation of father <u>Electrician</u>		
Birthplace of father (State or foreign country) <u>Illinois</u>		
12. Full maiden name of mother <u>Buena Vista Brown</u>		
Residence of mother (if deceased so state) <u>R #1 Box 14 Coatesville</u>		
Occupation of mother <u>Housewife</u>		
Birthplace of mother (State or foreign country) <u>North Carolina</u>		

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Earl D. Bell
New Address RR 1 Box 14 Coatesville, Ind.
Subscribed and sworn to before me this 4 day of Sept, 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, HENDRICKS ss:
County of HENDRICKS
Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 1974
 Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the in Clerk's Office County Superior Court by written order issued 3 day waiver and filed authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4 day of Sept, 1974, authorizing the joining together as husband and wife. Be it further remembered, the following marriage certificate was filed in my office, to wit:
I, Keith Curcell, one thousand nine hundred and 74 hereby certify that on the 7th day of September, 1974, at Bellville, County of Hendricks, State of Indiana, Groom Earl D. Bell and, Bride Cynthia A. Spoonamore were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 7th day of September, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of September, 1974.
Signed Keith Curcell Official Designation Justice of the Peace
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name First Cynthia Middle A. Last Spoonamore
Date of Birth Month Jan Day 8 Year 1957
Place of Birth (State or foreign country) Bell, Ind.
Residence Address Street or R. R. R #1, Coatesville, Ind. City Coatesville County Ind. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation
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 William Spoonamore
Residence of father (if deceased so state) same
Occupation of father Engraver Race of father
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Barbara Jean Smith
Residence of mother (if deceased so state) same
Occupation of mother Secretary Race of mother
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Cynthia A. Spoonamore
New Address RR 1 Box 14 Coatesville, Ind.
Subscribed and sworn to before me this 4 day of Sept, 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, HENDRICKS ss:
County of HENDRICKS
Signed William Spoonamore Father
Signed Barbara Spoonamore Mother
Subscribed and sworn to before me this 4 day of Sept, 1974
Glen M. Harvey Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 412
File Book 36
Date of Application Sept 4, 1974

HENDRICKS County

MALE
Medical Examination Report Dated 9-2-74
Name of Physician Joseph C. Herkin

FEMALE
Medical Examination Report Dated 9-2-74
Name of Physician Joseph C. Herkin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Richard L. Myers
Date of Birth May 17 1949
Place of Birth (State or foreign country) Franklin Ind.
Residence Address 33 Martin Dr. Danville Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Carpenter

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Selective Service # 12-30-49-105

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their 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 E. Myers
Residence of father (if deceased so state) Same
Occupation of father Disabled Race of father _____
Birthplace of father (State or foreign country) North Salem Ind.
12. Full maiden name of mother Norma Jean Stanton
Residence of mother (if deceased so state) Same
Occupation of mother R.C.A. Race of mother _____
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed [Signature]
New Address 33 Martin Dr.

Subscribed and sworn to before me this 4 day of Sept, 19 74
Clerk Ellen M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: _____

County of HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____
Clerk _____

FEMALE APPLICANT

Name Lisa M. Card
Date of Birth Oct. 31 1955
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 21 North Rd. 450 East Danville, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation _____

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 11843

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Louis Card Jr.
Residence of father (if deceased so state) Box 73 Fillmore, Ind.
Occupation of father Plumbing Inspector Race of father _____
Birthplace of father (State or foreign country) Maton Ill.
8. Full maiden name of mother Betty Eileen Evans
Residence of mother (if deceased so state) 21 North Rd. 450 East Danville
Occupation of mother Avon Aircraft Race of mother _____
Birthplace of mother (State or foreign country) Maton Ill.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Lisa Card
New Address 33 Martin Dr.

Subscribed and sworn to before me this 4 day of Sept, 19 74
Clerk Ellen M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: _____

County of HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
in _____ County _____ Court by written order issued _____ and filed _____
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 9 day of September, 19 74, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norman L. Weaver hereby certify that on the 14 day of September,
one thousand nine hundred and 74 at Danville, County of Hendricks,
State of Indiana, Groom Richard L. Myers of Hendricks County, State of Indiana,
and, Bride Lisa M. Card of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 14 day of September, 19 74.

Signed Norman L. Weaver
Official Designation Magister, 19 74.

Signed Ellen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of September, 19 74.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 418
File Book 36
Sept 4 1974
Date of Application

MALE
Medical Examination Report Dated 8-26-74
Name of Physician Malcolm Scamaroni

FEMALE
Medical Examination Report Dated 8-26-74
Name of Physician M. O. Scamaroni

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Jerry Wayne Robertson
Date of Birth Oct 26 1954
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address 416 Rodney Brownsburg
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Service Manager
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 4549 BR 15 p 99
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Carl Homer Robertson
Residence of father (if deceased so state) P.O. Box 246 Westville
Occupation of father Line Supervisor Race of father _____
Birthplace of father (State or foreign country) Boone Co. Indiana
12. Full maiden name of mother Donnette Sue Spider
Residence of mother (if deceased so state) P.O. Box 246 Westville
Occupation of mother Social Worker Race of mother _____
Birthplace of mother (State or foreign country) Indiana

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Jerry W. Robertson

New Address 416 Rodney Brownsburg Ind.

Subscribed and sworn to before me this 4 day of Sept, 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, _____ } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be 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 _____, 1974, authorizing the joining together as husband and wife of Jerry Wayne Robertson and Pamela Sue Barber.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert J. Stevens, hereby certify that on the 14 day of September, one thousand nine hundred and 74, at New Hope Christian Church County of Boone State of Indiana, Groom Jerry Wayne Robertson of Hendricks County, State of Indiana and, Bride Pamela Sue Barber of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____
Dated this 9th day of September, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1974.
Signed Robert J. Stevens Official Designation minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Pamela Sue Barber
Date of Birth July 18 1956
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address P.O. Box 246 Brownsburg
Maiden Name if Different _____
Previous 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) 406 Book 16 p 116

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 R. Barber
Residence of father (if deceased so state) P.O. Box 138 Brownsburg
Occupation of father Masonry Contractor Race of father _____
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mildred Lois Waddle
Residence of mother (if deceased so state) P.O. Box 138 Brownsburg
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Indiana

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Pamela Sue Barber

New Address 416 Rodney Brownsburg Ind.

Subscribed and sworn to before me this 4 day of Sept, 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, _____ } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 414
File Book 36
9-6-74
Date of Application

MALE
Medical Examination Report Dated Sept. 3, 1974
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated Sept. 3, 1974
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 Phillip R. Myer
Date of Birth December 26, 1940
Place of Birth (State or foreign country) Flat Rock, Indiana
Residence Address Box 153, Ligon, Hendricks Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Town Marshall
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Voter Registration 10394

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☒
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
<u>Julie L. Myer</u>	<u>5</u>	<u>Rt 2 New Palestine, Ind.</u>
<u>Daniel C. Myer</u>	<u>3</u>	<u>Rt 2 New Palestine, Ind.</u>

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Edwin Kendrick Myer
Residence of father (if deceased so state) Shelby Co., Indiana
Occupation of father farmer Race of father W.
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Jean L. Martin
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, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Phillip R. Myer
New Address Box 153 Ligon, Ind.

Subscribed and sworn to before me this 6 day of Sept, 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, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Circuit Court Court by written order issued 3 day waiver and filed
in Clerk's Ofc. authorizes and directs the issuance of a marriage license to the above named parties. 9-6-74

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court
of Indiana dated the 6th day of September, 1974, authorizing the joining together as husband and wife
of Phillip R. Myer and Carolyn S. Plummer
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles J. Bair hereby certify that on the 6th day of September,
one thousand nine hundred and 74 at Danville, County of Hendricks,
State of Indiana, Groom Phillip R. Myer of Hendricks County, State of Indiana,
and, Bride Carolyn S. Plummer of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 6th day of September, 1974.

Signed Charles J. Bair

Official Designation Justice of the Peace
9th day of September, 1974

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 445
File Book 36
Sept. 9, 1974
Date of Application

MALE
Medical Examination Report Dated 9-7-74
Name of Physician Kenneth J. Sheek

FEMALE
Medical Examination Report Dated 9-7-74
Name of Physician Kenneth J. Sheek, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1974

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation District Manager
Date of birth verified by ☐ Birth Cert. ☐ Judicial Decree ☒ Service #70
☐ Other (Specify) Army Discharge 23604912

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? Yes ☒ No ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Galen Michael Judy 6 Same
Douglas Scott Judy 12 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 Herbert Lee Judy
Residence of father (if deceased so state) deceased
Occupation of father Construction Race of father
Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Helen Rachel Moore
Residence of mother (if deceased so state) deceased
Occupation of mother Race of mother
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Galen M. Judy
New Address 842, 8 Hays Dr.

Subscribed and sworn to before me this 13 day of Sept. 1974
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 13th day of Sept. 1974.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ and Sarah Florence Lovejoy

one thousand nine hundred and 74 hereby certify that on the 26 day of Sept. 1974
State of Indiana, Groom Galen M. Judy at Smith Valley, County of Johnson

and, Bride Sarah F. Lovejoy of Marion County, State of Ind.
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Ind.

Dated this 26 day of Sept. 1974.

Signed Lloyd H. Shannon
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Sept. 1974

Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country) Mansfield, Mass.
Residence Address Street or R. R. City County State
Maiden Name if Different Sarah Florence Chase
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Mar. Co. Jan 1972

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Social Service Consultant
Date of birth verified by ☒ Birth Cert. ☐ Judicial Decree D.C.S. #43
☐ Other (Specify) Commonwealth of Mass. #51

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father George C. Chase
Residence of father (if deceased so state) deceased
Occupation of father miner Race of father W
Birthplace of father (State or foreign country) Dickinson, N.Y.
8. Full maiden name of mother Emma Diamond
Residence of mother (if deceased so state) deceased
Occupation of mother Race of mother W
Birthplace of mother (State or foreign country) Warrington, N.Y.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Sarah F. Lovejoy
New Address 842, 8 Hays Dr.

Subscribed and sworn to before me this 13 day of Sept. 1974
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 416
File Book 36
Sept. 9, 1974
Date of Application

MALE
Medical Examination Report Dated 9-6-74
Name of Physician Carl L. Heinlein, M.D.

FEMALE
Medical Examination Report Dated 9-6-74
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 Middle Last
Michael James Stevens
Date of Birth Month Day Year
April 22 1953
Place of Birth (State or foreign country)
Methodist Hosp., Indpls., Marion Co., Ind.
Residence Address Street or R.R. City County State
5442 S. Pleasant Hill Circle, Indpls., Marion Co., Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation General Laborer

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Dept. of Public Health, Local #4156

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father: Dean Allen Stevens
Residence of father (if deceased so state) 244 Nora St. Danville, Estlinator
Occupation of father Race of father W
Birthplace of father (State or foreign country) Hendricks Co.
12. Full maiden name of mother: Barbara Lee Hon
Residence of mother (if deceased so state) 124 Nora St. Danville
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Hendricks Co., Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

X Signed: Michael J. Stevens

New Address: 5442 S. Pleasant Hill Circle

Subscribed and sworn to before me this 9 day of Sept, 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, Hendricks } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1974
Clerk

FEMALE APPLICANT

Name First Middle Last
Jeresa Kay Booth
Date of Birth Month Day Year
July 23 1956
Place of Birth (State or foreign country)
Coleman Hosp., Indpls., Marion Co., Ind.
Residence Address Street or R.R. City County State
R.R. 2, Box 431, Plainfield, Hendricks Co., Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Counter Help - Store

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Dept. of Pub. Health, Local # 7534

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: Chester Vernon Booth
Residence of father (if deceased so state) Lumbert, Indpls. Ind.
Occupation of father: Sales Dept. Race of father W
Birthplace of father (State or foreign country) Warren Co., Ind.

8. Full maiden name of mother: Ruby Agnes Berge
Residence of mother (if deceased so state) Rt. 2 Box 431, Plainfield
Occupation of mother Supervisor Race of mother W
Birthplace of mother (State or foreign country) Laurel Co., Ky.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

X Signed: Jeresa Kay Booth

New Address: 5442 S. Pleasant Hill Circle

Subscribed and sworn to before me this 9 day of Sept, 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, Hendricks } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1974
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued and filed in
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 13 day of Sept, 1974, authorizing the joining together as husband and wife
Michael James Stevens and Jeresa Kay Booth

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward L. Black hereby certify that on the 15 day of Sept, 1974, at Avon, County of Hendricks

one thousand nine hundred and 74 State of Indiana, Groom Michael James Stevens of Marion County, State of Indiana

and, Bride Jeresa Kay Booth of Hendricks County, State of Indiana

were by me united 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 Sept, 1974. Signed: Edward L. Black

Official Designation: Clergyman (Presbyterian) 17 day of Sept, 1974
Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of Sept, 1974

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 417
File Book #36
Date of Application Sept. 9, 1974

MALE
Medical Examination Report Dated Sept. 4, 1974
Name of Physician David M. Madley, M.D.

FEMALE
Medical Examination Report Dated Sept. 4, 1974
Name of Physician David M. Madley, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Joseph Vild Jr.
Date of Birth Nov. 16, 1932
Place of Birth (State or foreign country) Freedom, Pennsylvania
Residence Address 48 Fort O. Call Dr., Appleton, Ind. 46701
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ 1969
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Truck Driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) ETSAR
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
<u>Nancy J.</u>	<u>16</u>	<u>Rocky Hill, Pa.</u>
<u>Mark Duguid</u>	<u>15</u>	<u>Rocky Hill, Pa.</u>
<u>Jeffrey Scott</u>	<u>13</u>	<u>Rocky Hill, Pa.</u>

(b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Joseph Vild Sr.
Residence of father (if deceased so state) Freedom, Pa.
Occupation of father Retired Race of father W.
Birthplace of father (State or foreign country) Pittsburg, Pa.
12. Full maiden name of mother Mary Adamek
Residence of mother (if deceased so state) Freedom, Pa.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Monaca, Pa.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Joseph Vild Jr.
New Address 627 Redbud Lane, Plainfield, Ind. 47150
Subscribed and sworn to before me this 9th day of Sept., 1974
Clerk Glen M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 September, 1974, authorizing the joining together as husband and wife of Joseph Vild Jr. and Betty Jane Hancock.
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Glen M. Harvey, hereby certify that on the 15 day of Sept., 1974, at Plainfield, County of Hendricks, State of Indiana, Groom Joseph Vild Jr. and, Bride Betty Jane Hancock were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.
Dated this 15 day of Sept., 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of Sept., 1974.
Signed Dillon Laffin Official Designation Minister
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Betty Jane Hancock
Date of Birth Nov. 24, 1935
Place of Birth (State or foreign country) Hendricks Co. Indiana
Residence Address 627 Redbud Lane, Plainfield, Ind. 47150
Maiden Name if Different Betty Jane Shrike
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1971
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) own of Post Office - Vol 1 45231
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Burrell C. Shrike
Residence of father (if deceased so state) Carmel, Ind.
Occupation of father Retired Race of father W.
Birthplace of father (State or foreign country) Mooresville, Ind.
8. Full maiden name of mother Ruth Marie Wilkey
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Retired Race of mother W.
Birthplace of mother (State or foreign country) Burnettsville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Betty Jane Hancock
New Address 627 Redbud Lane, Plainfield, Ind. 47150
Subscribed and sworn to before me this 9th day of Sept., 1974
Clerk Glen M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 418

File #36

Sept. 9, 1974
Date of Application

MALE

Medical Examination Report Dated Sept. 4, 1974

Name of Physician M. O. Scamshorn

FEMALE

Medical Examination Report Dated Sept. 4, 1974

Name of Physician M. O. Scamshorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Jeffrey Maha
Date of Birth June 18 1942
Place of Birth (State or foreign country) Passburg, Ohio
Residence Address RR 3, Box 720 Brownsburg, Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Service Engineer

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Ohio Dept of

☐ Other (Specify) Vital Statistics 55251

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Dwight R. Mohr
Residence of father (if deceased so state) Newport, Indiana
Occupation of father retired Race of father W
Birthplace of father (State or foreign country) Montgomery Co. Ohio

12. Full maiden name of mother Sola J. Thornhill
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Darke Co. Ohio

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Jeffrey A. Maha

New Address RR 3 Box 720 Brownsburg Ind

Subscribed and sworn to before me this 9 day of Sept., 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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

FEMALE APPLICANT

Name Linda Vaught
Date of Birth February 3 1944
Place of Birth (State or foreign country) Mattoon, Illinois
Residence Address RR 3 Box 720 Brownsburg, Hendricks Ind.
Maiden Name if Different Linda Jane Starbuck
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 Office Worker

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Memorial Methodist

☐ Other (Specify) Hospital, Mattoon, Ill.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Robert Starbuck
Residence of father (if deceased so state) Brownsburg, Indiana
Occupation of father retired Race of father W
Birthplace of father (State or foreign country) Kemp, Illinois

8. Full maiden name of mother Luelba Starbuck
Residence of mother (if deceased so state) Brownsburg, Indiana
Occupation of mother Marion Co. General Hospital Race of mother W
Birthplace of mother (State or foreign country) Hazeldell, Illinois

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Linda J. Vaught

New Address RR 3 Box 720 Brownsburg Ind

Subscribed and sworn to before me this 9 day of Sept., 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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of September, 19 74, authorizing the joining together as husband and wife of Jeffrey A. Maha and Linda J. Vaught.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry A. Nash hereby certify that on the 13 day of Sept., one thousand nine hundred and 74, at Brownsburg, County of Hendricks, State of Indiana, Groom Jeffrey A. Maha of Hendricks County, State of Indiana, and Bride Linda J. Vaught of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 13 day of Sept., 19 74.

Signed Jerry A. Nash

Official Designation Minister

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of Sept., 19 74.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 1419
File Book 36
Date of Application Sept 10, 1974

MALE
Medical Examination Report Dated Aug 30, 1974
Name of Physician Robert H. Stirling

FEMALE
Medical Examination Report Dated Aug 30, 1974
Name of Physician Robert H. Stirling

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Glenn Richard Hamilton
Date of Birth July 4 1896
Place of Birth (State or foreign country) Paris, Illinois
Residence Address 2913 Holly St. Indpls Ind.
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Machine Shop Owner

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Affidavit of Birth from Illinois

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Sherman Phillip Hamilton
Residence of father (if deceased so state) deceased
Occupation of father Machine Shop Race of father _____
Birthplace of father (State or foreign country) Paris, Illinois
12. Full maiden name of mother Bertha Bertrude Hurst
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Paris, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Glenn R Hamilton

New Address 2913 Holly St

Subscribed and sworn to before me this 10 day of Sept, 1974
by Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____

Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued Sept 10, 1974 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3-day Waiting

Be 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 September, 1974, authorizing the joining together as husband and wife of Glenn Richard Hamilton and Lucille Thompson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Albert E. Wineinger, hereby certify that on the 12 day of September, 1974, at Indianapolis, County of Marion, State of Indiana, Groom Glenn Richard Hamilton and, Bride Lucille Thompson of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of _____ Indiana.
Dated this 16 day of August, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1974.

Signed Albert E. Wineinger
Official Designation Minister
Signed Glenn M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Lucille Thompson
Date of Birth Sept 26 1912
Place of Birth (State or foreign country) Bridgeport, Ind.
Residence Address 1301 Stafford Rd. Ind.
Maiden Name if Different Hoffman
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Sales

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 113-12-035002

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Ralph C. Hoffman

Residence of father (if deceased so state) _____

Occupation of father Farmer Race of father _____

Birthplace of father (State or foreign country) Bridgeport

8. Full maiden name of mother Anna Lee Smith

Residence of mother (if deceased so state) 1218 E. Washington

Occupation of mother Retired Race of mother Indpls.

Birthplace of mother (State or foreign country) Texas

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.

Signed Lucille Thompson

New Address 2913 Holly St.

Subscribed and sworn to before me this 10 day of Sept, 1974
by Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____

Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 420
File Book #36
Date of Application September 10, 1974

HENDRICKS County

MALE
Medical Examination Report Dated September 9, 1974
Name of Physician Clmer L. Koch, M.D.

FEMALE
Medical Examination Report Dated September 9, 1974
Name of Physician Clmer L. Koch, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name George Wyatt
Date of Birth February 15, 1925
Place of Birth Terre Haute, Indiana
Residence Address 6010 Cherokee, Indianapolis, Ind. 46220
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death

Color or Race White

Usual Occupation Sales mgr. - D. Grounds, Ford.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Ind. Exp. Lic. #34-20-1733

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father William Henry Wyatt

Residence of father (if deceased so state) Cherwell, Ind.

Occupation of father Retired Race of father W

Birthplace of father (State or foreign country) Portland, Me. Ind.

12. Full maiden name of mother Ada Thomas

Residence of mother (if deceased so state) Cherwell, Ind.

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Russellville, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed George Wyatt

New Address 6010 Cherokee Rd, Indpls, Ind.

Subscribed and sworn to before me this 10th day of Sept, 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, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

FEMALE APPLICANT

Name Betty Headrick
Date of Birth March 20, 1931
Place of Birth Indianapolis, Indiana
Residence Address 430 E. Main St. Danville, Ind. 46120
Maiden Name if Different Headrick
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death

Color or Race White

Usual Occupation C. K. G. Johnson - H.C. W.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Ind. Exp. Lic. #34-28-2993

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father William Fabofski
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Poughkeepsie, N.Y.

8. Full maiden name of mother Agnes Satterly

Residence of mother (if deceased so state) deceased

Occupation of mother _____ Race of mother W

Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Betty Headrick

New Address 6010 Cherokee Rd, Indpls, Ind.

Subscribed and sworn to before me this 10th day of Sept, 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, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed in _____ County _____ Court by written order issued _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 13th day of September, 1974, authorizing the joining together as husband and wife of George Wyatt and Betty Headrick.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Henry E. Hill, hereby certify that on the 14th day of September, 1974, at Indianapolis, County of Marion, State of Indiana, Groom George Wyatt of Marion County, State of Indiana, and, Bride Betty Headrick of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 14th day of September, 1974.

Signed Henry E. Hill Official Designation Minister, Ben Davis

Signed Glen M. Harvey Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of September, 1974.

Glen M. Harvey Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 421

File BK. # 36

Sept. 11, 1974
Date of Application

MALE
Medical Examination Report Dated 9-9-74
Name of Physician Carl L. Heinlein, M.D.

FEMALE
Medical Examination Report Dated 9-9-74
Name of Physician Carl L. Heinlein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, represents, tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Mark Edward Masterson
Date of Birth Month Day Year
June 27 1957
Place of Birth (State or foreign country)
Michigan Hosp. Marion Co. Ind.
Residence Address Street or R. R. City County State
P.O. Box 128 Clayton Ind.
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Masterson Royal Grocery
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
7592
☐ Other (Specify)
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? Yes ☐ No ☒
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Larry Leon Masterson
Residence of father (if deceased so state) P.O. Box 128 Clayton Ind.
Occupation of father: Store Owner Race of father: White
Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Elizabeth Louise Bear
Residence of mother (if deceased so state) P.O. Box 128, Clayton Ind.
Occupation of mother: Store Owner Race of mother: White
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Signed Mark Edward Masterson
New Address: Stilesville

Subscribed and sworn to before me this 11 day of September, 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, Hendricks } ss:
County of: Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

FEMALE APPLICANT

Name First Middle Last
Janet Sue Robinson
Date of Birth Month Day Year
February 10 1959
Place of Birth (State or foreign country)
Putnam Co. Ind.
Residence Address Street or R. R. City County State
P.O. Box 123 Stilesville Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
51510 B
☐ Other (Specify)
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father: Deceased
Residence of father (if deceased so state)
Occupation of father: Race of father
Birthplace of father (State or foreign country): Scaggs

8. Full maiden name of mother: Mollie Louise Bear
Residence of mother (if deceased so state) P.O. Box 123 Stilesville
Occupation of mother: Factory Race of mother: White
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Signed Janet Sue Robinson
New Address: Stilesville

Subscribed and sworn to before me this 11 day of Sept, 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, Hendricks } ss:
County of: Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 16 day of September, 1974, authorizing the joining together as husband and wife of Mark Edward Masterson and Janet Sue Robinson. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glenn Ramsey Jr., hereby certify that on the 28 day of Sept, one thousand nine hundred and 74, at Clayton, County of Hendricks, State of Indiana, Groom Mark Edward Masterson of Hendricks County, State of Indiana, and, Bride Janet Sue Robinson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 28 day of Sept., 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of October, 1974.

Signed Glenn Ramsey Jr.
Official Designation Presbyterian Pastor
Signed Glen M. Harvey
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 421

File BK. # 36

Sept. 11, 1974
Date of Application

MALE
Medical Examination Report Dated 9-9-74
Name of Physician Carl L. Kleinlein, M.D.

FEMALE
Medical Examination Report Dated 9-9-74
Name of Physician Carl L. Kleinlein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Mark Edward Masterson
Date of Birth Month Day Year
June 27 1957
Place of Birth (State or foreign country)
Putnam Co. Ind.
Residence Address Street or R. R. City County State
P.O. Box 128 Clayton Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Masterson's Retail Grocery
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 7592
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Larry Lee Masterson
Residence of father (if deceased so state) P.O. Box 128 Clayton Ind.
Occupation of father Store Owner Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Elizabeth Louise Bear
Residence of mother (if deceased so state) P.O. Box 128 Clayton Ind.
Occupation of mother Store (owner) Race of mother White
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Mark Edward Masterson
New Address Stilesville
Subscribed and sworn to before me this 11 day of September 1974

FEMALE APPLICANT

Name First Middle Last
Janet Sue Robinson
Date of Birth Month Day Year
February 10 1959
Place of Birth (State or foreign country)
Putnam Co. Ind.
Residence Address Street or R. R. City County State
P.O. Box 123 Stilesville Ind.
Maiden Name if Different
Previous 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) # 51510 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 Deceased
Residence of father (if deceased so state)
Occupation of father Race of father
Birthplace of father (State or foreign country) Seagoe
8. Full maiden name of mother Mallie Lorene Stea
Residence of mother (if deceased so state) P.O. Box 123 Stilesville
Occupation of mother Factory Race of mother White
Birthplace of mother (State or foreign country) Kentucky
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Janet Sue Robinson
New Address Stilesville
Subscribed and sworn to before me this 11 day of Sept 1974
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

I, Mallie L. Robinson, hereby give my consent for my daughter, Janet Sue Robinson to marry Mark Edward Masterson.

Mallie L. Robinson
subscribed and sworn to before me this 14th day of September 1974
HENDRICKS County
STATE OF INDIANA
Eileen J. Sheeton
Notary Public 11-29-77

Mark Edward Masterson day of September 1974, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glenn Ramsey, Jr. hereby certify that on the 28 day of Sept. 1974, at Clayton, Hendricks County, State of Indiana, Groom Mark Edward Masterson and, Bride Janet Sue Robinson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 28 day of Sept. 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of October 1974.
Signed Glenn Ramsey, Jr.
Official Designation Presbyterian Pastor
Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 421
File BK. #36
Sept. 11, 1974
Date of Application

MALE
Medical Examination Report Dated 9-9-74
Name of Physician Carl L. Heinlein, M.D.

FEMALE
Medical Examination Report Dated 9-9-74
Name of Physician Carl L. Heinlein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Mark Edward Masterson
Date of Birth Month Day Year
June 27 1957
Place of Birth (State or foreign country)
Midwest Hosp. Marion Co.
Residence Address Street or R. R. City County State
P.O. Box 128 Clayton Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Masterson Regal Grocery
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 7592
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Larry Leon Masterson
Residence of father (if deceased so state) P.O. Box 128 Clayton Ind.
Occupation of father Store Owner Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Elizabeth Louise Bear
Residence of mother (if deceased so state) P.O. Box 128 Clayton Ind.
Occupation of mother Store (owner) Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given
County of. in this application is true and correct.
Signed Mark Edward Masterson
New Address Stilesville

FEMALE APPLICANT

Name First Middle Last
Janet Sue Robinson
Date of Birth Month Day Year
February 10 1959
Place of Birth (State or foreign country)
Putnam Co. Indiana
Residence Address Street or R. R. City County State
P.O. Box 123 Stilesville Ind.
Maiden Name if Different
Previous 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) # 51510 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 Deceased
Residence of father (if deceased so state)
Occupation of father Race of father
Birthplace of father (State or foreign country) Scaggs

8. Full maiden name of mother Mollie Lorne Steggs
Residence of mother (if deceased so state) P.O. Box 123 Stilesville
Occupation of mother Factory Race of mother White
Birthplace of mother (State or foreign country) Kentucky
State of Indiana, HENDRICKS } ss: I depose and state the information given
County of. in this application is true and correct.
Signed Janet Sue Robinson
New Address Stilesville

Subscribed and sworn to before me this 11 day of Sept. 1974
Glenn M. Ramsey, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

I, Larry Masterson & Elizabeth Masterson hereby give my consent for
my son, Mark E. Masterson to
marry Janet Robinson.

Subscribed and sworn to before me this 12 day of September 1974
Janet Masterson & Elizabeth Masterson

Jean W. Wiegler
Notary Public 177-73

Mark Edward Masterson day of September 1974, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glenn Ramsey, Jr. hereby certify that on the 28 day of Sept.
one thousand nine hundred and 74 at Clayton
State of Indiana, Groom Mark Edward Masterson of Hendricks
and, Bride Janet Sue Robinson of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks
County, State of Indiana.
Dated this 28 day of Sept. 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of October 1974.
Signed Glenn Ramsey, Jr. Official Designation Presbyterian Pastor
Signed Glenn M. Ramsey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 422
File BK. 36
September 12, 1974
Date of Application

MALE
Medical Examination Report Dated 9-9-74
Name of Physician Carl L. Hinkley M.D.

FEMALE
Medical Examination Report Dated 9-9-74
Name of Physician Carl L. Hinkley M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Jay Last Gatton
Date of Birth Month April Day 17 Year 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 31 Lincoln Ave. Boarding In.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed - Heavy Construction
Date of birth verified by: Birth Cert. #4368
☐ Other (Specify)
1. Are you now or have you been adjudged, diagnosed or considered as:
An Insane? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father David Jay Gatton
Residence of father (if deceased so state) RR2 Box 49A, Hamlet, Ind.
Occupation of father Salesman Race of father White
Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Mildred Ruth Perry
Residence of mother (if deceased so state) RR2 Box 49A, Hamlet, Ind.
Occupation of mother Secretary Race of mother White
Birthplace of mother (State or foreign country) Indianapolis, Ind.
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed David Jay Gatton
New Address 31 Lincoln Ave. Boarding In.
Subscribed and sworn to before me this 12 day of September, 1974
Alan M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name First Dinah Middle Lynn Last Snow
Date of Birth Month December Day 9 Year 1955
Place of Birth (State or foreign country) Bedford, Ind.
Residence Address RR1 Box 452, Plainfield Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Pay punch operator
Date of birth verified by: Birth Cert. #4368
☐ Other (Specify)
1. Are you now or have you been adjudged, diagnosed or considered as:
An Insane? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Loy Snow
Residence of father (if deceased so state) RR1 Box 452, Plainfield, Ind.
Occupation of father Hot Metal Worker Race of father White
Birthplace of father (State or foreign country) Bedford, Ind.
8. Full maiden name of mother Gertrude Wisner
Residence of mother (if deceased so state) RR1 Box 452, Plainfield, Ind.
Occupation of mother Cashier Race of mother White
Birthplace of mother (State or foreign country) Ray, Germany
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Dinah Lynn Snow
New Address 31 Lincoln Ave. Boarding In.
Subscribed and sworn to before me this 12 day of September, 1974
Alan M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 16th day of September, 1974, authorizing the joining together as husband and wife of David Jay Gatton and Dinah Lynn Snow.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Cliff Burchette, hereby certify that on the 4 day of October, 1974, at Plainfield, County of Hendricks, State of Indiana,
Groom David J. Gatton of Hendricks County, State of Indiana,
and, Bride Dinah Lynn Snow of Hendricks County, State of Indiana,
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 4th day of October, 1974.
Signed Cliff Burchette
Official Designation Pastor, Plainfield Baptist Church
Filed and recorded in accordance with the laws of the State of Indiana this 7 day of October, 1974.
Signed Alan M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 423
File BK 36
Sept 12, 1974
Date of Application

MALE
Medical Examination Report Dated 8-30-74
Name of Physician Walter McKenzie M.D.

FEMALE
Medical Examination Report Dated 8-30-74
Name of Physician Walter McKenzie M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, represents, or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Harvey Middle Robertson Last
Date of Birth Month Aug Day 27 Year 1934
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 20 W. Wend Estate Ave City Indianapolis County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ -1959- Marion Co.

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Pattern Maker

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) also Ind. Sup. # 125234265

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the bride closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? Yes ☐ No ☐
- Are you able to support a family? Yes ☐ No ☐
- Are you likely to so continue? Yes ☐ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐

(a) List their full names, ages and addresses
Name Age Address
Three - all are now adopted
Ind. Sup. # 125234265
Robertson

(b) Are you supporting or contributing to their support? Yes ☐ No ☐

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Harvey Robertson deceased
Residence of father (if deceased so state) S. Harris Indpls
Occupation of father deceased Race of father White
Birthplace of father (State or foreign country) Indpls.

12. Full maiden name of mother Gina L. Madden
Residence of mother (if deceased so state) deceased
Occupation of mother deceased Race of mother White
Birthplace of mother (State or foreign country) Indpls. Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Glen M. Harvey
New Address 30 W. Wend Estate

Subscribed and sworn to before me this 12 day of September, 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, HENDRICKS ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____, _____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

FEMALE APPLICANT

Name First Brenda Middle Joyce Last Marshall
Date of Birth Month September Day 26 Year 1944
Place of Birth (State or foreign country) Muhlenberg Co. Ky
Residence Address 3802 Cassell Rd. 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 Waitress

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Dept. of Commerce - Birth Reg.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

7. Full name of father George M. Marshall
Residence of father (if deceased so state) R.R. #1 Lewisburg Ky.

Occupation of father Lawyer Race of father White
Birthplace of father (State or foreign country) Lazard Ky.

8. Full maiden name of mother Korene Duvall
Residence of mother (if deceased so state) R.R. #1 Lewisburg Ky.

Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Muhlenberg Co. Ky.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Brenda J. Marshall
New Address 30 W. Wend Estate

Subscribed and sworn to before me this 12 day of September, 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, HENDRICKS ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____, _____ Clerk

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 17 day of September, 1974, authorizing the joining together as husband and wife of John Harvey Robertson and Brenda Joyce Marshall.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James W. Bauer, hereby certify that on the 3rd day of October, 1974, at Indianapolis, County of Marion, State of Indiana, Groom John Harvey Robertson and, Bride Brenda Joyce Marshall of Muhlenberg County, State of Kentucky were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS.

Dated this 3rd day of October, 1974.

Signed James W. Bauer
Official Designation Justice of the Peace
day of October, 1974

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 424

File # 36

Sept. 12, 1974
Date of Application

MALE
Medical Examination Report Dated Sept. 11, 1974
Name of Physician James Black

FEMALE
Medical Examination Report Dated Sept. 11, 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 Kenneth W. Crispin
Date of Birth January 24, 1951
Place of Birth (State or foreign country) Indiana
Residence Address 27 Lincoln Brownshurg Hendricks Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Carpenter
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-51-229113

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

11. Full name of father: Roscoe W. Crispin
Residence of father (if deceased so state) R#1 Brownsburg Ind.
Occupation of father Gen. Central R.R. Race of father Gr.
Birthplace of father (State or foreign country) Illinois

12. Full maiden name of mother: Ida M. Hamilton
Residence of mother (if deceased so state) R#1 Brownsburg, Ind.
Occupation of mother Housewife Race of mother Gr.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Kenneth W. Crispin
New Address 27 Lincoln Brownsburg

Subscribed and sworn to before me this 12 day of Sept., 19 74
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 ____

Clerk

FEMALE APPLICANT
Name Dena A. Rice
Date of Birth July 26, 1955
Place of Birth (State or foreign country) Indiana
Residence Address 540 S. Kiel Indianapolis Marion Ind
Maiden Name if Different Indianapolis Marion Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Clerk - Typist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 7924

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: Arthur David Rice I
Residence of father (if deceased so state) 540 S. Kiel Indianapolis, Indiana
Occupation of father Maintenance Supervisor Race of father Gr.
Birthplace of father (State or foreign country) Indianapolis, Ind.

8. Full maiden name of mother: Judith Ann Lapan
Residence of mother (if deceased so state) 540 S. Kiel Indpls, Ind.
Occupation of mother Housewife Race of mother Gr.
Birthplace of mother (State or foreign country) Indpls, Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Dena A. Rice
New Address 27 Lincoln Brownsburg, Ind.

Subscribed and sworn to before me this 12 day of Sept., 19 74
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 ____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
_____ County _____ Court by written order issued _____ and filed in _____
_____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
_____ Circuit Court of Indiana dated the 16 day of September, 19 74, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Richard Smith, hereby certify that on the 21 day of September,
one thousand nine hundred and 74, at Indianapolis, County of Marion,
State of Indiana, Groom Kenneth W. Crispin of Hendricks County, State of Indiana,
and, Bride Dena A. Rice of Marion County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 21 day of September, 19 74.

Signed Rev. Richard Smith
Official Designation Roman Catholic Priest
Filed and recorded in accordance with the laws of the State of Indiana this 26 day of September, 19 74.
Signed Allen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 425

File #36

Sep. 13, 1974
Date of Application

MALE
Medical Examination Report Dated Sep. 3, 1974
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated Sep. 3, 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 Jim M. Harris
Date of Birth September 13 1953
Place of Birth (State or foreign country) Indianapolis, Marion, Indiana
Residence Address 325 Wayside Dr., Plainfield, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Truck Mechanic
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dept. of Public Health 11887

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
- If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐

(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father James William Harris
Residence of father (if deceased so state) Battema Farms, Indiana
Occupation of father Farmer Race of father W.
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Lucille May Hall
Residence of mother (if deceased so state) 325 Wayside Dr., Plainfield, Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Jim M. Harris
New Address 9825 West Washington St., Indpls.
Subscribed and sworn to before me this 13 day of Sept., 1974
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 1974, authorizing the joining together as husband and wife of Jim M. Harris and Dana L. Cummings.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Cliff Burchette, hereby certify that on the 5 day of October, 1974, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and 74, of Hendricks County, State of Indiana, and, Bride Dana L. Cummings of Marion County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 5 day of October, 1974.

Signed Cliff Burchette
Official Designation _____
Signed Allen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Dana L. Cummings
Date of Birth January 23 1954
Place of Birth (State or foreign country) Indianapolis, Marion, Indiana
Residence Address 8921 W. 10th, Indianapolis, Marion, Indiana
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Secretary

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dept. of Public Health #00929

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Charles Edward Cummings
Residence of father (if deceased so state) 8921 W. 10th, Indpls, Ind.
Occupation of father Supervisor IBM Race of father W.
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Velma Frances Wilburn
Residence of mother (if deceased so state) 8921 W. 10th, Indpls, Ind.
Occupation of mother Office Worker Race of mother W.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Dana L. Cummings
New Address 9825 W. Washington, Indpls.
Subscribed and sworn to before me this 13 day of Sept., 1974
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 426
File Bk #36
Sept. 13, 1974
Date of Application

MALE

Medical Examination Report Dated Sept 11, 1974
Name of Physician James Black

FEMALE

Medical Examination Report Dated Sept 11, 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, representa-

MALE APPLICANT

Name First James Middle O. Last Casey
Date of Birth February Month 10 Day 1955 Year
Place of Birth (State or foreign country) Indianapolis
Residence Address RR #1 Bx 43 Clayton Hendricks Ind. Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Carpet Installer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Selective Service Card # 12-30-55-55

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Kenneth Casey
Residence of father (if deceased so state) Bellefonte, Indiana
Occupation of father Allison Race of father W
Birthplace of father (State or foreign country) North Dakota
12. Full maiden name of mother Alice Massey
Residence of mother (if deceased so state) Bellefonte, Indiana
Occupation of mother Office Worker Race of mother W
Birthplace of mother (State or foreign country) West Virginia

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed James O. Casey

New Address 1002 S. 1st

Subscribed and sworn to before me this 13 day of Sept, 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, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Sarah Middle J. Last Shields
Date of Birth October Month 31 Day 1955 Year
Place of Birth (State or foreign country) Indianapolis
Residence Address 84 N. Road 500E Danville, Hendricks, Ind. Street or R. R. City County State
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Nurses Aid

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Marion Co. Dept. of Public Health #12024

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Robert Shields

Residence of father (if deceased so state) 84 N. Rd. 500E, Danville, Ind.

Occupation of father Engineer Race of father W

Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Martha Stewart

Residence of mother (if deceased so state) deceased

Occupation of mother _____ Race of mother W

Birthplace of mother (State or foreign country) Kentucky

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Sarah J. Shields

New Address 1002 South 1st, Indianapolis

Subscribed and sworn to before me this 13 day of Sept, 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, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County _____ Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 19th day of September, 1974, authorizing the joining together as husband and wife
James O. Casey and Sarah Jew Shields

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Charles H. England hereby certify that on the 21 day of September,
one thousand nine hundred and 74 at Brownsburg, County of Hendricks,
State of Indiana, Groom James O. Casey of Hendricks County, State of Indiana,
and, Bride Sarah J. Shields of Hendricks County, State of Indiana,
were by me united 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 September, 1974.

Signed Charles H. England

Official Designation Minister
10 day of October, 1974

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 427
File Book 36
Date of Application Sept. 16, 1974

MALE
Medical Examination Report Dated 9-14-74
Name of Physician A. N. Scudder, M.D.

FEMALE
Medical Examination Report Dated 9-14-74
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, represents, tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Clayton Ramey
Date of Birth Sept. 24, 1915
Place of Birth (State or foreign country) Pulaski Co., Ky.
Residence Address 11335 W. Wash. St. Plainfield, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ *Hendricks Sept 1971*

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Machine operator
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree *Sept. Center at St. Louis*
☒ Other (Specify) *Hon. Discharge Recd. Oct. 26, 1945*

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐

(a) List their full names, ages and addresses
Name Age Address
Kimberly Sue Ramey 15 yrs. ?

- (b) Are you supporting or contributing to their 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 Ramey
Residence of father (if deceased so state) deceased
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Julia Carlton
Residence of mother (if deceased so state) deceased
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Clayton Ramey
New Address 11335 W. Wash. Plainfield
Subscribed and sworn to before me this 16 day of Sept. 1974
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 20 day of Sept. 1974, authorizing the joining together as husband and wife of Clayton Ramey and Evelyn Ruth Watkins. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, J. L. Robinson, hereby certify that on the 28 day of Sept. 1974, at Lebanon, County of Boone, State of Indiana, Groom Clayton Ramey and, Bride Evelyn Ruth Watkins of Boone County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.
Dated this 28 day of Sept. 1975.

Signed J. L. Robinson
Official Designation Justice of the Peace
Signed Glen M. Hawley Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT
Name Evelyn Ruth Watkins
Date of Birth Feb. 26, 1947
Place of Birth (State or foreign country) Lebanon, Boone Co., Ind.
Residence Address 11335 W. Wash. Plainfield, Ind.
Maiden Name if Different Evelyn Ruth West
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ *Hendricks 1974*
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Housewife
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) *Cert # 47-009223*

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Harold Donde West
Residence of father (if deceased so state) Lebanon, Ind.
Occupation of father Co. Highway Race of father W
Birthplace of father (State or foreign country) Lebanon, Ind.
8. Full maiden name of mother Norma Jane French
Residence of mother (if deceased so state) Lebanon, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Westfield, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Evelyn Ruth Watkins
New Address 11335 W. Wash. Plainfield
Subscribed and sworn to before me this 16 day of Sept. 1974
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 428
File Bk #36
Sept. 16, 1974
Date of Application

MALE

Medical Examination Report Dated August 29, 1974
Name of Physician J. M. Bernstein

FEMALE

Medical Examination Report Dated Sept. 9, 1974
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Benjamin Middle J. Last Jones
Date of Birth Month March Day 25 Year 1957
Place of Birth (State or foreign country) Winchester, Frederick Co., Virginia
Residence Address BT "A" School, Great Lakes, Lake Co., Illinois
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation In Navy

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Armed Forces of U.S. (Navy) 14974637

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Robert Thomas Jones
Residence of father (if deceased so state) Winchester, Virginia
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Winchester, Virginia
12. Full maiden name of mother Alice Frances Kitzer
Residence of mother (if deceased so state) Winchester, Virginia
Occupation of mother stays with mother Race of mother W
Birthplace of mother (State or foreign country)

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Benjamin J. Jones

New Address On service - no orders yet

Subscribed and sworn to before me this 16 day of Sept, 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.

Father has legal custody. Parents separated.

State of Indiana, } ss:

County of HENDRICKS

Signed

Signed Father

Signed Mother

Subscribed and sworn to before me this 16 day of Sept, 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

HENDRICKS County Court by written order issued and

authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 1974, authorizing the joining together as husband and wife Benjamin J. Jones and Bonita E. Lowe.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ralph Christman hereby certify that on the 28 day of Sept, 1974, at Plainfield, Hendricks County, State of Indiana, Groom Benjamin J. Jones of Frederick County, State of Virginia and, Bride Bonita E. Lowe of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of Sept, 1974.

Signed Ralph Christman

Official Designation Minister

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of October, 1974.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 429

File Bp 36

Sep. 16, 1974
Date of Application

MALE
Medical Examination Report Dated Sept. 6, 1974
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated Sept. 6, 1974
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 Michael L. Johnson
Date of Birth September 5, 1953
Place of Birth (State or foreign country) Evansville, Vanderburg, Indiana
Residence Address R#1 Bp 422 Plainfield, Hendricks, Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Painting Contractor
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree City - County Dept. of Health Bp 24 p. 90

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father William Lee Johnson
Residence of father (if deceased so state) R#1 Plainfield, Ind.
Occupation of father Painting Contractor Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Betty Law Woods
Residence of mother (if deceased so state) R#1 Plainfield, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Michael L. Johnson
New Address 320 Buchanan Apt. 1 Plainfield IN
Subscribed and sworn to before me this 16 day of Sept., 1974
Clerk Klen M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Cheryl A. Wallace
Date of Birth April 2, 1956
Place of Birth (State or foreign country) New York
Residence Address 1029 Kirkwood Plainfield, Hendricks, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Court House, Danville
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree New York Dept. of Health Bp 5155

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 S. Wallace
Residence of father (if deceased so state) 1029 Kirkwood, Plainfield, Ind.
Occupation of father Minister Race of father W
Birthplace of father (State or foreign country) Pennsylvania
8. Full maiden name of mother Annie J. Harvey
Residence of mother (if deceased so state) 1029 Kirkwood, Plainfield, Ind.
Occupation of mother Secretary Race of mother W
Birthplace of mother (State or foreign country) New York

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Cheryl A. Wallace
New Address 320 Buchanan Apt. 1 Plainfield IN
Subscribed and sworn to before me this 16 day of Sept., 1974
Clerk Klen M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 20th day of September, 1974, authorizing the joining together as husband and wife of Michael L. Johnson and Cheryl A. Wallace.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald S. Wallace, hereby certify that on the 21 day of September, 1974, at Plainfield, County of Hendricks, State of Indiana, Groom Michael L. Johnson and, Bride Cheryl A. Wallace were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.
Dated this 20 day of September, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of September, 1974.
Signed Donald S. Wallace
Official Designation Pastor
Signed Klen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 430

File BK # 36

Sept. 17, 1974
Date of Application

MALE

Medical Examination Report Dated 9-13-74

Name of Physician Maurice V. Kaplan, M.D.

FEMALE

Medical Examination Report Dated 9-13-74

Name of Physician Maurice V. Kaplan, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Orval Middle Dale Last Ramsey
 Date of Birth Month Feb. Day 21 Year 1957
 Place of Birth (State or foreign country) Ellettsville
 Residence Address 65 N. Worth St. City Indianapolis County Marion State Ind.
 Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
 Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Factory WorkerDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) # 113-57-009354

1. Are you now or have you been adjudged, diagnosed or considered as:
 An Imbecile? No ☒ Yes ☐
 Of Unsound Mind? No ☒ Yes ☐
 2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
 If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
 5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
 6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 8. Are you able to support a family? Yes ☒ No ☐
 9. Are you likely to so continue? Yes ☒ No ☐
 10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐
 (a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
 (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Harold F. Ramsey
 Residence of father (if deceased so state) 65 N. Worth St. Indpls.
 Occupation of father Barber Race of father White
 Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Altha S. Ramsey
 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, } ss: I depose and state the information given
 County of HENDRICKS in this application is true and correct.

Signed Orval Dale RamseyNew Address Speedway

Subscribed and sworn to before me this 17 day of September, 1974
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Mother is deceased

State of Indiana, } ss:
 County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
 _____ Clerk

FEMALE APPLICANT

Name First Rhonda Middle Kay Last Heavin
 Date of Birth Month Feb. Day 20 Year 1958
 Place of Birth (State or foreign country) Greencastle
 Residence Address Box 115 Coatsville City Putnam County Ind.
 Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Baby SitterDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Book IV pg. 37

1. Are you now or have you been adjudged, diagnosed or considered as:
 An Imbecile? No ☒ Yes ☐
 Of Unsound Mind? No ☒ Yes ☐
 2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
 4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
 5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 7. Full name of father Howard Clay Heavin
 Residence of father (if deceased so state) Deceased
 Occupation of father _____ Race of father _____
 Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Floy Pearl Lishy
 Residence of mother (if deceased so state) Box 115, Coatsville
 Occupation of mother Cook Race of mother White Ind.
 Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
 County of HENDRICKS in this application is true and correct.

Signed Rhonda HeavinNew Address Speedway

Subscribed and sworn to before me this 17 day of September, 1974
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Floy P. Heavin
Deceased father

State of Indiana, } ss:
 County of HENDRICKS

Signed _____ Father

Signed Floy P. Heavin Mother

Subscribed and sworn to before me this 17 day of Sept., 1974
Glen M. Harney 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 Wainwright Judge and 3d day
 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 17 day of September, 1974, authorizing the joining together as husband and wife
Orval Dale Ramsey and Rhonda Kay Heavin
 Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Wilbur P. Taylor hereby certify that on the 21 day of Sept.
 one thousand nine hundred and 74 at Clemmont County of Marion
 State of Indiana, Groom Orval Dale Ramsey of Marion County, State of Indiana
 and, Bride Rhonda Kay Heavin of Hendricks County, State of Indiana
 were by me united 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 Sept., 1974.Signed Wilbur P. TaylorOfficial Designation Minister
1st day of October, 1974.Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 430
File BK # 36
Sept. 17, 1974
Date of Application

MALE

Medical Examination Report Dated 9-13-74
Name of Physician Maurice V. Kahler, M.D.

FEMALE

Medical Examination Report Dated 9-13-74
Name of Physician Maurice V. Kahler, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Orval Dale Ramsey
Date of Birth Feb. 21, 1957
Place of Birth (State or foreign country) Alabama
Residence Address 65 N. Worth St. Indpls. Marion Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Factory Worker

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 113-57-009354

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Harold F. Ramsey
Residence of father (if deceased so state) 65 N. Worth St. Indpls.
Occupation of father Barber Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Althea L. Ramsey
Residence of mother (if deceased so state) Deceased
Occupation of mother Race of mother
Birthplace of mother

State of Indiana,
County of HENDRICKS

New

Subscribed and sworn to

Glen M. Harvey

CONSENT OF PARENTS

We, the parents, of this

signs, state facts which

Match

State of Indiana,

County of HENDRICKS

Sign

Sign

Subscribed and sworn to

I, Harold Freeman Ramsey, hereby give my consent for
my son, Orval Dale Ramsey to
marry Rhonda Kay Heaven.

Subscribed and sworn to before me this 16 day of September 1974.
County: Marion.

Sandra Roberts
Notary Public
Commission Expires - Aug 5-1978

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued waiver of age and 3d 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 17 day of September, 1974, authorizing the joining together as husband and wife
of Orval Dale Ramsey and Rhonda Kay Heaven.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William B. Taylor, hereby certify that on the 21 day of Sept.
one thousand nine hundred and 74 at Clemmont, County of Marion,
State of Indiana, Groom Orval Dale Ramsey of Marion County, State of Indiana
and, Bride Rhonda Kay Heaven of Hendricks County, State of Indiana,
were by me united 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 Sept., 1974.

Signed William B. Taylor

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of October, 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. 431

File # 36

Sept. 17, 1974
Date of Application

MALE
Medical Examination Report Dated Sept. 16, 1974
Name of Physician James Black

FEMALE
Medical Examination Report Dated Sept. 16, 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 Raymond T. Bentley
Date of Birth May 28, 1914
Place of Birth (State or foreign country) Michigan
Residence Address Rt 1 Box 88 Jamestown, Boone, Indiana
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Custodian Wayne Township School
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Army Separation Papers 36-180-508

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

11. Full name of father Thomas Bentley
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Canada
12. Full maiden name of mother Bearl Morris
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother W
Birthplace of mother (State or foreign country) Michigan

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Raymond T. Bentley
New Address Jamestown Ind.
Subscribed and sworn to before me this 17 day of Sept, 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Dorothy J. Pittman
Date of Birth October 5, 1934
Place of Birth (State or foreign country) Libanon, Boone, Indiana
Residence Address Rt 1 Box 56 Ligon, Hendricks, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation At home caring for parents
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Ind. State Board of Health 34-039339
☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Pearl C. Pittman
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Helen M. Rusk
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother W
Birthplace of mother (State or foreign country) Indiana
State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Dorothy J. Pittman
New Address Jamestown Rt 1 Box 88 Ind.
Subscribed and sworn to before me this 17 day of Sept, 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, _____ } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 21st day of September, 1974, authorizing the joining together as husband and wife of Raymond T. Bentley and Dorothy J. Pittman.
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 21 day of Sept, one thousand nine hundred and 74, at Ligon, County of Hendricks, State of Indiana, Groom Raymond T. Bentley and, Bride Dorothy J. Pittman of Boone County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.
Dated this 21 day of Sept, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Sept, 1974.

Signed Rev. Raymond L. Rader
Official Designation Pastor
Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 432

File # 36

Sept. 17, 1974
Date of Application

MALE

Medical Examination Report Dated 9-13-74

Name of Physician Thomas M. Walker, M.D.

FEMALE

Medical Examination Report Dated 9-13

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 Kent Middle DeWayne Last Fitzsimmons
Date of Birth Month Oct. Day 4 Year 1953

Place of Birth (State or foreign country) Crawfordsville, Montgomery Co., Ind.

Residence Address R.R. 2, Roachdale, Putnam Co., Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Clerk - United Parcel Service

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Cert. No. 113

☐ Other (Specify) Ind. St. Bd. Health 53-084010

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Eugene Michael Fitzsimmons		R.R. 2, Roachdale
Blayne Murel Riddle		R.R. 2, Roachdale

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Eugene Michael Fitzsimmons
Residence of father (if deceased so state) R.R. 2, Roachdale
Occupation of father Foreman, Allison Race of father W
Birthplace of father (State or foreign country) Roachdale, Ind.

12. Full maiden name of mother Blayne Murel Riddle
Residence of mother (if deceased so state) R.R. 2, Roachdale
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Roachdale, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kent DeWayne Fitzsimmons

New Address 4516 Perry St. Indianapolis

Subscribed and sworn to before me this 17 day of Sept., 1974.
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Beverly Middle Jean Last Lungate
Date of Birth Month Aug. Day 29 Year 56

Place of Birth (State or foreign country) William Henry & Hosp., Lebanon, Boone Co., Ind.

Residence Address 406 W. Main, Lexington, Hendricks Co., Ind.

Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation _____

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Hosp. Certificate - M. Welsh, R.N.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father William Floyd Lungate
Residence of father (if deceased so state) 406 W. Main, Lexington
Occupation of father Foreman State Highway Race of father W
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Virginia Mae Lowery
Residence of mother (if deceased so state) 406 W. Main, Lexington
Occupation of mother Aircraft Electronics Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Beverly Jean Lungate

New Address 4516 Perry St. Indianapolis

Subscribed and sworn to before me this 17 day of Sept., 1974.
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 day waiver and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. Judge Groome

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17th day of Sept., 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Raymond L. Rader hereby certify that on the 21 day of Sept.

one thousand nine hundred and 74 at Lexington, County of Hendricks

State of Indiana, Groom Kent DeWayne Fitzsimmons of Marion County, State of Indiana

and, Bride Beverly Jean Lungate of Hendricks County, State of Indiana

were by me united 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 Sept., 1974.
Signed Rev. Raymond L. Rader
Official Designation Pastor
24 day of Sept., 1974.
Signed Glen M. Hawley Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 433

File Book 36

Spt. 17, 1974
Date of Application

HENDRICKS County

Le marriage

MALE
Medical Examination Report Dated 9-14-74
Name of Physician James Black

FEMALE
Medical Examination Report Dated Spt. 14 74
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, represents, tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Larry J. Conner
Date of Birth Month Day Year
1 2 1944
Place of Birth (State or foreign country)
P # 3 Box 76 Danville
Residence Address Street or R. R. City County State
Huntington West Virginia
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ 1969 Ill
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Parts
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
William J. Conner 8 209 W. Danville
Danville City
Michigan

- (b) Are you supporting or contributing to their 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 Conner Jr.
Residence of father (if deceased so state): P # 1 Huntington West Virginia
Occupation of father: Articulal Engineer
Birthplace of father (State or foreign country): Huntington West Virg.
12. Full maiden name of mother: Helen E. Elizabeth Ross
Residence of mother (if deceased so state): 906 W. 3rd Ave. Ohio
Occupation of mother: Housewife
Birthplace of mother (State or foreign country): Huntington West Virginia

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Larry J. Conner
New Address: RR 1 Box 139 Pittsburg Ind.
Subscribed and sworn to before me this 17 day of Spt 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, HENDRICKS } ss:
County of: HENDRICKS

Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

FEMALE APPLICANT

Name First Middle Last
Junelda Y. Conner
Date of Birth Month Day Year
2 21 1949
Place of Birth (State or foreign country)
Danville City Illinois
Residence Address Street or R. R. City County State
P # 1 Box 139 Pittsburg
Maiden Name if Different Clutts
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Housewife
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) # 3447
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: Charles Carl Clutts
Residence of father (if deceased so state): deceased
Occupation of father: _____ Race of father: _____
Birthplace of father (State or foreign country): Geneseo Ill.
8. Full maiden name of mother: Katherine Marie Natin
Residence of mother (if deceased so state): P # 3 Box 76 Danville
Occupation of mother: Housewife
Birthplace of mother (State or foreign country): Grand Taw, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Junelda Y. Conner
New Address: RR 1 Box 139 Pittsburg Ind.
Subscribed and sworn to before me this 17 day of Spt 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, HENDRICKS } ss:
County of: HENDRICKS

Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of September, 1974, authorizing the joining together as husband and wife

Be it further remembered the following marriage certificate was filed in my office, to-wit:
I, C. E. Oakes, _____ hereby certify that on the 28 day of Spt.

one thousand nine hundred and 74, at El Bethel Baptist Church, County of Hendricks

State of Indiana, Groom: Larry J. Conner and, Bride: Junelda Y. Conner of Hendricks County, State of Ind.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.

Dated this 28 day of Spt, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1974.

Signed: C. E. Oakes
Official Designation: Minister
Signed: Glen M. Harvey
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 434
File Book 36
Date of Application Sept 18, 1974

MALE
Medical Examination Report Dated Sept 11, 1974
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated Sept 11, 1974
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 Michael J. Hickey
Date of Birth July 21, 1946
Place of Birth (State or foreign country) Cape Christ, Texas
Residence Address 2364 Nowling Lane, Indpls.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ March 1971

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Maintenance on Systems Analyst

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Sept # 79025

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Vincent Russell Hickey
Residence of father (if deceased so state) 2091 Britton Dr Beech Grove
Occupation of father Machinist Race of father _____
Birthplace of father (State or foreign country) Indianapolis

12. Full maiden name of mother Allie O'Dean Scruggs
Residence of mother (if deceased so state) 2091 Britton
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Nashville, Tenn

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Michael J. Hickey
New Address 2364 Nowling Lane Indpls

Subscribed and sworn to before me this 18 day of Sept, 1974.
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Kitty Jo Lyons
Date of Birth July 9, 1951
Place of Birth (State or foreign country) Indianapolis
Residence Address 514 D. Gibbs, Indpls.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Pricing Analyst

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 6711

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Waldo Post Lyons
Residence of father (if deceased so state) Same
Occupation of father Maintenance Clerk Race of father _____
Birthplace of father (State or foreign country) Smith Grove, Ky.

8. Full maiden name of mother Mary Jane Jones
Residence of mother (if deceased so state) Same
Occupation of mother Reg Nurse Race of mother _____
Birthplace of mother (State or foreign country) Brazil, Ind.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Kitty Jo Lyons
New Address 2364 Nowling Lane, Indpls. 46234

Subscribed and sworn to before me this 18 day of Sept, 1974.
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed in _____ County _____ Court by written order issued _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 25 day of September, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Warren B. Robbins hereby certify that on the 28 day of Sept,

one thousand nine hundred and 74 at Clairfield, County of Hendricks,

State of Indiana, Groom Michael H. Hickey of Hendricks County, State of Indiana,

and, Bride Kitty Jo Lyons of Hendricks County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 28 day of Sept, 1974.

Signed Warren B. Robbins

Official Designation Christian Minister

Signed Glen M. Harney Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1974.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. #435
File Book #36
Date of Application September 19, 1974

MALE
Medical Examination Report Dated Sept 10, 1974
Name of Physician Donald Chumman, M.D.

FEMALE
Medical Examination Report Dated August 22, 1974
Name of Physician Donald Chumman, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Eric Lewis Lawrence
Date of Birth October 3, 1951
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 755 W. Mill St. Danville Ind. 46019
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Indpls. City Health 10207

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

11. Full name of father Hugh Jett Lawrence
Residence of father (if deceased so state) Same as applicant
Occupation of father Pharmacist Race of father W.
Birthplace of father (State or foreign country) Paw, Indiana
12. Full maiden name of mother Elizabeth Lewis
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, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Eric Lewis Lawrence
New Address 147 S. Wayne, Danville Ind.
Subscribed and sworn to before me this 19th day of September, 1974
Clerk Blair M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 26th day of September, 1974, authorizing the joining together as husband and wife of Eric Lewis Lawrence and Bobbi Jean Mayer.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John P. Roof, hereby certify that on the 28th day of September, 1974, at Danville, County of Hendricks, State of Indiana, Groom Eric Lewis Lawrence and, Bride Bobbi Jean Mayer were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____.
Dated this 28th day of September, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1974.
Signed John P. Roof Official Designation Episcopal Priest
Signed Blair M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Bobbi Jean Mayer
Date of Birth Sept 9, 1952
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 679 Pawling Dr. Danville Ind. 46019
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Seaglass Aid.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Indpls. City Health 9167

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Frederick Mayer
Residence of father (if deceased so state) Same as applicant
Occupation of father St. Aid. Bishop Race of father W.
Birthplace of father (State or foreign country) Indianapolis, Ind.
8. Full maiden name of mother Barbara Reid
Residence of mother (if deceased so state) Same as above
Occupation of mother Cashier Race of mother W.
Birthplace of mother (State or foreign country) Vincennes, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Bobbi Jean Mayer
New Address 147 S. Wayne, Danville Ind.
Subscribed and sworn to before me this 19th day of Sept, 1974
Clerk Blair M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 436
File BK # 36
Date of Application Sept. 20, 1974

MALE
Medical Examination Report Dated 9-13-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 9-13-74
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 Brian Douglas Beck
Date of Birth Sept 6 1955
Place of Birth (State or foreign country) Methodist Hospital Marion Co
Residence Address 647 Simmons St. Plainfield Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Stockman - Public Service
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 9425

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county, asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Hubert Elmer Beck
Residence of father (if deceased so state) RR#8 Box 388, Indpls.
Occupation of father Machinist Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Gloria Grace Frye
Residence of mother (if deceased so state) RR#8 Box 388, Indpls.
Occupation of mother Birth Taker Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Brian Beck

New Address 647 Simmons Street

Subscribed and sworn to before me this 20 day of Sept, 1974
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Janet Hope Swyman
Date of Birth March 16 1954
Place of Birth (State or foreign country) Methodist Hospital Marion Co
Residence Address 484 East U.S. 36 Danville Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Cashier

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # Cert. of Birth

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Gurwin Charles Swyman
Residence of father (if deceased so state) 484 E. U.S. 36, Danville
Occupation of father Inspector Race of father White M.
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Frances Jull Shipp
Residence of mother (if deceased so state) 484 E. U.S. 36, Danville
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Arkansas

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Janet Swyman

New Address 647 Simmons St.

Subscribed and sworn to before me this 20 day of Sept, 1974
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed in _____ County _____ Court by written order issued _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court

of Indiana dated the 24 day of September, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to wit:

1. Charles J. Bair hereby certify that on the 27 day of Sept

one thousand nine hundred and 74 at Danville, County of Hendricks

State of Indiana, Groom Brian Douglas Beck of Hendricks County, State of Indiana

and, Bride Janet Hope Swyman of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 27 day of Sept, 1974.

Signed Charles J. Bair

Official Designation Justice of the Peace

1st day of October, 1974

Signed Glen M. Harney Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 437

File BK 36

Sept. 20, 1974
Date of Application

MALE

Medical Examination Report Dated 9-16-74

Name of Physician Eric D. Clark

FEMALE

Medical Examination Report Dated 9-19-74

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 Middle Last
Jim J. Caylor
Date of Birth Month Day Year
April 5 1956
Place of Birth (State or foreign country)
Army Hospital Frankfurt/Main Germany
Residence Address Street or R. R. City County State
Rt. #1 Box 886 Danville Hend. Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Edward C. Giarde Inc.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 930

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Edward J. Caylor
Residence of father (if deceased so state) 11 Martin Dr. Danville
Occupation of father Collins Olds. Race of father White Ind.
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Lina Kils
Residence of mother (if deceased so state) 11 Martin Dr. Danville
Occupation of mother Cook - N. C. Giarde Race of mother White Ind.
Birthplace of mother (State or foreign country) Germany

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jim Caylor

New Address RR 1 Box 886

Subscribed and sworn to before me this 20 day of September 1974
Glen M. Werny Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS } ss:
County of

Signed

Signed

Father

Mother

Subscribed and sworn to before me this day of 1974

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS

County

Court by written order issued

authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph Mc Crisakin, hereby certify that on the 28 day of Sept. 1974, at Danville, County of Hendricks, State of Indiana, Groom Jim J. Caylor and, Bride Theresa Kay Burlton were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.

Dated this 28 day of Sept. 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of Sept. 1974.

Signed Joseph Mc Crisakin

Official Designation J. C. Priest

Signed Glen M. Werny

HENDRICKS

Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 438
File Book #36
Date of Application September 20, 1974

HENDRICKS County

MALE
Medical Examination Report Dated Sept 13, 1974
Name of Physician David B. Haggard, M.D.

FEMALE
Medical Examination Report Dated Sept 16, 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, representa-

MALE APPLICANT

Name Dudley Eugene Jones
Date of Birth July 25, 1930
Place of Birth Hard Kentucky
Residence Address Rt #1 Box 794, Danville, Ind. Hendricks Co.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Nov. 1973 Hendricks Co.
Color or Race: White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Machinist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Annulment Ky. # 116-45056 # 202

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Calvin C. Jones
Residence of father (if deceased so state) Same as applicant
Occupation of father Machinist Race of father W.
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Virginia M. Richardson
Residence of mother (if deceased so state) Same as applicant
Occupation of mother Nurse Race of mother W.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS
Signed Dudley Eugene Jones
New Address Rockshire Apt. Bldg. Ind.

Subscribed and sworn to before me this 20th day of Sept., 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, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Deborah Ann LIVINGSTON
Date of Birth April 19, 1952
Place of Birth Detroit Michigan
Residence Address 144 N. Erie Plainfield, Ind. 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 Beautician

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Dept. of Health Detroit Michigan

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Sal E. Livingston
Residence of father (if deceased so state) Same as applicant
Occupation of father Operator mfg. Race of father W.
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Martha E. Martin
Residence of mother (if deceased so state) Same as applicant
Occupation of mother Switchboard Op. Race of mother W.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS
Signed Deborah Ann Livingston
New Address Rockshire Apt. Bldg. Ind.

Subscribed and sworn to before me this 20th day of Sept., 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, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
HENDRICKS County _____ Court by written order issued _____ and filed in _____
_____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 24 day of September, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, M. L. Crawley hereby certify that on the 28 day of Sept.

one thousand nine hundred and 74 at Plainfield, County of Hendricks

State of Indiana, Groom Dudley Eugene Jones of Hendricks County, State of Indiana

and, Bride Deborah Ann Livingston of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 28 day of Sept., 1974
Signed M. L. Crawley

Official Designation Justice of the Peace
1st day of October, 1974
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 439

File #36

Sept. 23, 1974
Date of Application

MALE
Medical Examination Report Dated Sept. 16, 1974
Name of Physician Eric S. Clark, M.D.

FEMALE
Medical Examination Report Dated Sept. 16, 1974
Name of Physician Eric S. 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, represents, tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Gary Miller Rigdon
Date of Birth November 11, 1952
Place of Birth (State or foreign country) Texas
Residence Address 5411 Sawridge Dr. Dayton, Ohio
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Electronic Technician

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Baptist church record - Texas

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Paul Selby Rigdon
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) Kansas
12. Full maiden name of mother Carolyn Mary Miller
Residence of mother (if deceased so state) Same as above
Occupation of mother R.N. Race of mother W.
Birthplace of mother (State or foreign country) Canton, Ohio

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Gary Rigdon
New Address 15 W. Maplewood, Dayton, Ohio
Subscribed and sworn to before me this 23rd day of Sept., 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, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Becky Sue Dunaven
Date of Birth June 25, 1954
Place of Birth (State or foreign country) Rock Island, Illinois
Residence Address 879 Harding St. Plainfield, Ind. 46166
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Medical Assistant

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) State of Illinois #463

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Bruce Norman Dunaven
Residence of father (if deceased so state) Same as applicant
Occupation of father Jack Farmer Race of father W.
Birthplace of father (State or foreign country) Rock Island, Ill.

8. Full maiden name of mother Rebekah Sharp Klett
Residence of mother (if deceased so state) Same as above
Occupation of mother Bus Driver Race of mother W.
Birthplace of mother (State or foreign country) Missouri

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Becky Sue Dunaven
New Address 15 W. Maplewood, Dayton, Ohio
Subscribed and sworn to before me this 23rd day of Sept., 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, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27 day of September, 1974, authorizing the joining together as husband and wife of Gary Miller Rigdon and Becky Sue Dunaven.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Gary Miller Rigdon and Becky Sue Dunaven hereby certify that on the 28 day of Sept., 1974, at Plainfield, County of Hendricks, State of Indiana, Groom Gary Miller Rigdon and, Bride Becky Sue Dunaven were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 28 day of Sept., 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of October, 1974.
Signed Richard S. Radtke Official Designation Pastor
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 440
File Book 36
Sept. 23, 1974
Date of Application

MALE
Medical Examination Report Dated 9-6-74
Name of Physician O. Kourney, M.D.

FEMALE
Medical Examination Report Dated 9-6-74
Name of Physician O. Kourney, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Maintenance - Apt. Complex

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Birth Record - Local #11512

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the bride closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father James Walter Henderson
Residence of father (if deceased so state) 5912 Mooreville Rd.
Occupation of father Factory Worker - Ford Motor Co. Ind.
Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Barbara Jean Bower
Residence of mother (if deceased so state) 5307 Beech St.
Occupation of mother Factory - Chevrolet Ind.
Birthplace of mother (State or foreign country) Columbus, Ind.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed James R. Henderson
New Address 7744 Mooreville Rd.

Subscribed and sworn to before me this 23 day of Sept, 1974
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Bookkeeper - Citizens Bk. Mooreville

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Birth Record - Local #10371

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Full name of father James Oles Bennett
Residence of father (if deceased so state) 436 E Main St. Plainfield
Occupation of father Merga Co. Machine Race of father W.
Birthplace of father (State or foreign country) Albany, Ky.

8. Full maiden name of mother Joyce Juanita Rich.
Residence of mother (if deceased so state) 436 E Main St. Plainfield
Occupation of mother Pattern Maker - Wiley - W.
Birthplace of mother (State or foreign country) Dardetown, Tenn.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Sharon Bennett
New Address 7744 Mooreville Rd.

Subscribed and sworn to before me this 23 day of Sept, 1974
Glen M. Hawley Clerk HENDRICKS Circuit C

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed Jim Bennett Father
Signed _____ Mother

Subscribed and sworn to before me this 23 day of Sept, 1974
Glen M. Hawley Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 27 day of September, 1974, authorizing the joining together as husband and wife
of James Leroy Henderson and Sharon Fay Bennett
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
_____ hereby certify that on the 28 day of September,
_____ at Mooreville, _____ County of _____
State of Indiana, Groom James Leroy Henderson of _____ County, State of _____
and, Bride Sharon Fay Bennett of _____ County, State of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
dated this 28 day of September, 1974.

Signed Rev. Wm. Gene Bennett
Official Designation Minister
7 day of October, 1974
Signed Glen M. Hawley Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 440

File Book 36

Sept. 23, 1974
Date of Application

MALE
Medical Examination Report Dated 9-6-74
Name of Physician O. Kourney, M.D.

FEMALE
Medical Examination Report Dated 9-6-74
Name of Physician O. Kourney, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Maintenance - Apl. Complex
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Birth Record - Local # 11512

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the bride closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father James Walter Henderson
Residence of father (if deceased so state) 5912 Mooresville Rd.
Occupation of father Factory Wkr Ford Motor Co, Indpls.
Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Barbara Jean Bower
Residence of mother (if deceased so state) 5307 Beecher St.
Occupation of mother Factory - Chevrolet Indpls.
Birthplace of mother (State or foreign country) C.O. - Ind.

State of Indiana,
County of HEN

New

Subscribed and sworn to

Glenn M.

CONSENT OF PARENT

We, the parents, of this

signs, state facts which

State of Indiana,

County of HEN

Signer

Signer

Subscribed and sworn to

I, Joyce Bennett, hereby give my consent for
my Daughter, Sharon Bennett to
marry James Henderson.

County of Marion
Subscribed and sworn to before me this 23 day of Sept. 1974

Laura E. Day
Notary Public
my Comm. expires 1-20-77

FEMALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Bookkeeper - Citizen Bk. Mooresville
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Birth Record - Local # 10371

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Full name of father James Oakes Bennett
Residence of father (if deceased so state) 436 E Main St. Plainfield
Occupation of father Morgan Co. machanic
Birthplace of father (State or foreign country) Albany, Ky.
- Full maiden name of mother Joyce Juanita Rich.
Residence of mother (if deceased so state) 436 E Main St. Plainfield
Occupation of mother Patricia Bower, Indpls.
Birthplace of mother (State or foreign country) Dyersburg, Tenn.

State of Indiana,
County of HENDRICKS } as: I depose and state the information given
in this application is true and correct.
Signed Sharon Bennett
New Address 7744 Mooresville Rd.

State of Indiana,
County of HENDRICKS

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued 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 September, 1974, authorizing the joining together as husband and wife
of James Leroy Henderson and Sharon Fay Bennett
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gene Bennett hereby certify that on the 28 day of September
one thousand nine hundred and 74 at Mooresville, County of Morgan,
State of Indiana, Groom James Leroy Henderson of Marion County, State of Indiana
and, Bride Sharon Fay Bennett of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County.
Dated this 28 day of September, 1974.

Signed Rev. Wm. Gene Bennett
Official Designation Minister, 1974.
Signed Glenn M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of October, 1974.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 441

File Book 36

Sept. 24, 1974
Date of Application

MALE
Medical Examination Report Dated 9-17-74
Name of Physician Eric S. Clark M.D.

FEMALE
Medical Examination Report Dated 9-17-74
Name of Physician Eric S. 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, represents, tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Steven Middle Lee Last Ingle
Date of Birth Month Nov Day 30 Year 1954
Place of Birth (State or foreign country) Indianapolis, Marion, Ind.
Residence Address 616 S. 1st St., Martinsville, Morgan, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages: 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Factory Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service Card #12-57-54-440

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father: Russell Sherman Ingle
Residence of father (if deceased so state) 1710 S. Harriet, Martinsville
Occupation of father: Truck Driver Race of father: W
Birthplace of father (State or foreign country) Ind. Ind.
12. Full maiden name of mother: Mary Louise Archer
Residence of mother (if deceased so state) 1710 S. Harriet, Martinsville
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country) Ind. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed: Steven L. Ingle
New Address: Happy D. Trailer Ct., Plainfield
Subscribed and sworn to before me this 24 day of Sept., 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, HENDRICKS } ss:
County of _____
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be 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 Sept., 1974, authorizing the joining together as husband and wife of Steven Lee Ingle and Patricia Ann Brower.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lewis A. Marsh, hereby certify that on the 28 day of Sept., 1974, at Mooresville, Morgan County, State of Indiana, Groom Steven L. Ingle and, Bride Patricia A. Brower, 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, State of Indiana.
Dated this 29 day of September, 1974.

Signed: Lewis A. Marsh
Official Designation: Ordained Minister
Signed: Glen M. Harvey
HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 7 day of October, 1974.

FEMALE APPLICANT

Name First Patricia Middle Ann Last Brower
Date of Birth Month Feb Day 10 Year 1948
Place of Birth (State or foreign country) St. Francis Hosp., Indpls. Marion, Ind.
Residence Address 416 Hickory Lane, Plainfield, Hendricks, Ind.
Maiden Name if Different Patricia Ann Jackson
Previous Marital Status: Never Married ☐ Number of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Mar. Co. Sup. Ct. Jan 1972
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Factory Work
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) St. Francis Hosp., 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: Otis Allen Jackson
Residence of father (if deceased so state) Alabama
Occupation of father: _____ Race of father: W
Birthplace of father (State or foreign country) Alabama

8. Full maiden name of mother: Betty Virginia Williams
Residence of mother (if deceased so state) Bafford, Ariz.
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country) Ind. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed: Patricia Brower
New Address: Happy D. Trailer Ct.
Subscribed and sworn to before me this 24 day of Sept., 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, HENDRICKS } ss:
County of _____
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 442

File Book 36

Sept 24, 1974
Date of Application

MALE

Medical Examination Report Dated Sept 18, 1974

Name of Physician Eric D. Clark

FEMALE

Medical Examination Report Dated Sept 18, 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 Robert Middle A. Last Andrews
 Date of Birth Month May Day 27 Year 1945
 Place of Birth (State or foreign country) Scottsburg
 Residence Address Street or R. R. RR 1, Box 440 City Plainfield County Hendricks State Ind.
 Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Computer ProgrammerDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Book 1941-1959☐ Other (Specify) Scott Co. Dept. of Health Page 50

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☒
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Ray A. Andrews Age 10 Address RR 1, Box 440, Plainfield, Ind.

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
 (c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Denzil Lee Andrews
 Residence of father (if deceased so state) RR 4, Scottsburg, Ind.
 Occupation of father Farmer Race of father W.
 Birthplace of father (State or foreign country) Kentucky

12. Full maiden name of mother Esther Pearl Miller
 Residence of mother (if deceased so state) RR 4, Scottsburg, Ind.
 Occupation of mother housewife Race of mother W.
 Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.Signed Robert A. AndrewsNew Address RR 1, Box 440 Plainfield, Ind. 46168Subscribed and sworn to before me this 24 day of Sept., 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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Janice Middle E. Last Huff
 Date of Birth Month June Day 29 Year 1945
 Place of Birth (State or foreign country) Lincoln
 Residence Address RR 1, Box 440, Plainfield, Hendricks, Ind.
 Maiden Name if Different Janice E. Cornett

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation HousewifeDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Insurance Policy 253782 Farm Bureau

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Woodard C. Cornett

Residence of father (if deceased so state) deceasedOccupation of father farmer Race of father W.Birthplace of father (State or foreign country) Kentucky8. Full maiden name of mother Margaret FieldsResidence of mother (if deceased so state) Lincoln, KentuckyOccupation of mother housewife Race of mother W.Birthplace of mother (State or foreign country) KentuckyState of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.Signed Janice E. HuffNew Address RR 1, Box 440 Plainfield, Ind.Subscribed and sworn to before me this 24 day of Sept., 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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County _____ Court by written order issued _____ and filed
 in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Courtof Indiana dated the 28 day of September, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Sonny H. Hays hereby certify that on the 27 day of Sept.one thousand nine hundred and 74 at Plainfield County of HendricksState of Indiana, Groom Robert A. Andrews of Hendricks County, State of Indianaand, Bride Janice E. Huff of Hendricks County, State of Indianawere by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.Dated this 27 day of Sept., 1974.Signed Sonny H. HaysOfficial Designation Baptist Pastor, 1974.Signed Glen M. Harvey ClerkHENDRICKS Circuit CourtFiled and recorded in accordance with the laws of the State of Indiana this 2 day of October, 1974.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 443

File Book 36

Sep 25 1974
Date of Application

MALE
Medical Examination Report Dated 9-23-74
Name of Physician Paul Stanley Lewis

FEMALE
Medical Examination Report Dated 9-23-74
Name of Physician Paul Stanley Lewis

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Harry Kepner
Date of Birth Month Day Year
3 21 1946
Place of Birth (State or foreign country)
Indianapolis Ind
Residence Address Street or R. R. City County State
Rt 8 Box 289 Indpls Hendricks
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ 1972
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Salesman
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) #2407
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Harry Emory Kepner
Residence of father (if deceased so state) Deceased
Occupation of father Race of father
Birthplace of father (State or foreign country) Boone Co.
12. Full maiden name of mother Lenore Cole
Residence of mother (if deceased so state) Rt 3 Box 82 Danville
Occupation of mother Telephone Optician Race of mother
Birthplace of mother (State or foreign country) Indianapolis Ind

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Glen M. Harvey
New Address 19 North 28th Ave
Subscribed and sworn to before me this 25 day of Sept, 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, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued 3 day waiver and filed
in 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 of marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 25th day of September, 1974, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Guy Dunkin, hereby certify that on the 27th day of September, one thousand nine hundred and seventy-four, at Danville, County of Hendricks, State of Indiana, Groom Harry Francis Kepner and, Bride Beverly Rose Hudson of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 27th day of September, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

FEMALE APPLICANT
Name First Middle Last
Beverly Rose Hudson
Date of Birth Month Day Year
Jan 5 1952
Place of Birth (State or foreign country)
Louisville Kentucky
Residence Address Street or R. R. City County State
6838 W 15th St Indpls Ind
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Sales
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #35(K)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Wayne Logan Hudson
Residence of father (if deceased so state) Same
Occupation of father Factory Worker Race of father
Birthplace of father (State or foreign country) Tennessee
8. Full maiden name of mother Nell June Smith
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother
Birthplace of mother (State or foreign country) Tennessee

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed _____
New Address Rt 8 Box 289 Indpls Ind

Subscribed and sworn to before me this 25 day of Sept, 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, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

Signed Rev. Guy Dunkin
Official Designation Clergyman - Garden Baptist Church, Pastor, Indianapolis
Signed Glen M. Harvey
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 1444
File Book 36
Date of Application Sept 26 1974

MALE
Medical Examination Report Dated 9-23-74
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 9-23-74
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, representa-

MALE APPLICANT

Name First Walter Middle J. Last Gibbs III
Date of Birth Month 6 Day 9 Year 1952
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address Street or R. R. R#2 Box 467 City Indpls County Ind. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Link - Belt
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 2213 Book 24 p 30
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Walter James Gibbs Jr.
Residence of father (if deceased so state) R#2 Box 467 Indpls
Occupation of father Welding Race of father _____
Birthplace of father (State or foreign country) Indpls Ind.
12. Full maiden name of mother Chloria Jean Yoder
Residence of mother (if deceased so state) Same
Occupation of mother National Guard Office Race of mother _____
Birthplace of mother (State or foreign country) Penn.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Walter James Gibbs III
New Address 230 Wilcox Way Blvd Indpls
Subscribed and sworn to before me this 26 day of Sept, 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, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

FEMALE APPLICANT

Name First Pamela Middle S. Last Gibson
Date of Birth Month 8 Day 20 Year 1956
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R. R. R#1 Clayton City Ind. County Ind. State Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation _____
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 9216
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Melvin Gibson
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Montgomery Co.
8. Full maiden name of mother Janet Elaine Kinsler
Residence of mother (if deceased so state) Same
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Pamela S. Gibson
New Address 230 Wilcox Way Blvd Indianapolis

Subscribed and sworn to before me this 26 day of Sept, 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, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 2nd day of October, 19 74, authorizing the joining together as husband and wife
of Walter J. Gibbs III and Pamela S. Gibson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John D. Wylie hereby certify that on the 5 day of October,
one thousand nine hundred and 74 at Bellefonte, County of Hendricks,
State of Indiana, Groom Walter James Gibbs III of Mason County, State of Indiana,
and, Bride Pamela Sue Gibson of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 5 day of October, 19 74.

Signed John D. Wylie
Official Designation Minister
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of October, 19 74.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 445
File # Book 36
Sept. 27, 1974
Date of Application

MALE
Medical Examination Report Dated Sept. 10, 1974
Name of Physician J. D. Richardson

FEMALE
Medical Examination Report Dated Sept. 25, 1974
Name of Physician G. Steven Irwin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Kenneth E. Jackson
Date of Birth September 19, 1953
Place of Birth (State or foreign country) Indiana
Residence Address 74536 W Danville - Hendricks - Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Plant Manager
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Woodlawn Hospital

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Robert Eugene Jackson
Residence of father (if deceased so state) Rochester, Indiana
Occupation of father Railroader Race of father W
Birthplace of father (State or foreign country) Sulton Co., Ind.
12. Full maiden name of mother Ruby Mae Edmundson
Residence of mother (if deceased so state) Rochester, Ind.
Occupation of mother Office Clerk Race of mother W
Birthplace of mother (State or foreign country) Rutherford, Tenn.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Kenneth E. Jackson
New Address West Chester Apts. #7, Ligonier, Ind.
Subscribed and sworn to before me this 27 day of Sept, 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, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
in _____ Court by written order issued _____ and filed _____
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court
of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Rev. Frank Little hereby certify that on the _____ day of _____

one thousand nine hundred and 74 at Crawfordsville, County of Montgomery

State of Indiana, Groom Kenneth E. Jackson of Noble County, State of Indiana

and, Bride Bonnie Sue Thompson of Hendricks County, State of Indiana

were 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 5 day of October, 1974.

Signed Rev. Frank Little
Official Designation Minister
_____ day of _____, 1974

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Bonnie Sue Thompson
Date of Birth August 9, 1952
Place of Birth (State or foreign country) Indianapolis - Marion Co. - Ind.
Residence Address 74536 W Danville - Hendricks - Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Nurse's Aid

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Dept Public Health K 264-52

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Maynard Thompson

Residence of father (if deceased so state) Danville, Ind.

Occupation of father Plant Maintenance Race of father W

Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Pauline Mae Snell

Residence of mother (if deceased so state) Danville, Ind.

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Bonnie Sue Thompson
New Address West Chester Apts. #7, Ligonier, Ind.

Subscribed and sworn to before me this 27 day of Sept, 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, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 446
File Book #36
Date of Application Sept. 27, 1974

HENDRICKS County

MALE
Medical Examination Report Dated 9-20-74
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 9-20-74
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Carl Allen
Date of Birth July 8 1949
Place of Birth Indianapolis, Marion Co., Indiana
Residence Address Rt 3, Box 425, Plainfield, Hendricks Co., Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Warehouse Co-ordinator
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Draft registration 12-30-49-217

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Thomas J. Allen
Residence of father (if deceased so state) Rt 3, Plainfield, Ind.
Occupation of father Tool & Die Maker Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Virginia L. Haynes
Residence of mother (if deceased so state) Rt 3, Plainfield, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) _____

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.
Signed Carl W. Allen
New Address 7777 W. Washington St. Indianapolis
Subscribed and sworn to before me this 27 day of Sept, 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, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued 3 day waiting period 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 27 day of September, 1974, authorizing the joining together as husband and wife
of Carl W. Allen and Mary A. Wilson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Seal O. Younce hereby certify that on the 27 day of Sept
one thousand nine hundred and 74 at Evon Christian Church, County of Hendricks
State of Indiana, Groom Carl Wayne Allen of Hendricks County, State of Indiana
and, Bride Mary A. Wilson of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County, _____
Dated this 29 day of Sept, 1974. Signed Seal O. Younce
Official Designation _____, 1974
Filed and recorded in accordance with the laws of the State of Indiana this 2 day of October, 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. 447

File BK 36

Sept 30, 1974
Date of Application

MALE
Medical Examination Report Dated 9-24-74
Name of Physician Stuart J. Duncan M.D.

FEMALE
Medical Examination Report Dated 9-24-74
Name of Physician Stuart J. Duncan M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Duling Last
Date of Birth Month 4 Day 25 Year 1955
Place of Birth (State or foreign country) Brazil
Residence Address Street or R. R. City County State
839 Waple Dr. Ind. Hendricks Ind.
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Kragen Company
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) City of Brazil Ind.
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Benjamin Robert Duling
Residence of father (if deceased so state) 839 Waple Dr. Ind. Hendricks
Occupation of father City of Brazil Ind. Race of father White
Birthplace of father (State or foreign country) Sullivan County

12. Full maiden name of mother Judith Jean Wilkes
Residence of mother (if deceased so state) 839 Waple Dr. Ind. Hendricks
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Clay County

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed James Robert Duling
New Address W. Wash. Plainfield, Ind.

Subscribed and sworn to before me this 30 day of September 1974
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of Hendricks

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 4th day of October, 1974, authorizing the joining together as husband and wife of _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the 5th day of October, 1974, at Plainfield, _____ County, State of Indiana, Groom James Robert Duling and, Bride Karen Marie Hering were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.

Dated this 5th day of October, 1974.
Signed _____
Official Designation Minister
Signed _____ day of October, 1974.
Glen M. Harney Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1974.

FEMALE APPLICANT

Name First Karen Middle Marie Last Hering
Date of Birth Month January Day 18 Year 1956
Place of Birth (State or foreign country) Washington D.C.
Residence Address Street or R. R. City County State
922 Highland Dr. Ind. Hendricks Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) # 108
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Eugene John Hering
Residence of father (if deceased so state) 922 Highland Dr. Ind. Hendricks
Occupation of father P.D. Post Office Race of father White
Birthplace of father (State or foreign country) Ohio

8. Full maiden name of mother Jane Alice Hanning
Residence of mother (if deceased so state) 922 Highland Dr. Ind. Hendricks
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Green County

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed Karen Marie Hering
New Address W. Wash. Plainfield, Ind.

Subscribed and sworn to before me this 30 day of September 1974
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of Hendricks

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 448
File Book #36
Date of Application September 30, 1974

MALE
Medical Examination Report Dated September 26, 1974
Name of Physician Herbert N. Hill, M.D.

FEMALE
Medical Examination Report Dated October 1, 1974
Name of Physician Herbert N. Hill

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last
Michael Kent Lee
Date of Birth Month Day Year
September 28 1953
Place of Birth (State or foreign country)
Illinois
Residence Address Street or R. R. City County State
Box 79-41, Danville Ind 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 Laborer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Ind. Sec. No. 12-233-53-354

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Leslie Scott Lee

Residence of father (if deceased so state) Indianapolis

Occupation of father Unknown Race of father W.

Birthplace of father (State or foreign country) Clay Co, Illinois

12. Full maiden name of mother Rose Marie Hardy

Residence of mother (if deceased so state) 104 79-41 Danville

Occupation of mother Secretary Race of mother W.

Birthplace of mother (State or foreign country) Clay Co, Illinois

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

County of

Signed Michael K Lee

New Address 5657 Whitcomb Inverness Ind.

Subscribed and sworn to before me this 30th day of September, 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, Hendricks } ss:

County of

Signed

Signed

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Middle Last
Pamela Rae Dailly
Date of Birth Month Day Year
May 11 1947
Place of Birth (State or foreign country)
Marion County Hospital
Residence Address Street or R. R. City County State
5657 Whitcomb Inverness Ind Hendricks Co.

Maiden Name if Different Pamela Rae Albright

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1964

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Beautician

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Ind. Sec. No. 4644

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Claude Albright

Residence of father (if deceased so state) Janestown, Indiana

Occupation of father Retired Race of father W.

Birthplace of father (State or foreign country) Mitchell Indiana

8. Full maiden name of mother Genevieve Cooper

Residence of mother (if deceased so state) Janestown, Indiana

Occupation of mother Retired Race of mother W.

Birthplace of mother (State or foreign country) Mitchell Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

County of

Signed Pamela R Dailly

New Address 5657 Whitcomb Inverness Ind.

Subscribed and sworn to before me this 4th day of October, 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, Hendricks } ss:

County of

Signed

Signed

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued and filed in

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 14th day of October, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Seal O'Neil Younce hereby certify that on the 12 day of October

one thousand nine hundred and 74 at Inverness, County of Hendricks

State of Indiana, Groom Michael Lee of Hendricks County, State of Indiana

and, Bride Pamela Rae Dailly of Marion County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 12 day of October, 1974.

Signed Seal O. Younce

Official Designation Minister

24 day of October, 1974.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 449
File BK #36
Oct. 1, 1974
Date of Application

MALE
Medical Examination Report Dated 9-30-74
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 9-30-74
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 Robert Middle Lee Last
Date of Birth Month May Day 19 Year 1951
Place of Birth (State or foreign country) Indianapolis Ind. Marion
Residence Address Street or R. R. 9707 Melody Lane, Dupls. Ind. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Armed Forces of the U.S.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) I.D. Card # 309-48-6334

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

11. Full name of father Robert E. Lee Jr.
Residence of father (if deceased so state) 9707 Melody Ln, Dupls. Ind.
Occupation of father Master Craftsperson Race of father White
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Margaret A. Fisher
Residence of mother (if deceased so state) Deceased
Occupation of mother Race of mother
Birthplace of mother (State or foreign country) Dupls. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Robert E. Lee
New Address 9707 Melody Lane
Subscribed and sworn to before me this 1 day of October, 1974
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed
Signed Father
Signed Mother
Subscribed and sworn to before me this day of 1974
Clerk

FEMALE APPLICANT

Name First Charlotte Middle Williams Last
Date of Birth Month 8 Day 14 Year 1952
Place of Birth (State or foreign country) Indianapolis Ind. Marion
Residence Address Street or R. R. 9714 Melody Lane, Dupls. Ind. City County State
Maiden Name if Different Charlotte Page

Previous Marital Status: Never Married ☐ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1974

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Homemaker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) # 113 52-063831

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Sister Eugene Page
Residence of father (if deceased so state) Granddell Plaza, Dupls. Ind.
Occupation of father Postal Clerk Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Delores Catherine Brown
Residence of mother (if deceased so state) 9714 Melody Ln, Dupls. Ind.
Occupation of mother Postal Clerk Race of mother White
Birthplace of mother (State or foreign country) Dupls. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Charlotte Williams
New Address 9707 Melody Lane

Subscribed and sworn to before me this 1 day of October, 1974
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed
Signed Father
Signed Mother
Subscribed and sworn to before me this day of 1974
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
in HENDRICKS County Court by written order issued and filed
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5 day of October, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul W. Ragdale, hereby certify that on the 5 day of October, 1974, at Center Friends Church, County of Hendricks, State of Indiana, Groom Robert E. Lee, Jr. and, Bride Charlotte K. Williams were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.

Dated this 5 day of October, 1974.
Signed Paul W. Ragdale
Official Designation Minister
Signed Alex M. Harvey
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of October, 1974.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 450
File Book #36
Date of Application October 1, 1974

HENDRICKS County

MALE
Medical Examination Report Dated September 5, 1974
Name of Physician William B. Krul, M.D.

FEMALE
Medical Examination Report Dated September 5, 1974
Name of Physician William B. Krul, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last
James Bruce Riley
Date of Birth January 4, 1949
Place of Birth Indianapolis, Indiana
Residence Address 2245 Plangfield Ind. Needs Co
Previous Marital Status: Never Married Number of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment May 1970
Color or Race White Negro Other (specify)

Usual Occupation Carpenter
Date of birth verified by: Birth Cert. Judicial Decree
Other (Specify) St. Louis Mo. 12-216-49-9

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No Yes
Of Unsound Mind? No Yes
2. Are you under guardianship as a person of unsound mind? No Yes
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No Yes
If answer to 3 is "yes" has the cause of such condition been removed? No Yes
4. Are you afflicted with a transmissible disease? No Yes
5. Are you related to the bride closer than second cousin? No Yes
6. Are you now under the influence of intoxicating liquor? No Yes
7. Are you now under the influence of a narcotic drug? No Yes
8. Are you able to support a family? Yes No
9. Are you likely to so continue? Yes No
10. Do you have minor children from one or more former marriages? Yes No
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
James Bruce Riley II 6 Same as applicant

- (b) Are you supporting or contributing to their 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 Samuel Riley
Residence of father (if deceased so state) Naples, Florida
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Pennsylvania
12. Full maiden name of mother Ella Mae Hart
Residence of mother (if deceased so state) St. Louis, Missouri
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Markersburg, Ky.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed James Bruce Riley
New Address 2245 Plangfield Ind.

Subscribed and sworn to before me this 1st day of Oct, 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, Hendricks } ss:
County of Hendricks

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 1974
Clerk

FEMALE APPLICANT

Name First Middle Last
Pamela Sue Kidwell
Date of Birth June 2, 1953
Place of Birth Indianapolis, Indiana
Residence Address 2245 Plangfield Ind. Needs 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 Waitress
Date of birth verified by: Birth Cert. Judicial Decree
Other (Specify) St. Louis Mo. 113-53-046528

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No Yes
Of Unsound Mind? No Yes
2. Are you under guardianship as a person of unsound mind? No Yes
3. Are you afflicted with a transmissible disease? No Yes
4. Are you related to the groom closer than second cousin? No Yes
5. Are you now under the influence of intoxicating liquor? No Yes
6. Are you now under the influence of a narcotic drug? No Yes
7. Full name of father Robert Alfred Arthur Tedwell
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 Pamela Sue Kidwell
Residence of mother (if deceased so state) deceased
Occupation of mother Race of mother W
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed Pamela Sue Kidwell
New Address 2245 Plangfield Ind.

Subscribed and sworn to before me this 1st day of Oct, 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, Hendricks } ss:
County of Hendricks

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 1974
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 8 day of October, 1974, authorizing the joining together as husband and wife of James Bruce Riley and Pamela Sue Kidwell. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Rev. Robert Shipley, hereby certify that on the 12 day of October, one thousand nine hundred and 74, at Indianapolis, County of Marion, State of Indiana, Groom James Bruce Riley of Hendricks County, State of Indiana, and, Bride Pamela Sue Kidwell of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County. Dated this 8 day of October, 1974.

Signed Rev. Robert Shipley
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 16 day of October, 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. 451

File Book 36

Oct 1 1974

Date of Application

MALE
Medical Examination Report Dated 9-25-74

Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 9-25-74

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 Keith Middle Allen Last Trindle
Date of Birth Month 3 Day 26 Year 1953
Place of Birth (State or foreign country) 2nd
Residence Address 1393 Denver Dr Plainfield Hend Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Mechanic

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Donald L Trindle
Residence of father (if deceased so state) Deceased
Occupation of father Salesman Race of father
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dolores J. Yaley
Residence of mother (if deceased so state) Same
Occupation of mother Public Acct. Race of mother W
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of Signed x Keith Allen Trindle
New Address 5932 Mooreville Rd apt 35

Subscribed and sworn to before me this 1 day of Oct, 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, HENDRICKS } ss:
County of Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8 day of October, 1974, authorizing the joining together as husband and wife of Keith Allen Trindle and Kristie Ann Thompson. Be it further remembered, the following marriage certificate was filed in my office, to-wit: Carolyn Kellum, one thousand nine hundred and 74, hereby certify that on the 12 day of October, 1974, at Plainfield, Hendricks County, State of Indiana, Groom Keith Allen Trindle and, Bride Kristie Ann Thompson, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana. Dated this 12 day of October, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of October, 1974.

Signed Carolyn Kellum
Official Designation Clerk, Plainfield Friends
Signed Glen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Kristi Middle Ann Last Thompson
Date of Birth Month 3 Day 24 Year 1955
Place of Birth (State or foreign country) Indiana
Residence Address 143 Eastern Ave Plainfield Hend Ind
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Joseph Thompson
Residence of father (if deceased so state) Same
Occupation of father Toolmaker Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother JoAnn Pierson
Residence of mother (if deceased so state) Same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of Signed x Kristi Ann Thompson

New Address Same as groom
Subscribed and sworn to before me this 1 day of Oct, 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, HENDRICKS } ss:
County of Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 452

File BK #36

October 1, 1974
Date of Application

MALE

Medical Examination Report Dated 9-27-74

Name of Physician Glenn W. Baker, MD

FEMALE

Medical Examination Report Dated 9-27-74

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, representa-

MALE APPLICANT

Name First Scott Middle P. Last Walker
Date of Birth Month 7 Day 3 Year 1954
Place of Birth (State or foreign country) Dayton Ohio
Residence Address R.R. #1 Box 93 A Brownsburg Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Ill. Inv. # 12 30 54 295

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Thomas M. Walker
Residence of father (if deceased so state) R.R. #1 Box 93 A Brownsburg Ind.
Occupation of father Doctor Race of father White
Birthplace of father (State or foreign country) Henderson Ky.
12. Full maiden name of mother Mary Ruth Blackburn
Residence of mother (if deceased so state) R.R. #1 Box 93 A Brownsburg Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Evansville Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Scott Walker

New Address LOT 107 Oakhurst Brownsburg Ind.

Subscribed and sworn to before me this 1 day of October, 1974
Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Marcia Middle L. Last Yeager
Date of Birth Month Dec Day 18 Year 1952
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address R.R. #2 Box 178 AA Brownsburg Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Medical Assistant

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 13329

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Royce Yeager

Residence of father (if deceased so state) R.R. #2 Box 178 AA Brownsburg Ind.

Occupation of father Phila. Co. depts. Race of father White

Birthplace of father (State or foreign country) Indpls. Ind.

8. Full maiden name of mother Margaret Marie Masten

Residence of mother (if deceased so state) R.R. #2 Box 178 AA Brownsburg Ind.

Occupation of mother Homemaker Race of mother White

Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Marcia Yeager

New Address Lot 107 Oakhurst Brownsburg Ind.

Subscribed and sworn to before me this 1 day of October, 1974

Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5 day of October, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Donald Tyler, hereby certify that on the 5 day of October, 1974, at Brownsburg, County of Hendricks, State of Indiana, Groom Scott P. Walker, of Hendricks County, State of Indiana, and, Bride Marcia L. Yeager, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5 day of October, 1974.

Signed Rev. Donald Tyler

Official Designation Minister

Signed 8 day of October, 1974

Signed Glenn M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of October, 1974

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 453

File Book #36

October 1, 1974
Date of Application

MALE
Medical Examination Report Dated Sept 30, 1974
Name of Physician J. Thomas Vieira, M.D.

FEMALE
Medical Examination Report Dated Sept 30, 1974
Name of Physician J. Thomas Vieira, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Charles Richard Shepherd
Date of Birth November 9, 1953
Place of Birth Morgan County, Indiana
Residence Address R.R. #4 Mooresville Ind Morgan 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 U.S. Air Force

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Military ID Air Force 315-58-7817

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Milton Newby
Residence of father (if deceased so state) Morgan County
Occupation of father Carpenter Race of father W
Birthplace of father (State or foreign country) unknown

12. Full maiden name of mother Helma May Shepherd
Residence of mother (if deceased so state) same as applicant
Occupation of mother typist Race of mother W
Birthplace of mother (State or foreign country) Morgan Co, Ind

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Charles R. Shepherd
New Address West Air Force Base Texas

Subscribed and sworn to before me this 1st day of Oct, 1974
by Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ Office _____ authorizes and directs the issuance of a marriage license to the above named parties. 3-day notice

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 1st day of October, 1974, authorizing the joining together as husband and wife of Charles Richard Shepherd and Debra Lynn Carter.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gary R. Kirschhoff, hereby certify that on the 2 day of October, one thousand nine hundred and 74, at Terre Haute, County of Vigo, State of Indiana, Groom Charles Richard Shepherd and, Bride Debra Lynn Carter of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____ Indiana.
Dated this 2 day of October, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this _____

Signed Gary R. Kirschhoff
Official Designation Minister
_____ day of October, 1974
Signed Allen M. Harvey Clerk
_____ HENDRICKS Circuit Court

FEMALE APPLICANT

Name Debra Lynn Carter
Date of Birth February 12, 1956
Place of Birth (State or foreign country) Putnam County, Indiana
Residence Address Box 53 Ames, Indiana 46805 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 Waller's

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Putnam Co Dept of Health

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father James Snyder Carter
Residence of father (if deceased so state) same as applicant
Occupation of father Chevrolet Race of father W
Birthplace of father (State or foreign country) Allen Co Ky

8. Full maiden name of mother Debra Lynn DeBerry
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) Ames Co Ky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Debra Lynn Carter

New Address West Air Force Base Texas

Subscribed and sworn to before me this 1st day of October, 1974
by Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 454

File Book 36

October 1 1974
Date of Application

MALE
Medical Examination Report Dated 9-30-74

Name of Physician John Elliott

FEMALE

Medical Examination Report Dated 9-30-74

Name of Physician John Elliott

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Dennis Middle James Last Hayden
Date of Birth June 5 1955
Place of Birth (State or foreign country) Oklahoma
Residence Address RR 2 Coatesville Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Truck Driver
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Mellicent Hayden 3mo. Coatesville
(b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Otis R. Hayden
Residence of father (if deceased so state) Same
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Hend Co Ind
12. Full maiden name of mother Rose M. Poland
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Hend Co Ind

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed x Dennis James Hayden
New Address Coatesville

Subscribed and sworn to before me this 1 day of Oct, 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, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Glenda Middle Jean Last Winger
Date of Birth Dec 28 1955
Place of Birth (State or foreign country) Indiana
Residence Address Coatesville Ind
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation 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 Jesse Winger Jr
Residence of father (if deceased so state) Coatesville
Occupation of father Mortician Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Jean Myers
Residence of mother (if deceased so state) Coatesville
Occupation of mother Bank Teller Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Glenda Jean Winger
New Address Coatesville

Subscribed and sworn to before me this 1 day of Oct, 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, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued Oct 1 1974 and filed in Clerk's
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1 day of October, 1974, authorizing the joining together as husband and wife of Dennis James Hayden and Glenda Jean Winger
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Keith Curcell, hereby certify that on the 4 day of October, 1974, at Belleville, Hendricks County, State of Indiana, Groom, Dennis James Hayden, of Hendricks County, State of Indiana, and, Bride, Glenda Jean Winger, of Hendricks County, State of Indiana, were by me united 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 October, 1974.

Signed Keith Curcell
Official Designation Justice of the Peace
15 day of October, 1974
Signed Glen M. Harvey
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 455

File Book 36

Oct 2 1974
Date of Application

MALE
Medical Examination Report Dated 9-23-74
Name of Physician Hugo A. Brenner

FEMALE
Medical Examination Report Dated 9-18-74
Name of Physician Dr. W. Kintley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Walter G. Galloway
Date of Birth Month Day Year
9 10 05
Place of Birth (State or foreign country)
Countryside R.R.
Residence Address Street or R.R. City County State
R.R. 1 Altice Fountain Ind
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Retired U.S.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Divorce Rec.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Robert G. Galloway
Residence of father (if deceased so state) Deceased
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Countryside Ind
12. Full maiden name of mother Patricia M. Carly
Residence of mother (if deceased so state) Deceased
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Countryside Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed X Walter G. Galloway
New Address R.R. 1 Box 23 Altice

Subscribed and sworn to before me this 2 day of Oct, 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, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued Oct 2 1974 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2 day of October, 1974, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, H. Orval Moore, hereby certify that on the 6 day of October, 1974, at Danville, County of Hendricks, State of Indiana, Groom Walter G. Galloway and, Bride Carrie Marie Banister, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 6 day of October, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of October, 1974.
Signed H. Orval Moore
Official Designation Minister
Signed Glen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Carrie Marie Banister
Date of Birth Month Day Year
8 12 09
Place of Birth (State or foreign country)
Indpls
Residence Address Street or R.R. City County State
157 N. Wash. Danville Hend Ind
Maiden Name if Different Nelson
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Teacher - Bank

- Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Divorce Rec.
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Luther Christopher Nelson
Residence of father (if deceased so state) Deceased
Occupation of father Wood worker Race of father W
Birthplace of father (State or foreign country) Indpls Ind
8. Full maiden name of mother Nellie Florence Bittler
Residence of mother (if deceased so state) Deceased
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Lima Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Carrie Marie Banister
New Address Same as groom

Subscribed and sworn to before me this 2 day of Oct, 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, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 456
File # 36
Date of Application 10-2-74

MALE
Medical Examination Report Dated 9-23-74
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 9-23-74
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 Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Robert Pardieck
Residence of father (if deceased so state) 205 Cardinal Dr
Occupation of father Florist Seymour Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Margaret Stinivel
Residence of mother (if deceased so state) same
Occupation of mother Florist Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Michael A. Pardieck

New Address 5505 Scarlet Dr Indianapolis

Subscribed and sworn to before me this 4 day of Oct, 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, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Lab Technician

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree National Office of
☐ Other (Specify) Vital Statistics 113552-014608

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Jerome W. Lenty
Residence of father (if deceased so state) 857 Gary Dr. Plainfield, Ind.
Occupation of father Engineer Race of father W
Birthplace of father (State or foreign country) Terre Haute, Indiana
8. Full maiden name of mother Esther M. Champion
Residence of mother (if deceased so state) 857 Gary Dr. Plainfield, Ind.
Occupation of mother Manager at Lyrus Race of mother W
Birthplace of mother (State or foreign country) Terre Haute, Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Jeri Elaine Lenty

New Address 5505 Scarlet Dr Apt. D Indianapolis

Subscribed and sworn to before me this 2 day of October, 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, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Court of Indiana dated the 7th day of October, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. I, Richard S. Radtke hereby certify that on the 13 day of October, 1974, at Plainfield, County of Hendricks,

one thousand nine hundred and 74 State of Indiana, Groom Michael Alan Pardieck of Marion County, State of Indiana,

and, Bride Jeri Elaine Lenty of Hendricks County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 14 day of October, 1974.

Signed Richard S. Radtke

Official Designation Pastor, St. Luke's Church

16 day of October, 1974.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 457
File BK # 36
Date of Application October 3, 1974

MALE
Medical Examination Report Dated 10-2-74
Name of Physician Dr. M. C. Scanaborn

FEMALE
Medical Examination Report Dated 10-2-74
Name of Physician Dr. M. C. Scanaborn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Ronald P. Merritt
Date of Birth October 30, 1942
Place of Birth (State or foreign country) Ind. Ind.
Residence Address 217 N. Maple, Pittsboro, Ind.
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date May 1974

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Military

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) 30340 1109 - Ind. Surv.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☒

(a) List their full names, ages and addresses
Gloria Kay Merritt 10 217 N. Maple, Pittsboro

(b) Are you supporting or contributing to their 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 Lawrence Merritt
Residence of father (if deceased so state) N. Maple, Pittsboro, Ind.
Occupation of father Security Race of father White
Birthplace of father (State or foreign country) Pittsboro, Ind.

12. Full maiden name of mother Nella Louise Becker
Residence of mother (if deceased so state) N. Maple, Pittsboro, Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Brownsville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald P. Merritt
New Address 217 N. Maple, Pittsboro, Ind.

Subscribed and sworn to before me this 2 day of October, 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, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ in _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the _____ day of _____, 1974, authorizing the joining together as husband and wife _____ and _____, the following marriage certificate was filed in my office, to-wit:

I, Sherman E. Seep, hereby certify that on the 13 day of October, 1974, at Pittsboro, County of Hendricks, State of Indiana, Groom Ronald P. Merritt and, Bride Patricia A. York were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.

Dated this 13 day of October, 1974.

Signed Sherman E. Seep
Official Designation Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of October, 1974.

FEMALE APPLICANT

Name Patricia A. York
Date of Birth August 3, 1944
Place of Birth (State or foreign country) Burn Co. Ind.
Residence Address 217 N. Maple, Pittsboro, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Homemaker

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Mar. cert. of 1969

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Harold P. West
Residence of father (if deceased so state) Pittsboro, Ind.
Occupation of father Homemaker Race of father White
Birthplace of father (State or foreign country) Burn Co.

8. Full maiden name of mother Norma Jean French
Residence of mother (if deceased so state) Pittsboro, Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Burn Co.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia A. York
New Address 217 N. Maple, Pittsboro, Ind.

Subscribed and sworn to before me this 2 day of October, 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, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 458

File Book 36

Oct 4 1974
Date of Application

HENDRICKS

County

MALE
Medical Examination Report Dated 10-2-74

Name of Physician Carl Heinlein

FEMALE

Medical Examination Report Dated 10-2-74

Name of Physician Carl Heinlein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Bryan Lee Fisher
Date of Birth Month Day Year
Aug 28 1956
Place of Birth (State or foreign country)
Indianapolis Ind.
Residence Address Street or R. R. City County State
R2 Box 326 Clayton Hend Ind

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Air Force

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Kenneth L. Fisher
Residence of father (if deceased so state) Same
Occupation of father Electrician Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Doris J. Van Trees
Residence of mother (if deceased so state) unknown
Occupation of mother unknown Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed x Bryan Lee Fisher

New Address 10813 1/2 Main St
Clayton Hend Ind 46033

Subscribed and sworn to before me this 4 day of Oct, 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, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Middle Last
Katherine Lynn Gocke
Date of Birth Month Day Year
Jan 7 1958
Place of Birth (State or foreign country)
Indianapolis Ind.
Residence Address Street or R. R. City County State
Coatesville R21 Hend Ind

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father John Lewis Gocke
Residence of father (if deceased so state) Same
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Ida Vivian Gocke
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, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed x Katherine Lynn Gocke

New Address same as groom

Subscribed and sworn to before me this 4 day of Oct, 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, } ss:
County of HENDRICKS

Signed x John L. Gocke Father

Signed x Ida Vivian Gocke Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

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 Oct 4 1974 and filed
in Charles D. Jones authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 4 day of October, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stanley K. Hicks hereby certify that on the 5 day of October

one thousand nine hundred and 74 at Hazlet, County of Hendricks,

State of Indiana, Groom Bryan Lee Fisher of Hendricks County, State of Indiana,

and, Bride Katherine Lynn Gocke of Hendricks County, State of Indiana,

were 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 5 day of October, 1974.

Signed Stanley K. Hicks

Official Designation Minister

Signed Glen M. Harvey 8 day of October, 1974

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

HENDRICKS _____ County

FEMALE
Medical Examination Report Dated 9-26-74
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 defense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

FEMALE APPLICANT

Name *First* Joyce *Middle* Johnson *Last*

Date of Birth 11 *Month* 36 *Day* 55 *Year*

Place of Birth (State or foreign country) Cauro Ill.

Residence Address 619 Jackson Blvd. Brownburg Head Ind

Street or R. R. City County State

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Santa

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

Driver

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐

If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐

4. Are you afflicted with a transmissible disease? No ☒ Yes ☐

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? No ☐ Yes ☒

(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

2 Other (Specify) Drunken Sec.

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

Name	Age	Address
John Doe	35	123 Main St, New York, NY 10001
Jane Smith	28	456 Elm St, Los Angeles, CA 90001
Bob Johnson	42	789 Oak St, Chicago, IL 60601
Alice Brown	31	101 Pine St, San Francisco, CA 94101
Charlie Davis	25	202 Cedar St, Houston, TX 77001
Eve White	38	303 Birch St, Phoenix, AZ 85001
Frank Green	45	404 Spruce St, Portland, OR 97201
Grace Black	29	505 Willow St, Seattle, WA 98101
Henry Gold	33	606 Ash St, Denver, CO 80201
Ivy Silver	27	707 Hickory St, Dallas, TX 75201
Jack Copper	40	808 Sycamore St, San Antonio, TX 78201
Karen Iron	36	909 Walnut St, Fort Worth, TX 76101
Leo Tin	22	1010 Chestnut St, Austin, TX 78701
Mia Lead	48	1111 Olive St, San Diego, CA 92101
Noah Zinc	30	1212 Maple St, San Jose, CA 95101
Olivia Nickel	26	1313 Palm St, Las Vegas, NV 89101
Peter Platinum	50	1414 Cedar St, Salt Lake City, UT 84101
Quinn Silver	34	1515 Birch St, Salt Lake City, UT 84101
Sam Gold	20	1616 Spruce St, Salt Lake City, UT 84101
Tina Iron	44	1717 Willow St, Salt Lake City, UT 84101
Victor Copper	24	1818 Ash St, Salt Lake City, UT 84101
Wendy Lead	46	1919 Hickory St, Salt Lake City, UT 84101
Xavier Zinc	21	2020 Sycamore St, Salt Lake City, UT 84101
Yara Nickel	39	2121 Walnut St, Salt Lake City, UT 84101
Zoe Platinum	23	2222 Chestnut St, Salt Lake City, UT 84101

7. Full name of father... Carl W. Johnson
Residence of father (if deceased so state) RR 4 Lebanon
Occupation of father... Farmer Race of father W
Birthplace of father (State or foreign country) Anna Ill.

8. Full maiden name of mother... Lucile T. Poole
Residence of mother (if deceased so state) same
Occupation of mother... Factory Worker Race of mother W
Birthplace of mother (State or foreign country) Anna Ill.

(b) Are you supporting or contributing to their support? Yes ☐ No ☒

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

State of Indiana, }
County of _____ HENDRICKS } ss: I depose and state the information given
in this application is true and correct

11. Full name of father... Frank Diemond
Residence of father (if deceased so state) Brownburg
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Lain Ratliff
Residence of mother (if deceased so state) same
Occupation of mother Beautician Race of mother W
Birthplace of mother (State or foreign country) Indiana

Signed ☒ Joyce Johnson

New Address _____

State of Indiana, }
County of **HENDRICKS** } ss: I depose and state the information given
in this application is true and correct.

Subscribed and sworn to before me this 14 day of Oct, 1914
Glenn M. Harvey Clerk **HENDRICKS** Circuit Court

Subscribed and sworn to before me this 15 day of Oct, 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.....

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, }
County of..... **HENDRICKS** } ss:

State of Indiana, }
County of..... **HENDRICKS** } 卷数 :

Signed.....
Signed..... Father

Signed.....Father

Subscribed and sworn to before me this _____ day of _____ Mother

Signed.....Mother

19 Clerk

Subscribed and sworn to before me this.....day of....., 19.....

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT

County _____ Court by written order issued _____ and filed _____

authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF _____

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the _____ day of _____, 19____.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: George A. Drennon and Joyce Johnson, 1974, authorizing the joining together as husband and wife.

one thousand nine hundred and 74 hereby certify that on the 12 day of October
State of Indiana, Groom George L. at Dan

and, Bride, Joyce Johnson of Hendricks County, State of Indiana
were by me united in marriage

County, _____ Marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____
Dated this _____ 12 _____ day of _____ P. M. _____ HENDRICKS _____

Signed Charles Brit

and recorded in accordance with the laws of the State of Indiana this 15th day of June 1904.

Official Designation Justice of the Peace

Signed Ellen M. Jarveys day of October, 1911 Clerk

HENDRICKS ✓ Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 460

File 36

10-7-74
Date of Application

MALE
Medical Examination Report Dated 10-2-74

Name of Physician M. O. Scamahorn

FEMALE

Medical Examination Report Dated 10-2-74

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 William Middle D. Last Stanley
Date of Birth December 16 1921
Place of Birth (State or foreign country)

Residence Address Street or R. R. City County State
111 Bx 275C Brownsburg Hendricks Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Railroad

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Birth Cert. 193489

1. Are you now or have you been adjudged, diagnosed or considered as:

An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐

If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐

4. Are you afflicted with a transmissible disease? No ☒ Yes ☐

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? No ☒ Yes ☐

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their 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 D. Stanley

Residence of father (if deceased so state) 79 Addison, Indpls, Ind.

Occupation of father retired Race of father 31

Birthplace of father (State or foreign country) South Dakota

12. Full maiden name of mother Ethel Thompson

Residence of mother (if deceased so state) deceased

Occupation of mother Race of mother 31

Birthplace of mother (State or foreign country) West Virginia

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed William D. Stanley

New Address RR#1 Bx 275C Brownsburg

Subscribed and sworn to before me this 7 day of Oct, 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, } ss:

County of HENDRICKS

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Julia Middle Ann Last Clements
Date of Birth May 13 1928
Place of Birth (State or foreign country)

Residence Address Street or R. R. City County State
2327 W. Brown Plainfield-Hendricks-Indiana

Maiden Name if Different Julia Ann Bennett

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 Clerk State Office Bldg

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Dept. of Health

☒ Other (Specify) #333, p. 55, C.H. 20

1. Are you now or have you been adjudged, diagnosed or considered as:

An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Winton Bennett

Residence of father (if deceased so state) deceased

Occupation of father Race of father 31

Birthplace of father (State or foreign country) Illinois

8. Full maiden name of mother Cora Taffinger

Residence of mother (if deceased so state) Plainfield, Indiana

Occupation of mother retired Race of mother 31

Birthplace of mother (State or foreign country) Illinois

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Julia Ann Clements

New Address RR#1 Bx 275C Brownsburg

Subscribed and sworn to before me this 7 day of Oct, 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, } ss:

County of HENDRICKS

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County Court by written order issued and filed

in. authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the

of Indiana dated the 16 day of October, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to wit:

1. I, Howard Davidson, hereby certify that on the 26 day of October,

one thousand nine hundred and 74, at Brownsburg, County of Hendricks,

State of Indiana, Groom William D. Stanley, of Hendricks County, State of Indiana,

and, Bride Julia Ann Clements, of Hendricks County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of

County, HENDRICKS

Dated this 26 day of October, 1974.

Signed S. Howard Davidson

Official Designation Minister, 1974

Signed Glen M. Harvey, Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of October, 1974.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 461
File Book #36
October 7, 1974
Date of Application

MALE
Medical Examination Report Dated Oct 4, 1974
Name of Physician Eric S. Clark, M.D.

FEMALE
Medical Examination Report Dated Oct 4, 1974
Name of Physician Eric S. 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 Middle Last
Cellis O. Naylor
Date of Birth Month Day Year
Feb. 1 1928
Place of Birth (State or foreign country)
Spencer, Kentucky
Residence Address Street or R. R. City County State
Rt 2 Box 658 Plainfield Ind Hendricks
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Penn-Central Railroad

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Commonwealth of Ky

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their 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 Naylor

Residence of father (if deceased so state) deceased

Occupation of father Race of father W

Birthplace of father (State or foreign country) Louisville, Kentucky

12. Full maiden name of mother Nancy B. Clark

Residence of mother (if deceased so state) deceased

Occupation of mother Race of mother W

Birthplace of mother (State or foreign country) Carroll Co, Ky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Cellis O. Naylor

New Address Rt 2 Box 658, Plainfield Ind

Subscribed and sworn to before me this 7th day of October, 1974

Sheldon M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County _____ Court by written order issued _____ and filed in _____

authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court

of Indiana dated the 11th day of October, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1, Buddy Lehman

one thousand nine hundred and 74 hereby certify that on the 12 day of October

State of Indiana, Groom Cellis O. Naylor at Plainfield, County of Hendricks

and, Bride Mae La Rue Salada of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana

Dated this 12 day of October, 1974

Signed Buddy Lehman

Official Designation Minister

Signed Sheldon M. Harvey

16 day of October, 1974

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

_____, Clerk

FEMALE APPLICANT

Name First Middle Last
Mae La Rue Salada
Date of Birth Month Day Year
June 7 1931
Place of Birth (State or foreign country)
Venango Co Pennsylvania
Residence Address Street or R. R. City County State
7219 East Hwy Indpls Ind Marion Co
Maiden Name if Different Mae La Rue Kline
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1969

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Eaton Corp.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Commonwealth of Pa

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Emmett Lewis Kline

Residence of father (if deceased so state) deceased

Occupation of father Race of father W

Birthplace of father (State or foreign country) Charfield Co Pa

8. Full maiden name of mother Grace Alden Lucas

Residence of mother (if deceased so state) deceased

Occupation of mother Race of mother W

Birthplace of mother (State or foreign country) Charfield Co, Ky Pa

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Mae L. Salada

New Address Rt 2 Box 658 Plainfield Ind

Subscribed and sworn to before me this 7th day of Oct, 1974

Sheldon M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 462
File Book #36
Date of Application October 7, 1974

MALE
Medical Examination Report Dated Oct 7, 1974
Name of Physician David B. Haggard, M.D.

FEMALE
Medical Examination Report Dated October 7, 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, representa-

MALE APPLICANT

Name First Middle Last
Ralph Schneider Hockett II
Date of Birth Month Day Year
February 15, 1950
Place of Birth (State or foreign country)
Indianapolis, Indiana
Residence Address Street or R. R. City County State
1411 Louisa St Moultrie County Illinois
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ 1974

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Self-Employed

Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree

☒ Other (Specify) Self-Decl 12-28-50-30

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Ralph Schneider Hockett II	3	Greenfield, Ind.
Catherine Helena Hockett	1	Greenfield, 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: Ralph Schneider Hockett
Residence of father (if deceased so state): Greenfield, Ind.
Occupation of father: Self-employed Race of father: W.
Birthplace of father (State or foreign country): Indianapolis, Ind.

12. Full maiden name of mother: Virginia Elsie Bragghard
Residence of mother (if deceased so state): Greenfield, Ind.
Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country): Jossville, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Ralph Hockett
New Address: 1411 Louisa St, Moultrie County, Illinois

Subscribed and sworn to before me this 7th day of Oct, 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, Hendricks } ss:

Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name First Middle Last
Deborah Kay Wright
Date of Birth Month Day Year
June 6, 1949
Place of Birth (State or foreign country)
Mattoon, Illinois
Residence Address Street or R. R. City County State
1409 Deane Drive, Plainfield Ind 46160
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 Artist

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Memorial Methodist Hosp Mattoon Ill

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: James Walter Wright
Residence of father (if deceased so state): Plainfield, Ind.
Occupation of father: Railroad Race of father: W.
Birthplace of father (State or foreign country): Detroit, Michigan

8. Full maiden name of mother: Betty Jane Shadwick
Residence of mother (if deceased so state): Plainfield, Indiana
Occupation of mother: Secretary Race of mother: W.
Birthplace of mother (State or foreign country): Mattoon, Ill.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Deborah K. Wright
New Address: 1411 Louisa St, Moultrie County, Illinois

Subscribed and sworn to before me this 7th day of Oct, 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, Hendricks } ss:

Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued Oct 7, 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

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 7th day of October, 1974, authorizing the joining together as husband and wife of Ralph Schneider Hockett II and Deborah Kay Wright. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Charles J. Bair, hereby certify that on the 7 day of October, one thousand nine hundred and 74, at Danville, Hendricks County, State of Indiana, Groom Ralph Schneider Hockett II of Moultrie County, State of Indiana, and, Bride Deborah Kay Wright of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 7 day of October, 1974.

Signed: Charles J. Bair
Official Designation: Justice of the Peace
Filed and recorded in accordance with the laws of the State of Indiana this 9 day of October, 1974.
Signed: Glen M. Harvey
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 463
File Book 36
Oct. 8, 1974
Date of Application

MALE
Medical Examination Report Dated 10-4-74
Name of Physician Dr. Robert Messinger

FEMALE
Medical Examination Report Dated 10-4-74
Name of Physician Dr. Robert Messinger

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, represents, tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Louis Middle J. Last Warren
Date of Birth Month Oct Day 6 Year 1955
Place of Birth (State or foreign country) Zanesville Ohio
Residence Address 7193 Bridgwood Indianapolis
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation _____
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service 12-30-55-365
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Richard Paul Warren
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Evelyn Lee White
Residence of mother (if deceased so state) same
Occupation of mother Nurse Aide Race of mother _____
Birthplace of mother (State or foreign country) Ohio
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed [Signature]
New Address _____
Subscribed and sworn to before me this 8 day of October, 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, HENDRICKS ss: _____
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 17 day of October, 1974, authorizing the joining together as husband and wife of Louis J. Warren and Paula J. Cornwell.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Rev Charles Noll hereby certify that on the 26 day of October, one thousand nine hundred and 74 at Brownsburg, County of Hendricks, State of Indiana, Groom Louis J. Warren and, Bride Paula J. Cornwell of Marion County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____ Indiana.
Dated this 17 day of October, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1974.
Signed Rev Charles Noll
Official Designation Catholic Priest
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Paula Middle J. Last Cornwell
Date of Birth Month March Day 23 Year 1956
Place of Birth (State or foreign country) Marion Co. Indianapolis
Residence Address 7193 Bridgwood Indianapolis
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) State Bt of Health 56-022732
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Milford Cornwell
Residence of father (if deceased so state) same
Occupation of father Sheet Metal Race of father _____
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Helen Jean Riggs
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Paula J. Cornwell
New Address 7193 Bridgwood Dr.
Subscribed and sworn to before me this 8 day of October, 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, HENDRICKS ss: _____
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 464

File Book #36

October 10, 1974
Date of Application

MALE
Medical Examination Report Dated October 9, 1974
Name of Physician Claver & Koch, M.D.

FEMALE
Medical Examination Report Dated October 9, 1974
Name of Physician Claver & Koch, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name William Greeley Keller
Date of Birth March 15 1956
Place of Birth (State or foreign country) Urbana Ohio
Residence Address 138 North Main St. Mechanicsburg Ohio
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) PA 546500 Drivers Lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐

(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their 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 P. Keller
Residence of father (if deceased so state) same
Occupation of father Self-employed Race of father W
Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Margaret J. Miles
Residence of mother (if deceased so state) same
Occupation of mother housewife Race of mother W
Birthplace of mother (State or foreign country) Ohio

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed William Greeley Keller
New Address Columbus Ohio

Subscribed and sworn to before me this 9 day of Oct, 1974
Elen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Barbara Joan Hall
Date of Birth March 14 1956
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address 96 W. Clinton, Lawrence Ind 46039
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Dir of Pub Health #4730

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Harold William Hall
Residence of father (if deceased so state) Evans, Indiana
Occupation of father Superintendent Race of father W
Birthplace of father (State or foreign country) Roachdale, Indiana

8. Full maiden name of mother Beverly Martha Alley
Residence of mother (if deceased so state) Evans, Indiana
Occupation of mother Teacher Race of mother W
Birthplace of mother (State or foreign country) Evans, Illinois

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Barbara Hall
New Address unknown

Subscribed and sworn to before me this 10 day of Oct, 1974
Elen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
in HENDRICKS County Superior Court by written order issued Oct 10, 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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 9 day of October, 1974, authorizing the joining together as husband and wife
of William Greeley Keller and Barbara Joan Hall

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. E. David Frazer hereby certify that on the 25 day of October,
one thousand nine hundred and 74 at Indianapolis, County of Marion,
State of Indiana, Groom William Greeley Keller of Chambersburg County, State of Ohio
and, Bride Barbara Joan Hall of Lawrence County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County HENDRICKS.

Dated this 25 day of October, 1974.
Signed E. David Frazer
Official Designation Minister, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of October, 1974.
Signed Elen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 465
File Book 36
Oct 11 1974
Date of Application

MALE
Medical Examination Report Dated 9-23-74
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 9-23-74
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 Thomas Michael Bruno
Date of Birth Aug 31 1950
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 214 North Mickley Ave. Apt D.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Sept of Put Health Cert # 8260
☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? Yes ☒ No ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Joseph Charles Bruno
Residence of father (if deceased so state) 4747 E. Wash Indpls
Occupation of father Sales Rep. Race of father _____
Birthplace of father (State or foreign country) Indianapolis
12. Full maiden name of mother Betty Joyce Holland
Residence of mother (if deceased so state) 4747 E. Wash Indpls
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Thomas Michael Bruno
New Address 133 S. Downey Indpls Ind

Subscribed and sworn to before me this 11 day of Oct, 19 74
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____
Clerk _____

FEMALE APPLICANT

Name Neana Kim Gray
Date of Birth Oct 2 1952
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address 308 Shaw Street, Rfd.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Nurse
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Sept of Put Health Cert # 10211
☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Eugene Gray
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Martha Bert Passel
Residence of mother (if deceased so state) 308 Shaw St. Rfd.
Occupation of mother Bookkeeper Race of mother _____
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Neana Kim Gray
New Address 133 S. Downey Ave.
Subscribed and sworn to before me this 11 day of Oct, 19 74
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17 day of October, 19 74, authorizing the joining together as husband and wife of Thomas Michael Bruno and Neana Kim Gray.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lawrence W. Lynch, hereby certify that on the 19 day of October, 19 74,
one thousand nine hundred and 74,
State of Indiana, Groom Thomas Michael Bruno at Our Lady of Cedars, County of Marion,
and, Bride Neana Kim Gray of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 17 day of October, 19 74.

Signed Lawrence W. Lynch
Official Designation Catholic Priest
Filed and recorded in accordance with the laws of the State of Indiana this 22 day of October, 19 74.
Signed Allen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 466
File BK.
Date of Application October 11, 1974

MALE
Medical Examination Report Dated 10-4-74
Name of Physician Carl Weinlin M.D.

FEMALE
Medical Examination Report Dated 10-4-74
Name of Physician Carl Weinlin M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Ray Last Simpson
Date of Birth Month Sept Day 7 Year 1951
Place of Birth (State or foreign country) Tennessee
Residence Address R.R.#1 Bradynville, Tenn. City County State
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages one

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Cannon 1-1972 Tenn.
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Horse Trainer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #141-57-58446

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Stirling Simpson		
Residence of father (if deceased so state)		R.R.#1 Bradynville, Tenn.
Occupation of father		Garage Foreman
Birthplace of father (State or foreign country)		Tennessee
Full maiden name of mother		Lillian Parker
Residence of mother (if deceased so state)		R.R.#1, Bradynville, Tenn.
Occupation of mother		Homemaker
Birthplace of mother (State or foreign country)		Tennessee

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father: Stirling Simpson
Residence of father (if deceased so state): R.R.#1 Bradynville, Tenn.
Occupation of father: Garage Foreman Race of father: White
Birthplace of father (State or foreign country): Tennessee
12. Full maiden name of mother: Lillian Parker
Residence of mother (if deceased so state): R.R.#1, Bradynville, Tenn.
Occupation of mother: Homemaker Race of mother: White
Birthplace of mother (State or foreign country): Tennessee

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Jimmy Ray Simpson
New Address R.R.#1 Bradynville, Tenn.
Subscribed and sworn to before me this 11 day of October, 1974
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Pamela Middle Ray Last Harris
Date of Birth Month April Day 19 Year 1955
Place of Birth (State or foreign country) Tennessee
Residence Address R.R.#1 Box 414 Clayton Tenn. City County State
Maiden Name if Different

Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #3891

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 B. Harris
Residence of father (if deceased so state): R.R.#1 Box 414 Clayton Tenn.
Occupation of father: Mold Maker Race of father: White
Birthplace of father (State or foreign country): Kentucky
8. Full maiden name of mother: Lucille Mae Gines
Residence of mother (if deceased so state): R.R.#1 Box 414 Clayton Tenn.
Occupation of mother: Makeup Artist Race of mother: White
Birthplace of mother (State or foreign country): Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Pamela Ray Harris
New Address R.R.1 Bradynville, Tenn.
Subscribed and sworn to before me this 11 day of October 74
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed in _____ County _____ Court by written order issued _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 15 day of October, 1974, authorizing the joining together as husband and wife of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the 11 day of November, one thousand nine hundred and 74, at Belleville, County of Hendricks, State of Indiana, Groom Jimmy Ray Simpson of Cannon, County, State of Tennessee, and, Bride Pamela Ray Harris of Hendricks, County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 11 day of November, 1974.
Signed Keith Purcell
Official Designation Justice of the Peace
Filed and recorded in accordance with the laws of the State of Indiana this 7 day of November, 19____
Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 467
File 10-11-74
Book #36
Date of Application

MALE
Medical Examination Report Dated 10-10-74
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 10-10-74
Name of Physician Glenn W. Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Michael Lee Vaughn
Date of Birth Month Day Year
August 2 1953
Place of Birth (State or foreign country)
Indianapolis - Marion - Indiana
Residence Address Street or R. R. City County State
518 Enderly Brownsburg 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 Salesman

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Dept. of Public Health 7536

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? Yes ☒ No ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their 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 Robert Vaughn

Residence of father (if deceased so state): 34 Poplar, Brownsburg, Ind.

Occupation of father: Salesman Race of father: W

Birthplace of father (State or foreign country): Ohio

12. Full maiden name of mother: Barbara Elaine Schell

Residence of mother (if deceased so state): 34 Poplar, Brownsburg, Ind.

Occupation of mother: Housewife Race of mother: W

Birthplace of mother (State or foreign country): Pennsylvania

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of: Signed: Michael Lee Vaughn

New Address: 518 ENDERLY AVE BROWNSBURG

Subscribed and sworn to before me this 11 day of October, 1974

Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of: Signed: _____

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____

_____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 15 day of October, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles J. Bair, hereby certify that on the 18th day of October, 1974, at Brownsburg, County of Hendricks, State of Indiana, Groom: Michael Lee Vaughn and, Bride: Linda Sue Boberg, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.

Dated this 18 day of October, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of October, 1974.

Signed: Charles J. Bair, Official Designation: Justice of the Peace, 21 day of October, 1974, Clerk: Glenn M. Harvey, HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Linda Sue Boberg
Date of Birth Month Day Year
October 9 1954
Place of Birth (State or foreign country)
Vincennes
Residence Address Street or R. R. City County State
111 Hickory - Brownsburg - Hendricks - Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Dept. of Public Health, Knox Co. CH 14, 141

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: Ralph Henry Boberg

Residence of father (if deceased so state): 111 Hickory, Brownsburg, Ind.

Occupation of father: Salesman Race of father: W

Birthplace of father (State or foreign country): Indiana

8. Full maiden name of mother: Imogene Hewerton

Residence of mother (if deceased so state): 111 Hickory, Brownsburg, Ind.

Occupation of mother: Housewife Race of mother: W

Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of: Signed: Linda Sue Boberg

New Address: 518 Enderly Ave Brownsburg

Subscribed and sworn to before me this 11 day of October, 1974

Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of: Signed: _____

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 468

File Book #36

October 11, 1974
Date of Application

MALE
Medical Examination Report Dated Oct 11, 1974
Name of Physician David B. Haggard, M.D.

FEMALE
Medical Examination Report Dated October 11, 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 Pete G. Jones
Date of Birth September 18, 1954
Place of Birth (State or foreign country) Spain
Residence Address 227 Arnold Park, Iowa City Dickinson State Iowa
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Salvage

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Id. No. 13-7-54-823

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the bride closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Are you able to support a family? Yes ☐ No ☐
- Are you likely to so continue? Yes ☐ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐

(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Stanley Stagn Jones
Residence of father (if deceased so state) Arnold Park, Iowa
Occupation of father Salvage Race of father W.
Birthplace of father (State or foreign country) Waterloo, Iowa
12. Full maiden name of mother Rose Perry
Residence of mother (if deceased so state) Arnold Park, Iowa
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Iowa

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Pete Jones
New Address 61504 Maple, Iowa
Subscribed and sworn to before me this 10th day of Oct, 1974
Glen M. Harvep Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Sandra Mary Mitchell
Date of Birth November 3, 1955
Place of Birth (State or foreign country) Virginia
Residence Address Rt 1 Clayton, Ind City Clayton County Madison State Ind
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Unemployed

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Notarized Statement

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Full name of father William J. Mitchell
Residence of father (if deceased so state) Sweden
Occupation of father Salvage Race of father W.
Birthplace of father (State or foreign country) Virginia
8. Full maiden name of mother Sara Peggy Starkey
Residence of mother (if deceased so state) Idaho
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Idaho

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Sandra Mitchell
New Address 61504 Maple, Iowa
Subscribed and sworn to before me this 11 day of October, 1974
Glen M. Harvep Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County _____ Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ day of _____, 19____, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, _____ hereby certify that on the _____ day of _____, _____ County of _____, State of _____, Groom _____ and, Bride _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this _____ day of _____, 19____

Signed _____

Official Designation _____, 19____

Signed _____ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 468
File Book #36
Date of Application October 11, 1974

MALE
Medical Examination Report Dated Oct 11, 1974
Name of Physician David B. Haggard, M.D.

FEMALE
Medical Examination Report Dated October 11, 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 Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
HENDRICKS)
INDIANA) SS:

FEMALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
HENDRICKS)
INDIANA) SS:

Comes now Glen M. Harvey, Clerk of Hendricks Circuit and Superior Courts, and reports to the court that on _____

_____ and _____
have made application for a license to marry, and have presented the reports of a physician showing that serological tests for syphilis have been made and are negative.

For the reason that _____
and _____ is or are not of legal age to marry,
the application for a license has been refused.

Clerk Hendricks Circuit and
SUPERIOR COURTS

Comes now _____
and _____
and orally petition the Court for a waiver of age requirement, and three days waiting period from the time of making application and the issuance of a marriage license. Court hears evidence and being advised, finds that said waiting period, and age requirements, should be waived, and that a license should be issued immediately, provided that all other requirements are met.

The Clerk is therefore directed to issue a license to marry to the above said applicants, provided that they meet all other requirements, without waiting three days from date of application until issuance: said waiting period, and age requirement, being hereby waived.

Virgil H. Hutton
JUDGE

No ☐ Yes ☐
No ☐ Yes ☐
No ☐ Yes ☐
No ☐ Yes ☐
No ☐ Yes ☐
No ☐ Yes ☐
No ☐ Yes ☐

Information given
true and correct.

1974

Circuit Court

only one parent

Father

Mother

19

Clerk

parties, the

and filed

Circuit Court

and wife

CKS

Clerk

Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 469
File Book 36
Oct 11, 1974
Date of Application

MALE
Medical Examination Report Dated 10-10-74
Name of Physician Carl Heinlein M.D.

FEMALE
Medical Examination Report Dated 10-10-74
Name of Physician Carl 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 Middle Last
Michael B. Walker
Date of Birth Month Day Year
#2 11 1954
Place of Birth (State or foreign country)
Indianapolis Ind.
Residence Address Street or R. R. City County State
Box 114 North Salem
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 Chevrolet
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service # 12-216-54-54
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address
Amy Christina Walker 2 R#1 Advance

(b) Are you supporting or contributing to their 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 O. Walker
Residence of father (if deceased so state) Box 114 North Salem
Occupation of father Metal Manufacturing
Birthplace of father (State or foreign country) Hendricks Co.
12. Full maiden name of mother Mary Dorothy Redman
Residence of mother (if deceased so state) R#1 Crawfordsville
Occupation of mother Manager
Birthplace of mother (State or foreign country) Crawfordville
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Michael B. Walker
New Address
Subscribed and sworn to before me this 11 day of Oct, 1974
Elen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

FEMALE APPLICANT

Name First Middle Last
Polly Ratliff
Date of Birth Month Day Year
12 20 1954
Place of Birth (State or foreign country)
Ligon Ind.
Residence Address Street or R. R. City County State
R#1 Ligon Ind.
Maiden Name if Different
Previous 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) Within Memorial Hospital
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Oral Jeff Ratliff
Residence of father (if deceased so state) R#1 Ligon, Ind.
Occupation of father Self Employed
Race of father
Birthplace of father (State or foreign country) Ligon
8. Full maiden name of mother Helen Louise Rice
Residence of mother (if deceased so state) deceased
Occupation of mother
Race of mother
Birthplace of mother (State or foreign country) Brownsville

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed x Polly Ratliff
New Address R#1 Ligon Ind.
Subscribed and sworn to before me this 11 day of Oct, 1974
Elen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County _____ Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 21st day of October 1974, authorizing the joining together as husband and wife
Michael B. Walker and Polly Ratliff
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 1st day of November, 1974, at In Home, County of Hendricks,
one thousand nine hundred and 74, State of Indiana, Groom Michael B. Walker, and, Bride Polly Ratliff, of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 21st day of October, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of Nov, 1974.
Signed Rev. Raymond L. Rader
Official Designation Pastor
Signed Elen M. Harney Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 470
File Book 36
Date of Application Oct 15, 1974

MALE
Medical Examination Report Dated 10-14-74
Name of Physician Walter M. Mannis

FEMALE
Medical Examination Report Dated 10-14-74
Name of Physician Walter M. Mannis

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Frank S. Russell
Date of Birth 10 1928
Place of Birth (State or foreign country) Kentucky
Residence Address 3044 Clover Dr. Indpls, Ind.
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ 1973
Last Marriage Ended By: Div.
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Mechanic
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License # 1406-32-7283-04

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father David D. Russell
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Wipon, Kentucky
12. Full maiden name of mother Lessie Hall
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Wipon Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Frank S. Russell
New Address 3044 Clover Dr. Indianapolis
Subscribed and sworn to before me this 15 day of Oct., 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Dorothy A. Brinker
Date of Birth 5 1921
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 3044 Clover Dr. Indpls, Ind.
Maiden Name if Different Dorothy Figg
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: Div.
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Mail Clerk
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) 5313-16-9864- Drivers License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Carl Figg
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Margaret E. Barnes
Residence of mother (if deceased so state) 629 S. Collier, Indpls.
Occupation of mother Retired Race of mother _____
Birthplace of mother (State or foreign country) Nebraska

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Dorothy A. Brinker
New Address 3044 Clover Dr. Indpls
Subscribed and sworn to before me this 15 day of Oct., 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
HENDRICKS County _____ Court by written order issued _____ and filed in _____
_____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 15 day of October, 1974, authorizing the joining together as husband and wife
of Frank S. Russell and Dorothy A. Brinker
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Albert S. Litcher hereby certify that on the 18 day of October,
one thousand nine hundred and 74 at Indianapolis, County of Marion,
State of Indiana, Groom Frank S. Russell of Hendricks County, State of Indiana,
and, Bride Dorothy A. Brinker of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 18 day of October, 1974.

Signed Albert S. Litcher
Official Designation Pastor - Bible Baptist
_____ day of _____, 1974.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of October, 1974.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 471
File Book 36
Oct 15 1974
Date of Application

MALE
Medical Examination Report Dated 10-10-74
Name of Physician Fred R. Brooks

FEMALE
Medical Examination Report Dated 10-10-74
Name of Physician Fred R. Brooks

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Sign Service

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Marion Co. #6503

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Clifford Edmond Schrier

Residence of father (if deceased so state) Same

Occupation of father Sign Service Race of father

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Ruth Lorene Pursell

Residence of mother (if deceased so state) Same

Occupation of mother Recpt Race of mother

Birthplace of mother (State or foreign country) West Virginia

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Gerald H. Schrier

New Address 925 Winding Brook Pkwy #D

Subscribed and sworn to before me this 15 day of October, 1974

Elen M. Harvey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County Superior Court by written order issued October 15, 1974 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 15 day of October, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Wilson, hereby certify that on the 18 day of October

one thousand nine hundred and 74, at Brownsburg, County of Hendricks,

State of Indiana, Groom Gerald H. Schrier, of Marion County, State of Indiana,

and, Bride, Janis L. Williams, of Hendricks County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks

Dated this 18 day of October, 1974.

Signed Joseph D. Wilson

Official Designation Minister

Signed Elen M. Harvey

_____, Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of October, 1974.

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) William Memorial Hospital

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father William J. Atter Williams

Residence of father (if deceased so state) Same

Occupation of father Bookkeeper Race of father

Birthplace of father (State or foreign country) Of Ind Ohio

8. Full maiden name of mother W. Weitzel Rush

Residence of mother (if deceased so state) Same

Occupation of mother Clerical Race of mother

Birthplace of mother (State or foreign country) Montgomery Co.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Janis L. Williams

New Address 925 Winding Brook Pkwy #D

Subscribed and sworn to before me this 15 day of October, 1974

Elen M. Harvey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed William W. Williams Father

Signed Devitalore Williams Mother

Subscribed and sworn to before me this 15 day of October, 1974

Elen M. Harvey Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 472

File Book 36

Oct. 15, 1974
Date of Application

MALE
Medical Examination Report Dated 10-7-74
Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated 10-7-74
Name of Physician J. Thomas Vieira

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Kevin Middle Paul Last Ward
Date of Birth Month September Day 19 Year 1956
Place of Birth (State or foreign country) Leicester, Northhamptonshire, England
Residence Address Stilesville, Hendricks Co., Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Dept. of State

☐ Other (Specify) Foreign Service of U.S.

1. Are you now or have you been adjudged, diagnosed or considered as an Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
- If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Ralph Paul Ward
Residence of father (if deceased so state) Stilesville, Indiana
Occupation of father Invocated Service Race of father Ir
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Kathleen Ann Egan
Residence of mother (if deceased so state) Stilesville, Indiana
Occupation of mother Housewife Race of mother Ir
Birthplace of mother (State or foreign country) Ireland

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Kevin Paul Ward

New Address Stilesville, Indiana

Subscribed and sworn to before me this 15 day of October, 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, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Harolyn Middle Lee Last Brothers
Date of Birth Month November Day 15 Year 1958
Place of Birth (State or foreign country) Brazil
Residence Address Box 65, Clayton, Hendricks Co., Indiana
Maiden Name if Different _____

Previous Marital Status: Never Married ☐ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree City of Brazil

☐ Other (Specify) Br #10, page 60

1. Are you now or have you been adjudged, diagnosed or considered as an Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Harold L. Brothers
Residence of father (if deceased so state) Box 65, Clayton, Ind.
Occupation of father Alison's Race of father Ir
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Liona Mae Salyers
Residence of mother (if deceased so state) Box 65, Clayton, Ind.
Occupation of mother Housewife Race of mother Ir
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Harolyn Lee Brothers

New Address Stilesville, Indiana

Subscribed and sworn to before me this 15 day of October, 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, } ss:
County of HENDRICKS

Signed Harold Brothers Father

Signed Liona Brothers Mother

Subscribed and sworn to before me this 15 day of October, 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

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 21st day of October, 1974, and Kevin Paul Ward and Harolyn Lee Brothers

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Oscar J. Weekly, hereby certify that on the 26 day of October, 1974, at Clayton, Hendricks County, State of Indiana, Groom Kevin Paul Ward of Hendricks County, State of Indiana, and, Bride Harolyn Lee Brothers of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 26 day of October, 1974. Signed Rev. Oscar J. Weekly
Official Designation Reverend, 1974.
31 day of October, 1974.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 473

File Book 36

10-15-73

Date of Application

MALE
Medical Examination Report Dated 10-10-74
Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated 10-10-74
Name of Physician J. Thomas Vieira

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Patrick Middle Allen Last Burch
Date of Birth Month February Day 25 Year 1953
Place of Birth (State or foreign country) Greencastle
Residence Address Street or R. R. Putnam Co. Ind. City Greencastle County Putnam State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Truck Driver

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Selective Service Status Card 12-30-53-69

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Hubert Allen Burch
Residence of father (if deceased so state): Amo, Indiana
Occupation of father: Decorator Race of father: W
Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Deloras Claire Snyder
Residence of mother (if deceased so state): Amo, Indiana
Occupation of mother: Head Cook Race of mother: W
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Patrick Allen Burch

New Address: Amo Ind

Subscribed and sworn to before me this 15 day of October, 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, HENDRICKS } ss:

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of October, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Rev. Curtis Southwood

one thousand nine hundred and 74 hereby certify that on the 20 day of October

State of Indiana, Groom Patrick Allen Burch at Roschdale, Putnam County, State of Indiana

and, Bride Donna Lou Malayer of Hendricks, Putnam County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

Dated this 20 day of October, 1974

Signed: Rev. Curtis Southwood
Official Designation: Minister

Signed: Glen M. Harvey
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of October, 1974

FEMALE APPLICANT

Name First Donna Middle Lou Last Malayer
Date of Birth Month February Day 10 Year 1955
Place of Birth (State or foreign country) Greencastle
Residence Address Street or R. R. Putnam Co. Ind. City Greencastle County Putnam State Ind.
Maiden Name if Different

Previous 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) Putnam Co. Hosp. #450578

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: Clifford James Malayer
Residence of father (if deceased so state): Roschdale, Ind.
Occupation of father: Farmer Race of father: W
Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Gayle Maye Martin
Residence of mother (if deceased so state): Roschdale, Ind.
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Donna Lou Malayer

New Address: Amo, Indiana

Subscribed and sworn to before me this 15 day of Oct, 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, HENDRICKS } ss:

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 474File Book 3610-15-74

Date of Application

HENDRICKS

County

MALE

Medical Examination Report Dated 10-4-74Name of Physician Glenn Baker

FEMALE

Medical Examination Report Dated 9-18-74Name of Physician Thomas M. Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Joseph Norman Charles Schelling
Date of Birth June 23 1952

Place of Birth (State or foreign country) Grant Ind

Residence Address 3439 Virginia Rd. Cleveland Ohio

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Accountant

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) BA 25 pg. 104

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Joseph Schelling

Residence of father (if deceased so state) 446 N. Brate, Marion Ind.

Occupation of father Dep. Fire Co. Race of father White

Birthplace of father (State or foreign country) Marion

12. Full maiden name of mother Ann Schodlowski

Residence of mother (if deceased so state) 446 N. Brate, Marion Ind.

Occupation of mother Supv. to Capt. Capt. Race of mother White

Birthplace of mother (State or foreign country) Marion Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Joseph Norman Charles Schelling

New Address 3439 Virginia Road Cleveland, Ohio

Subscribed and sworn to before me this 23 day of October, 1974

Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: _____

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name Marcia
Date of Birth April 11 1952

Place of Birth (State or foreign country) Montgomery Co. Dayton Ohio

Residence Address 624 S. Green Brownsburg Hendricks Co., Ind.

Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Teacher

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Dept. Public Welfare Dayton Ohio A 36667

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Frederick Mercer Hopkins

Residence of father (if deceased so state) 624 S. Green, Brownsburg, Ind.

Occupation of father Engineer Race of father W

Birthplace of father (State or foreign country) Texas

8. Full maiden name of mother Mary Louise Kull

Residence of mother (if deceased so state) 624 S. Green, Brownsburg, Ind.

Occupation of mother Teacher Race of mother W

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Marcia L. Hopkins

New Address 3439 Virginia Road Woodmore Dayton, Ohio

Subscribed and sworn to before me this 15 day of October, 1974

Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: _____

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County _____ Court by written order issued _____ and filed

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 15 day of October, 1974, authorizing the joining together as husband and wife

of Joseph Norman Charles Schelling and Marcia L. Hopkins

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. J. Kincaid Smith hereby certify that on the 26 day of October, 1974, at Brownsburg, County of Hendricks

one thousand nine hundred and 74, State of Indiana, Groom Joseph Norman Charles Schelling County, State of Indiana

and, Bride Marcia L. Hopkins of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 26 day of October, 1974.

Signed J. Kincaid Smith

Official Designation Pastor

30 day of October, 19____

Signed Glenn M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

HENDRICKS County

File Book 36

10-15-74
Date of Application

MALE
Medical Examination Report Dated 10-14-74

Name of Physician Elmer L. Koch

FEMALE

Medical Examination Report Dated 10-14-74

Name of Physician Elmer L. Fack

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "Falsification or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name *William* *Branson* *Branson*
 Date of Birth *December* *3* *1924*
 Place of Birth (State or foreign country) *Danville* *Indiana*
 Residence Address *#2, Box 79, Danville, Hendricks Co., Indiana*
 Previous Marital Status: Never Married ☐ Number of Previous Marriages *4*
 Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
 Color or Race *White* ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Truck Driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License 5307-24-9438

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? Of Unsound Mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
2. Are you under guardianship as a person of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer to 3 is "yes" has the cause of such condition been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you afflicted with a transmissible disease?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. Are you related to the bride closer than second cousin?	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
6. Are you now under the influence of intoxicating liquor?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
7. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
8. Are you able to support a family?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9. Are you likely to so continue?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
10. Do you have minor children from one or more former marriages?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

[illegible]

1. Full name of father..... William L Branson
Residence of father (if deceased so state)..... Deceased
Occupation of father..... Race of father. W
Birthplace of father (State or foreign country)..... Tennessee
2. Full maiden name of mother..... Amelia Waller
Residence of mother (if deceased so state)..... Deceased
Occupation of mother..... Race of mother. W
Birthplace of mother (State or foreign country)..... Kentucky

County of Indiana, } ss: I depose and state the information given
in this application is true and correct.
Signed, William T. Branson
New Address. Rt 2 Box 79 Danville Ind 46122
Subscribed and sworn to before me this 15 day of October, 1974.
Glen M. Harvee Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana,
County of..... **HENDRICKS** } ss :
Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this day of, 19.....
..... Clerk

FEMALE APPLICANT

FEMALE APPLICANT

Name	First <i>Gladys</i>	Middle <i>M.</i>	Last <i>Abel</i>
Date of Birth	Month <i>Feb</i>	Day <i>24</i>	Year <i>1926</i>
Place of Birth (State or foreign country)	<i>Marion Township, Hendricks Co. Ind</i>		
Residence Address	Street or R. R. <i>#2 Box 79, Danville</i>	City <i>Hendricks Co.</i>	County <i>Indiana</i>
Maiden Name if Different	<i>Gladys M. Smith</i>		
Previous Marital Status:	Never Married <input type="checkbox"/>	Number of Previous Marriages <i>1</i>	
Last Marriage Ended By:	Death <input checked="" type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/>

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation *General Office*

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Driver's License # 309-26-0277

1. Are you now or have you been adjudged, diagnosed or considered as:
 An Imbecile? No ☒ Yes ☐
 Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the 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 Smith
 Residence of father (if deceased so state) Deceased
 Occupation of father _____ Race of father W
 Birthplace of father (State or foreign country) Tennessee

8. Full maiden name of mother Eva Hipshie
 Residence of mother (if deceased so state) Deceased
 Occupation of mother _____ Race of mother W
 Birthplace of mother (State or foreign country) Tennessee

State of Indiana, }
County of HENDRICKS } ss: I depose and state the information given
in this application is true and correct.

Signed Gladys M. Chel
New Address P.O. Box 79, Danville, Ind.
Subscribed and sworn to before me this 15 day of October, 19 74
Ellen M. Harvey Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, } ss:
County of HENDRICKS }

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued October 15, 1974 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 18 day of October, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

one thousand nine hundred and 74

Groom William T. Branson of Hendricks County, State of Indiana
Bride Gladys May Abel of Hendricks County, State of Indiana

County, _____ of me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
Dated this _____ day of _____, 19____. _____

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of October, 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. 477
File Book 36
Oct. 15, 1974
Date of Application

MALE
Medical Examination Report Dated 10-10-74
Name of Physician Portia Parker

FEMALE
Medical Examination Report Dated 10-10-74
Name of Physician Portia Parker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Larry Wayne Trivett
Date of Birth Month Day Year
Jan 29 1957
Place of Birth (State or foreign country) Marion Ind.
Residence Address Street or R. R. City County State
325 E. Rd 3505 Danville Hend. Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Welder

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ cert. # 113-57

☐ Other (Specify) Ind. St. Bd. Health 609286

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Lewis Jay Trivett
Residence of father (if deceased so state) 325 E. Rd. 3505 Danville
Occupation of father welder Race of father W
Birthplace of father (State or foreign country) Somerset Ky.

12. Full maiden name of mother Marcia Aileen Trivett
Residence of mother (if deceased so state) 325 E. Rd. 3505 Danville
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry Trivett
New Address County Jail, 4th fl. Clayton

Subscribed and sworn to before me this 15 day of Oct. 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, HENDRICKS } ss:
County of HENDRICKS } ss:
10/14/74 Signed Lewis J. Trivett Father
Signed Marcia A. Trivett Mother
Subscribed and sworn to before me this 15 day of Oct. 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

in Clerk's office County Superior Ct. Court by written order issued Waiver and filed

authorizes and directs the issuance of a marriage license to the above named parties. 10-15-74

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 Oct. 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Rev. Elmer E. Smiley hereby certify that on the 20 day of October

one thousand nine hundred and 74, at Danville, County of HENDRICKS

State of Indiana, Groom Larry Wayne Trivett and, Bride Zondra Kay 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

Dated this 16 day of October, 1974.

Signed Rev. Elmer E. Smiley
Official Designation Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of October, 1974.

FEMALE APPLICANT

Name First Middle Last
Zondra Kay Taylor
Date of Birth Month Day Year
Jan 30 1956
Place of Birth (State or foreign country) Greensfield Ind.
Residence Address Street or R. R. City County State
21 W. Tremont Apt. 1, Indpls. Marion Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation office work

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ cert. # 113-56

☐ Other (Specify) Ind. St. Bd. Health 002149

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father William W. Taylor

Residence of father (if deceased so state) R.R. 1 Box 182, Jan. Bldg. Ind.

Occupation of father Const. Rec. Clerk Race of father W. Greensfield, Ind.

Birthplace of father (State or foreign country) Ind.

8. Full maiden name of mother Mary J. Taylor

Residence of mother (if deceased so state) R.R. 1 Box 182 Greensfield

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Zondra Kay Taylor
New Address County Jail, 4th fl. Clayton

Subscribed and sworn to before me this 15 day of Oct. 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, HENDRICKS } ss:
County of HENDRICKS } ss:
Signed Zondra Kay Taylor
Signed Mary J. Taylor
Subscribed and sworn to before me this 15 day of Oct. 1974
Glen M. Harvey Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSENo. #478
File Book #36
Date of Application October 15, 1974

HENDRICKS County

MALE
Medical Examination Report Dated October 14, 1974
Name of Physician Carl L. Winkler, M.D.FEMALE
Medical Examination Report Dated October 14, 1974
Name of Physician Carl L. Winkler, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Samuel Arthur Elmore
Date of Birth September 5, 1935
Place of Birth (State or foreign country) Clayton, Indiana
Residence Address Box 171, Clayton Ind. City Hendricks Ind. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1965
Color or Race White ☒ Negro ☐ Other ☐ (specify) RedneckUsual Occupation Production Supervisor
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Ind. Sec. # 12-30-35-127

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the bride closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☐ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐

(a) List their full names, ages and addresses

Name	Age	Address
<u>Sue Ann</u>	<u>15</u>	<u>Indianspolis</u>
<u>Robert Earl</u>	<u>13</u>	<u>Indianspolis</u>
<u>John Arthur</u>	<u>9</u>	<u>Indianspolis</u>

(b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Glendon Earl Elmore
Residence of father (if deceased so state) Clayton, Indiana
Occupation of father Retired Race of father W.
Birthplace of father (State or foreign country) Clayton Ind.

12. Full maiden name of mother Shirley Joyce Pettitt
Residence of mother (if deceased so state) Clayton, Ind.
Occupation of mother Exterminator Race of mother W.
Birthplace of mother (State or foreign country) Clayton, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Samuel A. Elmore
New Address 440 N. Alton, Indianapolis
Subscribed and sworn to before me this 15th day of Oct, 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, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Linda Lou Farris
Date of Birth June 5, 1947
Place of Birth (State or foreign country) Columbus, Ohio
Residence Address 440 N. Alton, Indianapolis City Ind. State Ind.
Maiden Name if Different Linda Lou ThompsonPrevious Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1970
Color or Race White ☒ Negro ☐ Other ☐ (specify) marionUsual Occupation Beautician
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Ind. Sec. # 1285-40-4463

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

7. Full name of father Herbert Eugene Thompson
Residence of father (if deceased so state) Columbus, Ohio
Occupation of father Upholsterer Race of father W.
Birthplace of father (State or foreign country) Connecticut

8. Full maiden name of mother Mary Jane Mann
Residence of mother (if deceased so state) Columbus, Ohio
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Columbus, Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Linda Farris
New Address 440 N. Alton, Indianapolis
Subscribed and sworn to before me this 15th day of Oct, 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, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
HENDRICKS County _____ Court by written order issued _____ and filed in _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Oct, 1974, authorizing the joining together as husband and wife of Samuel A. Elmore and Linda Lou Farris.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Juvel Reed, hereby certify that on the 19 day of October,
one thousand nine hundred and 74, at Indianapolis, County of Marion,
State of Indiana, Groom Samuel Arthur Elmore of Marion County, State of Indiana,
and, Bride Linda Lou Farris of Marion County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 19th day of October, 1974.

Signed Juvel Reed
Official Designation Minister
Subscribed and sworn to before me this 28 day of October, 1974.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 479
File Book 36
10-16-74
Date of Application

MALE
Medical Examination Report Dated 10-15-74
Name of Physician F. T. Gaddy M.D.

FEMALE
Medical Examination Report Dated 10-15-74
Name of Physician C. J. Gaddy M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Chris J. Denton
Date of Birth Month Day Year
10 15 1925
Place of Birth (State or foreign country) Junction City, Kentucky
Residence Address 418 S. Maple, Fortville, Ind.
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
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) Drivers License #303-235414

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(a) List their full names, ages and addresses
Name Age Address
Christie Lynn 14 422 S. State
Fortville, 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 ☐
- Full name of father William Albert Denton
Residence of father (if deceased so state) 7525 Parrelle St
Occupation of father Retired Race of father Maple
Birthplace of father (State or foreign country) Junction City, Ky.
 - Full maiden name of mother Mary Elv. Hoque
Residence of mother (if deceased so state) 7525 Parrelle St
Occupation of mother Housewife Race of mother Maple
Birthplace of mother (State or foreign country) Junction City, Ky.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed: [Signature]
New Address: 402 Box 787A
Subscribed and sworn to before me this 16 day of Oct., 1974.
Clerk: HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of: HENDRICKS
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk: _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ day _____ and filed in _____ Office _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be it Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 16 day of October, 1974, authorizing the joining together as husband and wife of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the 18th day of October, 1974, at Christ Presbyterian Church, County of Marion, State of Indiana, Groom _____ and _____ of _____ County, State of _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of _____ Indiana.
Dated this 16th day of October, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1974.
Signed: Ted A. Lester
Official Designation Minister
Signed: Glen M. Harvey
Clerk: HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 480

File Book 36

10-17-74

Date of Application

MALE

Medical Examination Report Dated 10-16-74

Name of Physician Donald D. Cheesman

FEMALE

Medical Examination Report Dated 10-16-74

Name of Physician Donald D. Cheesman

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Gary Middle L. Last Sedam
Date of Birth Month January Day 26 Year 1950
Place of Birth (State or foreign country) Ellettsville, Indiana
Residence Address Street or R. R. 101 1/2 S Washington City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Asst Manager Burger Chef

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Draft Registration 12-69-50-15

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐

If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐

4. Are you afflicted with a transmissible disease? No ☒ Yes ☐

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? No ☒ Yes ☐

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their 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 M. Sedam

Residence of father (if deceased so state) R2 Versailles, Ind.

Occupation of father retired Race of father W

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Larry Ellis

Residence of mother (if deceased so state) R2 Versailles, Ind.

Occupation of mother School Super Cafe Race of mother W

Birthplace of mother (State or foreign country) Indiana

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Gary L. Sedam

New Address 101 1/2 S Washington Danville

Subscribed and sworn to before me this 17 day of October, 1974

Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, _____ } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name First Sheri Middle L. Last Alexander
Date of Birth Month April Day 1 Year 1950
Place of Birth (State or foreign country) Danville, Indiana
Residence Address Street or R. R. R1 Danville City Danville County Hendricks State Indiana
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation machinist

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Marshall's Army Supply Depot #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 Leeth Malcolm Alexander

Residence of father (if deceased so state) R1 Danville, Ind.

Occupation of father Cyrogenetics Assoc. Race of father W

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Delores Jean Delp

Residence of mother (if deceased so state) R1 Danville, Ind.

Occupation of mother machinist Race of mother W

Birthplace of mother (State or foreign country) Indiana

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed _____

New Address _____

Subscribed and sworn to before me this 17 day of Oct., 1974

Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, _____ } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County Court by written order issued _____ 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 21 day of October, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ronald E. Mc Dugle hereby certify that on the 26 day of October, one thousand nine hundred and 74 at Danville, County of Hendricks, State of Indiana, Groom Gary L. Sedam of Hendricks County, State of Indiana

and, Bride Sheri Alexander of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 21 day of October, 1974.

Signed Ronald E. Mc Dugle Minister

Official Designation _____, 1974

Signed Glen M. Harney Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of October, 1974

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 481
File Book 36
10-17-74
Date of Application

MALE
Medical Examination Report Dated 10-16-74
Name of Physician E. Kourany M.D.

FEMALE
Medical Examination Report Dated 10-16-74
Name of Physician E. Kourany M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert J. Payne
Date of Birth Oct 13 1955
Place of Birth (State or foreign country) Kenosha, Ind
Residence Address P.O. Box 134, Ellettsville, Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation U.S. Army
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) # 1974-55

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their 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 J. Payne
Residence of father (if deceased so state) Same
Occupation of father Antique Dealer Race of father _____
Birthplace of father (State or foreign country) Kenosha, Ind
12. Full maiden name of mother Heroka Madia
Residence of mother (if deceased so state) 598 Indpls Rd, Ellettsville, Ind
Occupation of mother H.C.B. Race of mother _____
Birthplace of mother (State or foreign country) Japan

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Robert J. Payne
New Address _____

Subscribed and sworn to before me this 17 day of Oct, 1974
I Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 23 day of October, 1974, authorizing the joining together as husband and wife of Robert J. Payne and Deborah F. Phelps.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Keith Purcell, hereby certify that on the 23rd day of October, 1974, at Ellettsville, County of Hendricks, State of Indiana, Groom Robert J. Payne and, Bride Deborah F. Phelps of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____.
Dated this 23 day of October, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of October, 1974.
Signed Keith Purcell Official Designation Justice of the Peace
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Deborah F. Phelps
Date of Birth 12 26 1955
Place of Birth (State or foreign country) Charollettston South Carolina
Residence Address Box 11, Centerton, Ind
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation _____

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) N-2119

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Shirley Eugene Phelps
Residence of father (if deceased so state) Same
Occupation of father Mechanic Race of father _____
Birthplace of father (State or foreign country) Summerset Ky
8. Full maiden name of mother Shirley Marie Williams
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Bristol Tenn

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Deborah Phelps
New Address _____

Subscribed and sworn to before me this 17 day of Oct, 1974
I Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 482
File Book 36
Date of Application Oct 18, 1974

MALE
Medical Examination Report Dated 9-27-74
Name of Physician James Black

FEMALE
Medical Examination Report Dated 9-27-74
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Ricky Middle L Last Johnson
Date of Birth Month 3 Day 2 Year 1946
Place of Birth (State or foreign country) Minnesota
Residence Address 522 Gonderly Brownburg Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1974
Color or Race White ☒ Negro ☐ Other ☐ (specify) Naka Co

Usual Occupation Medical Electronics
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Minnesota

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Roger E. Johnson
Residence of father (if deceased so state) 113 Park Rapids Ave
Occupation of father Contractor Park Rapids Minn
Birthplace of father (State or foreign country) Minnesota
12. Full maiden name of mother Wannay Mae Wickstrom
Residence of mother (if deceased so state) Same as father
Occupation of mother Housewife Minn
Birthplace of mother (State or foreign country) Minnesota

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ricky Johnson

New Address 522 Gonderly Brownburg, Ind

Subscribed and sworn to before me this 18 day of Oct, 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Audrey Middle Anderson Last Sadler
Date of Birth Month Nov Day 8 Year 1949
Place of Birth (State or foreign country) Carlton County Minnesota
Residence Address 827 E. First St. Duluth Minn
Maiden Name if Different Anderson
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Illinois

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Secretary

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 122-49-112-586

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Goverett Andrew Anderson
Residence of father (if deceased so state) 10808 7th St. Duluth Minn
Occupation of father Maintenance Minn
Birthplace of father (State or foreign country) Minn
8. Full maiden name of mother Alice Marie Nord
Residence of mother (if deceased so state) Same as father
Occupation of mother Housewife Minn
Birthplace of mother (State or foreign country) Minn

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Audrey Anderson Sadler

New Address _____

Subscribed and sworn to before me this 18 day of Oct, 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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
HENDRICKS County _____ Court by written order issued _____ and filed in _____
_____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 22nd day of October, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, J. Kinsaid Smith hereby certify that on the 23 day of October,
one thousand nine hundred and 74 at Brownburg, County of Hendricks,
State of Indiana, Groom Ricky L. Johnson of Hendricks County, State of Indiana,
and, Bride Audrey Anderson Sadler of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 22 day of October, 1974.
Signed J. Kinsaid Smith
Official Designation Pastor, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of October, 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. 483

File BK #36

10-18-74

Date of Application

MALE
Medical Examination Report Dated 10-18-74
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 10-18-74
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 Donald L. Finch
Date of Birth January 13, 1953
Place of Birth Indianapolis, Marion Co., Indiana
Residence Address 133 S. Street, Ellettsville, Hendricks Co., Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation In Marines

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Draft Card 306620522

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Donald Lee Finch
Residence of father (if deceased so state) 133 South, Ellettsville, Indiana
Occupation of father Steamfitter Race of father W
Birthplace of father (State or foreign country) Indpls., Indiana
12. Full maiden name of mother Patricia Josephine Brahaum
Residence of mother (if deceased so state) 133 South, Ellettsville, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Ellettsville, Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Donald L. Finch

New Address San Diego, Calif.

Subscribed and sworn to before me this 18 day of October, 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, Hendricks } ss:

Signed _____

Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ day _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1974, authorizing the joining together as husband and wife of Donald L. Finch and Sandra M. Hansford.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Larry S. Osman, hereby certify that on the 19 day of October, one thousand nine hundred and 74, at Indianapolis, County of Marion, State of Indiana, Groom Donald L. Finch and, Bride Sandra M. Hansford of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ Hendricks County, State of Ind.
Dated this 19 day of October, 1974.

Signed Larry S. Osman
Official Designation Clerk
Signed Glen M. Harvey
Hendricks Circuit Court

FEMALE APPLICANT

Name Sandra M. Hansford
Date of Birth February 17, 1952
Place of Birth Indianapolis, Marion Co., Ind.
Residence Address 240 W. Main, Ellettsville, Hendricks Co., Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Waitress

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drivers License 5304568684

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father William Virgil Hansford
Residence of father (if deceased so state) New York, New York
Occupation of father Painter Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Hula Mae Brayles
Residence of mother (if deceased so state) Greenwood, Ind.
Occupation of mother Inspector Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Sandra M. Hansford

New Address San Diego, California

Subscribed and sworn to before me this 18 day of October, 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, Hendricks } ss:

Signed _____

Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 484

File Book #36

October 18, 1974
Date of Application

MALE

Medical Examination Report Dated October 14, 1974

Name of Physician David B. Staggard

FEMALE

Medical Examination Report Dated October 15, 1974

Name of Physician David B. Staggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Mark Alan Hush
Date of Birth 4-25-1956
Place of Birth Jeffersonville, Indiana
Residence Address 424 Wapide Dr. Plainfield, Ind 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 Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Donald Edgar Hush
Residence of father (if deceased so state) Same as applicant
Occupation of father Superintendent Race of father W
Birthplace of father (State or foreign country) English
12. Full maiden name of mother Viola Louise 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) English, Ind.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Mark A. Hush

New Address 1000 N. Santa, Ind.

Subscribed and sworn to before me this 18th day of Oct, 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, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Cindy Sue Horn
Date of Birth Nov. 29 1956
Place of Birth Indianapolis, Indiana
Residence Address 1020 Bayview Dr. Plainfield, Ind 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 Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) #14183
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father James Rufus Horn
Residence of father (if deceased so state) Same as applicant
Occupation of father Auto Metal Worker Race of father W
Birthplace of father (State or foreign country) Mayfield, Kentucky
 - Full maiden name of mother Hilda May McLeod
Residence of mother (if deceased so state) Same as above
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky, Kentucky

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Cindy S. Horn

New Address 1000 N. Santa, Indiana

Subscribed and sworn to before me this 18th day of Oct, 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, } ss:
County of HENDRICKS

Signed James Horn Father

Signed Hilda Horn Mother

Subscribed and sworn to before me this 18th day of Oct, 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 Superior Court by written order issued October 18, 1974 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 18th day of October, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Stanley K. Smith hereby certify that on the 18 day of October, 1974, at Plainfield, County of Hendricks, State of Indiana, Groom Mark Hush of Hendricks County, State of Indiana, and, Bride Cindy Sue Horn of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 18 day of October, 1974.

Signed Stanley K. Smith

Official Designation Minister 22 day of October, 1974

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 485
File Book 36
Oct 18 1974
Date of Application

MALE
Medical Examination Report Dated 10-18-74
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 10-18-74
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Michael Middle R. Last Hopkins
Date of Birth Month 4 Day 23 Year 1948
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R.R. R R 2 City Bot 17, Plaid 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 Iron worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree #1316-52-6822
☐ Other (Specify) Bureau License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Les Henry Hopkins
Residence of father (if deceased so state) Florida
Occupation of father Retired Race of father
Birthplace of father (State or foreign country) Brazil Ind.
12. Full maiden name of mother: Virginia Lee Fleming
Residence of mother (if deceased so state) Florida
Occupation of mother Housewife Race of mother
Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael R. Hopkins
New Address RR 2 Bot 17, Plaid Ind.

Subscribed and sworn to before me this 18 day of Oct, 1974
Glen M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued 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 18 day of October, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Floyd Smith and Brenda L. Johnson

one thousand nine hundred and 74 hereby certify that on the 19 day of October

State of Indiana, Groom Michael R. Hopkins at Lawrence County of Marion
and, Bride Brenda L. Hopkins of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana

Dated this 19 day of October, 1974

Signed Floyd Smith
Official Designation Justice of the Peace
23 day of October, 1974

Signed Glen M. Harvey
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of October, 1974

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 487
File Book #36
Oct 21 1974
Date of Application

MALE
Medical Examination Report Dated Oct 21, 1974
Name of Physician Donald D. Chusman

FEMALE
Medical Examination Report Dated Oct 21, 1974
Name of Physician Donald D. Chusman

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Donald William Hemmel II
Date of Birth Month Day Year
9-21-1955
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
212 N. Main N. Salem, Ind. Hendricks
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
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) Ind. Sec. # 12-30-55122

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

11. Full name of father: Donald William Hemmel I
Residence of father (if deceased so state): Indianapolis, Ind.
Occupation of father: Ref. Metal Craft Race of father: W.
Birthplace of father (State or foreign country): New York
Full maiden name of mother: Patricia Jean Eggers
Residence of mother (if deceased so state): 212 N. Main N. Salem
Occupation of mother: Private Secretary Race of mother: W.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Hendricks
Signed: Don Hemmel
New Address: 212 N. Main N. Salem, Ind.

Subscribed and sworn to before me this 21 day of Oct, 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, Hendricks } ss:
County of: Hendricks
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be 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 October, 1974, authorizing the joining together as husband and wife of Donald William Hemmel II and Nancy Katrine Ballard.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, David J. Lynch, hereby certify that on the 26 day of October, one thousand nine hundred and 74, at Logansport, State of Indiana, Groom Donald William Hemmel II of Hendricks County, State of Indiana, and Bride Nancy Katrine Ballard of Hendricks County, State of Indiana, were by me united 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 October, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of November, 1974.
Signed: David J. Lynch
Official Designation: Minister
Signed: Glen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT
Name First Middle Last
Nancy Katrine Ballard
Date of Birth Month Day Year
2-28-1957
Place of Birth (State or foreign country)
Indianapolis, Indiana
Residence Address Street or R. R. City County State
R#1 North Salem, Ind. Hendricks
Maiden Name if Different
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) # 2444

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: Melvin Chester Ballard I
Residence of father (if deceased so state): Same
Occupation of father: Auto Th. Road Sign Race of father: W.
Birthplace of father (State or foreign country): Logansport, Ind.
8. Full maiden name of mother: Violet Mae Ballard
Residence of mother (if deceased so state): Same
Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country): Bedford, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Hendricks

Signed: Nancy K. Ballard
New Address: 212 N. Main, North Salem

Subscribed and sworn to before me this 21 day of Oct, 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, Hendricks } ss:
County of: Hendricks
Signed: _____ Father
Signed: Violet Mae Ballard Mother
Subscribed and sworn to before me this 21st day of October, 1974.
Glen M. Harvey Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 487
File Book #36
Date of Application Oct 21 1974

MALE
Medical Examination Report Dated Oct 21, 1974
Name of Physician Donald S. Chusman

FEMALE
Medical Examination Report Dated Oct 21, 1974
Name of Physician Donald S. Chusman

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Donald William Gemmel II
Date of Birth 9-21-1955
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 212 W. Main St. Indianapolis, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Truck Driver
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Ind. Act 4-12-30-55-122

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Donald William Gemmel I
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Ref. Metal Craft Race of father W
Birthplace of father (State or foreign country) New York

FEMALE APPLICANT

Name Nancy Katriene Ballard
Date of Birth 2-28-1957
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address Rt 1 North Salem, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) # 2484

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Melvin Chester Ballard I
Residence of father (if deceased so state) Same
Occupation of father Auto. the Road Race of father W
Birthplace of father (State or foreign country) Logansport, Ind.
8. Full maiden name of mother Yvonne B. Mae Long
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Bedford, Ind.

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

I, MELVIN C. BALLARD, hereby give my consent for
my DAUGHTER, NANCY KATRIENE BALLARD to
marry DONALD GEMMEL.

Subscribed and sworn to before me this 24th day of Oct 1974

Carolyn Clark
Notary Public

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
in _____ Court by written order issued _____ and filed
_____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 25 day of October, 1974, authorizing the joining together as husband and wife
of Donald William Gemmel II and Nancy Katriene Ballard
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, David J. Lynch, hereby certify that on the 26 day of October,
one thousand nine hundred and 74, at Logansport, County of Cass,
State of Indiana, Groom Donald William Gemmel II of Hendricks County, State of Indiana
and, Bride Nancy Katriene Ballard of Hendricks County, State of Indiana
were by me united 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 October, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1974.
Signed David J. Lynch
Official Designation Minister
Signed Allen M. Harvey
Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 488
File Book 36
Oct. 21, 1974
Date of Application

MALE

Medical Examination Report Dated 10-16-74
Name of Physician James Black, M.D.

FEMALE

Medical Examination Report Dated 10-11-74
Name of Physician M.O. Beaman, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Melvin Middle Joe Last Hobson
Date of Birth April 29 1946
Place of Birth (State or foreign country) Crawfordsville, Montgomery Ind.
Residence Address 2038 N. Bernard, Indianapolis, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ April 1974
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Selective Serv. Cert. 12-62-46-33

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Melvin Joe Hobson 33 yr.
12 W. College
Brownsburg, Ind.

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Josiah L. Hobson
Residence of father (if deceased so state) R.R. 1, Montgomery Ind.
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Elizabeth Liddley
Residence of mother (if deceased so state) R.R. 1, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.
Signed Melvin J. Hobson
New Address 2038 Bernard, Ind.
Subscribed and sworn to before me this 21 day of Oct, 1974
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Nancy Middle Kay Last Henderson
Date of Birth Jan 16 1951
Place of Birth (State or foreign country) Ind.
Residence Address R.R. 3 Box 46, Brownsburg, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Teacher

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Cert. by St Bd of Health 113-51-000 631

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Ralph L. Henderson
Residence of father (if deceased so state) R.R. 3 Box 46, Brownsburg
Occupation of father Realtor Race of father W
Birthplace of father (State or foreign country) Brownsburg, Ind.

8. Full maiden name of mother Rowena Ruth Phillips
Residence of mother (if deceased so state) R.R. 3
Occupation of mother Realtor Race of mother W
Birthplace of mother (State or foreign country) Ind.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Nancy Kay Henderson
New Address 2038 Bernard
Subscribed and sworn to before me this 21 day of Oct, 1974
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County 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. Oct. 21, 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 21st day of Oct, 1974, authorizing the joining together as husband and wife
of Melvin Joe Hobson and Nancy Kay Henderson
Be it further remembered the following marriage certificate was filed in my office, to-wit:
I, Lloyd E. Hargrett hereby certify that on the 24 day of October
one thousand nine hundred and 74 at Nappsville, County of Hamilton,
State of Indiana, Groom Melvin Joe Hobson of Marion County, State of Indiana
and, Bride Nancy Kay Henderson of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County. HENDRICKS
Dated this 21 day of October, 1974.

Signed Lloyd E. Hargrett
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 28 day of October, 1974.
Signed Glen M. Hawley Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 489
File Book 36
10-22-74
Date of Application

MALE
Medical Examination Report Dated 10-21-74
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 10-21-74
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, represents, tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Richard William Petty
Date of Birth 10/29/33
Place of Birth (State or foreign country) Kansas City
Residence Address 1536 Nardin Ct. Pld.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Auditor

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father: Leslie Adrian Petty
Residence of father (if deceased so state): Same
Occupation of father: Sales Race of father
Birthplace of father (State or foreign country): Kansas
12. Full maiden name of mother: Alice Lynn McBonis
Residence of mother (if deceased so state): Same
Occupation of mother: Housewife Race of mother
Birthplace of mother (State or foreign country): Kansas

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Richard William Petty

New Address: 5462 Pleasant Hill Ct. Apt. 2

Subscribed and sworn to before me this 22 day of Oct 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, Hendricks } ss:

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 1974

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 22 day of October 1974, authorizing the joining together as husband and wife of Richard Wm. Petty and Cynthia Lynn Kernodle. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Glenn Ramsey, Jr., hereby certify that on the 2nd day of November 1974, at Clayton, County of Hendricks, State of Indiana, Groom Richard Wm. Petty and, Bride Cynthia Lynn Kernodle 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 2nd day of November 1974.

Signed: Glenn Ramsey Jr.

Official Designation: Presbyterian Pastor

Signed: Glen M. Harvey

HENDRICKS

Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of November 1974

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 490
File Book 36
Date of Application Oct. 24, 1974

MALE
Medical Examination Report Dated 10-23-74
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 10-23-74
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 Robert David Lanham
Date of Birth May 29 1936
Place of Birth (State or foreign country) Bloomington, Ill.
Residence Address 3532 Brewer Dr. Indpls, Ind
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Marion
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Meat Manager
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Army Discharge RA-16-478-409

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Cindy Lynn Lanham -15 Indpls, Ind
-David Weldon 11 Indpls, Ind
Natalie Sue 8 Indpls, Ind

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Weldon Arthur Lanham
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) M^cClain, Ill.
12. Full maiden name of mother Alice Catherine Chestnut
Residence of mother (if deceased so state) Indpls, Ind
Occupation of mother Retired Race of mother _____
Birthplace of mother (State or foreign country) Magnolia, Ill.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Robert D. Lanham
New Address Cartersburg Ind.
Subscribed and sworn to before me this 24 day of Oct, 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, HENDRICKS ss: _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
in _____ County _____ Court by written order issued _____ and filed _____
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 30 day of October, 19 74, authorizing the joining together as husband and wife
of Robert David Lanham and Marita K. Kempf
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Keith Curcell, hereby certify that on the First day of November,
one thousand nine hundred and 74 at Bellefonte, County of Hendricks,
State of Indiana, Groom Robert David Lanham of Marion County, State of Indiana
and, Bride Marita K. Kempf of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. HENDRICKS

Dated this First day of November, 19 74.
Signed Keith Curcell
Official Designation Justice of the Peace
Subscribed and sworn to before me this 7 day of November, 19 74.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19 _____

FEMALE APPLICANT
Name Marita K. Kempf
Date of Birth 28 1934
Place of Birth (State or foreign country) Indpls, Ind
Residence Address Cartersburg Ind.
Maiden Name if Different Gress
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: 1971
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Cashier
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Insurance papers #27902

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Anton Gress
Residence of father (if deceased so state) Jasper, Ind.
Occupation of father Retired Race of father _____
Birthplace of father (State or foreign country) Clinton, Ind.

8. Full maiden name of mother Margaret Lampert
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Jasper, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Marita Kempf
New Address Cartersburg Ind.
Subscribed and sworn to before me this 24 day of Oct, 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, HENDRICKS ss: _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 491

File 36

10-25-74

Date of Application

MALE
Medical Examination Report Dated 10-22-74
Name of Physician Glen W. Baker

FEMALE
Medical Examination Report Dated 10-22-74
Name of Physician Glen W. Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Harold Huckleberry
Date of Birth Month Day Year
October 8 1953
Place of Birth (State or foreign country)
Tacoma, Pierce Co., Washington
Residence Address Street or R. R. City County State
501 Brownburg, Hendricks Co., Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Link-Belt

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Tacoma Pierce Health Dept #2133

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐

(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Nolan E. Huckleberry
Residence of father (if deceased so state) Brownburg, Ind.
Occupation of father Standard Oil Race of father ☒
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Gloria J. McClintock
Residence of mother (if deceased so state) Brownburg, Ind.
Occupation of mother Secretary Race of mother ☒
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Harold H. Huckleberry

New Address Chateau Village Brownburg

Subscribed and sworn to before me this 25 day of Oct, 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, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Middle Last
Stephanie Bellows
Date of Birth Month Day Year
December 18 1956
Place of Birth (State or foreign country)
Indianapolis, Marion Co., Indiana
Residence Address Street or R. R. City County State
502 Douglas Dr., Brownburg, Hendricks Co., Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Board of Health #56-257897

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 L. Bellows
Residence of father (if deceased so state) Brownburg, Ind.
Occupation of father Sps. Water Co. Race of father ☒
Birthplace of father (State or foreign country) Texas
8. Full maiden name of mother Marjorie Hastings
Residence of mother (if deceased so state) Brownburg, Ind.
Occupation of mother L.O.N. Race of mother ☒
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Stephanie Bellows

New Address Chateau Apts. B'burg

Subscribed and sworn to before me this 25 day of Oct, 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, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this 29 day of Oct, 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 29 day of October, 1974, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gilbert O. Schreiber, hereby certify that on the 1st day of November, 1974,
one thousand nine hundred and 74, at Indianapolis, County of Marion,
State of Indiana, Groom Harold Huckleberry of Hendricks County, State of Indiana,
and, Bride Stephanie Bellows of Hendricks County, State of Indiana,
were by me united 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 November, 1974.

Signed Gilbert O. Schreiber

Official Designation Christian Minister
5th day of November, 1974

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 491

File 36

10-25-74

Date of Application

MALE
Medical Examination Report Dated 10-22-74
Name of Physician Glen W. Baker

FEMALE
Medical Examination Report Dated 10-22-74
Name of Physician Glen W. Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Harold Huckleberry
Date of Birth Month Day Year
October 8 1953
Place of Birth (State or foreign country)
Yacoma, Pierce Co., Washington
Residence Address Street or R. R. City County State
P.O. 1, Brownsburg, Hendricks Co., Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Link-Belt
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Yacoma, Pierce Co., Wash. Dpt. #2133
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Nolan E. Huckleberry
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Standard Oil Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Gloria J. McClintock
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Secretary Race of mother W
(State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Stephanie Bellows
Date of Birth Month Day Year
December 18 1956
Place of Birth (State or foreign country)
Indianapolis, Marion Co., Indiana
Residence Address Street or R. R. City County State
502 Douglas Dr., Brownsburg, Hendricks Co., Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Board of Health #56-257897
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 L. Bellows
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Sps. Water Co. Race of father W
Birthplace of father (State or foreign country) Texas
8. Full maiden name of mother Marjorie Haselings
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother L.O.N. Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } I depose and state the information given
County of HENDRICKS } in this application is true and correct.

Signed Stephanie Bellows
New Address Watson Dpts. B'burg
Subscribed and sworn to before me this 25 day of Oct 1974

HENDRICKS Circuit Court

I, Marjorie May Bellows, hereby give my consent for
my daughter, Stephanie Rae Bellows
to marry Harold Huckleberry.

Subscribed and sworn to before me this 28th day of October 1974

Marion L. Brent
Notary Public

in... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
of Indiana dated the 29 day of October 1974, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gilbert Q. Schreiber, hereby certify that on the 1st day of November
one thousand nine hundred and 74, at Indianapolis, County of Marion
State of Indiana, Groom Harold Huckleberry, of Hendricks
and, Bride Stephanie Bellows, of Hendricks County, State of Indiana
were by me united 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 November, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of November 1974.
Signed Gilbert Q. Schreiber
Official Designation Christian Minister
Signed Glen M. Harvey
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 491

File 36

10-25-74

Date of Application

MALE
Medical Examination Report Dated 10-22-74
Name of Physician Glen W. Baker

FEMALE
Medical Examination Report Dated 10-22-74
Name of Physician Glen W. Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Harold Middle Huckleberry Last
Date of Birth Month October Day 8 Year 1953
Place of Birth (State or foreign country) Indiana
Residence Address 501, Brownsburg, Hendricks Co., Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Link-Belt

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Ind. 14

☐ Other (Specify) Indiana Public Health Dept #2133

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Nolan E. Huckleberry
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Standard Oil Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Gloria J. McClenock
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Secretary Race of mother W
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Stephanie Middle Bellows Last
Date of Birth Month December Day 18 Year 1956
Place of Birth (State or foreign country) Indianapolis, Marion Co., Indiana
Residence Address 503 Douglas Dr., Brownsburg, Hendricks Co., Indiana
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Board of Health

☐ Other (Specify) #56-257897

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 L. Bellows
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Sp. Water Co. Race of father W
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Marjorie Hastings
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother L.A.N. Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Stephanie Bellows
New Address Chateau Apt. B'burg
Subscribed and sworn to before me this 25 day of Oct 1974

I, William L. Bellows, hereby give my consent for
my daughter, Stephanie Rae Bellows
to marry Harold Huckleberry.

Subscribed and sworn to before me this 28th day of October 1974

Martha L. Benton
Notary Public

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1974, authorizing the joining together as husband and wife of Harold Huckleberry and Stephanie Bellows.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gilbert Q. Schreiber, hereby certify that on the 1st day of November, one thousand nine hundred and 74, at Indianapolis, County of Marion, State of Indiana, Groom Harold Huckleberry and, Bride Stephanie Bellows of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 1st day of November, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of November, 1974.
Signed Gilbert Q. Schreiber Official Designation Christian Minister
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 492

File 36

10-25-74

Date of Application

MALE

Medical Examination Report Dated 10-21-74

Name of Physician A. N. Scudder

FEMALE

Medical Examination Report Dated 10-21-74

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, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Sales Representative

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Registration Card # 312-54-4785

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father: Samuel T. Patton

Residence of father (if deceased so state) 11 Waveland, Indiana

Occupation of father School Teacher Race of father 34

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother: Martha Leel Poons

Residence of mother (if deceased so state) 11 Waveland, Indiana

Occupation of mother Housewife Race of mother 34

Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given

County of HENDRICKS in this application is true and correct.

Signed Ronald C. Patton

New Address 5310 Hanes Trace Louisville, Ky

Subscribed and sworn to before me this 25 day of Oct, 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, } ss:

County of HENDRICKS

Signed

Signed

Subscribed and sworn to before me this day of 1974

Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Secretary

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Witham Memorial Hosp.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: Robert Ervin Neal
Residence of father (if deceased so state) 2 James Ct. B'burg
Occupation of father Salesman Race of father White
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother: Betty Louise Ogler
Residence of mother (if deceased so state) 2 James Ct. B'burg
Occupation of mother Secretary Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given

County of HENDRICKS in this application is true and correct.

Signed Janet L. Neal

New Address 2 James Ct. Brownsburg, Ind.

Subscribed and sworn to before me this 1 day of November, 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, } ss:

County of HENDRICKS

Signed

Signed

Subscribed and sworn to before me this day of 1974

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued 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 November, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash, hereby certify that on the second day of November

one thousand nine hundred and 74, at Brownsburg, County of Hendricks

State of Indiana, Groom Ronald C. Patton of Jefferson County, State of Kentucky

and, Bride Janet L. Neal of Hendricks County, State of Indiana

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 second day of November, 1974.

Signed Jerry R. Nash

Official Designation Minister

5th day of November, 1974.

Signed Glen M. Harvey

Clerk

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 493

File 36

10-25-74

Date of Application

MALE
Medical Examination Report Dated 10-23-74
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 10-23-74
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, representa-
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
James Richard Malicoat
Date of Birth Month Day Year
December 16 1946
Place of Birth (State or foreign country)
Indianapolis, Marion Co., Indiana
Residence Address Street or R. R. City County State
171 N. High, Danville, Hendricks Co., Ind.
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Machine Operator

Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree Ind. Bd. of Health

☐ Other (Specify) 113-46-081608

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
James Allen Malicoat 5 20243, Greiner City, Texas

- Are you supporting or contributing to their support? Yes ☒ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father James J. Malicoat
Residence of father (if deceased so state) Cross St., Danville, Ind.
Occupation of father Custodian Race of father W.
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Beatrice J. Lingler
Residence of mother (if deceased so state) Cross St., Danville, Ind.
Occupation of mother Housekeeper Race of mother W.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given
County of Hendricks in this application is true and correct.

Signed James R. Malicoat

New Address

Subscribed and sworn to before me this 25 day of Oct, 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, Hendricks } ss:
County of Hendricks

Signed

Signed

Father

Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued and filed
in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court
of Indiana dated the 31 day of October, 1974, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Kenneth E. Wetters, hereby certify that on the 1st day of November, 1974, at Bartlett Chapel United Methodist Church, Hendricks County, State of Indiana, Groom James Richard Malicoat and Bride Shirley Baird were by me united 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 November, 1974.

Signed Rev. Kenneth E. Wetters

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of November, 1974.

Signed Glen M. Harvey

HENDRICKS

Clerk

Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 494
File 36
Date of Application October 25, 1974

HENDRICKS County

MALE
Medical Examination Report Dated 10-14-74
Name of Physician Gerald M. Sinkovic, Md.

FEMALE
Medical Examination Report Dated 10-14-74
Name of Physician Gerald M. Sinkovic, 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 Lester R. Harness
Date of Birth October 21, 1945
Place of Birth (State or foreign country) Bethlehem, Pa.
Residence Address Ind. R.R. #2
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: 1974-10-14
Color or Race White
Usual Occupation Will driller
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their 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 E. Harness
Residence of father (if deceased so state) R.R. #6, Liberty Ky.
Occupation of father retired Race of father White
Birthplace of father (State or foreign country) Cairo, Ky.
12. Full maiden name of mother Stella R. Dreyfus
Residence of mother (if deceased so state) R.R. #6, Liberty Ky.
Occupation of mother homemaker Race of mother White
Birthplace of mother (State or foreign country) Park, Ky.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Lester R. Harness
New Address RR 2 Danville

Subscribed and sworn to before me this 25 day of October, 1974
Shen M. Harnsey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Susan J. Hamilton
Date of Birth June 5, 1954
Place of Birth (State or foreign country) Indianapolis
Residence Address 680 Port-C-Call Dr. Indpls. Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: _____
Color or Race White
Usual Occupation Secretary - Receptionist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father William Raymond Hamilton
Residence of father (if deceased so state) Indpls. Ind.
Occupation of father Businessman Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Betty Jean Voge
Residence of mother (if deceased so state) Indpls. Ind.
Occupation of mother housewife Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Susan J. Hamilton
New Address P.O. Box 2 Danville Ind.

Subscribed and sworn to before me this 25 day of October, 1974
Shen M. Harnsey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County _____ Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 30 day of October, 1974, authorizing the joining together as husband and wife
of Lester R. Harness and Susan J. Hamilton
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Richard E. Adams hereby certify that on the second day of November,
one thousand nine hundred and 74 at Indianapolis, County of Marion,
State of Indiana, Groom Lester R. Harness of Hendricks County, State of Indiana,
and, Bride Susan J. Hamilton 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 second day of November, 1974.

Signed Richard E. Adams
Official Designation Minister, 1974
Signed Shen M. Harnsey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of November, 1974

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 495
File Book 36
Oct 25 1974
Date of Application

MALE
Medical Examination Report Dated 10-18-74
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 10-18-74
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 James Lee Ellis Jr.
Date of Birth May 14 1952
Place of Birth Indianapolis Ind
Residence Address RR #1 Box 400 Plainfield Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Counter Manager Parts
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Selective Service #12-30-52-184
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
James Lee Ellis Jr.		

(b) Are you supporting or contributing to their 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 Lee Ellis Jr.
Residence of father (if deceased so state) 960 Broadway Dr.
Occupation of father Store Manager Race of father White
Birthplace of father (State or foreign country) Indianapolis
12. Full maiden name of mother Alice Marie Krum
Residence of mother (if deceased so state) 960 Broadway Dr.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed James Lee Ellis Jr.
New Address RR1 Box 400 Plainfield

Subscribed and sworn to before me this 25 day of Oct, 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, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

FEMALE APPLICANT

Name Marian Kay Gladden
Date of Birth Sept 18 1956
Place of Birth Indianapolis Ind
Residence Address RR #1 Box 101 Mooresville Ind
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Bookkeeping
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) #10589
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Hoo Mary Harold Gladden
Residence of father (if deceased so state) Same
Occupation of father Mechanic Race of father White
Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Maryann Schuette
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Marian Kay Gladden
New Address
Subscribed and sworn to before me this 25 day of Oct, 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, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 30 day of October, 1974, authorizing the joining together as husband and wife of James Lee Ellis Jr. and Marian Kay Gladden.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. James D. Wilson hereby certify that on the Second day of November, one thousand nine hundred and 74, at Plainfield, Hendricks County, State of Indiana, Groom James Lee Ellis Jr. and, Bride Marian Kay Gladden, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this Second day of November, 1974.

Signed James D. Wilson
Official Designation Minister (Friends)
Filed and recorded in accordance with the laws of the State of Indiana this 5th day of November, 1974.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSENo. 496
File 36
Date of Application 10-30-74

HENDRICKS County

MALE
Medical Examination Report Dated Oct. 24, 1974
Name of Physician Dr. Stagg (Military)FEMALE
Medical Examination Report Dated 10-28-74
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 Michael E. Cassity
Date of Birth January 29, 1956
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 253 E. Broadway, Danville, Hendricks Co., Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation NavyDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☒ Other (Specify) Navy I.D. Card 312-66-4787

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Morris Eugene Cassity
Residence of father (if deceased so state) 253 Broadway, Danville, Ind.
Occupation of father Mechanic Race of father W
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Sharon Mary Moore
Residence of mother (if deceased so state) 253 Broadway, Danville, Ind.
Occupation of mother Hostess Race of mother W
Birthplace of mother (State or foreign country) Minnesota

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.Signed Michael E. CassityNew Address Naval Air Station Norfolk, Va.Subscribed and sworn to before me this 30 day of October, 1974
Elen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Betha M. Brock
Date of Birth April 7, 1956
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 253 Broadway, Danville, Hendricks Co., Ind.
Maiden Name if Different _____Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Do-nut makerDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) St. Francis Hospital, Brook Cross, Indiana

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Alvin Buford Brock
Residence of father (if deceased so state) 253 Broadway, Danville, Indiana
Occupation of father Standard Warehouse Race of father W
Birthplace of father (State or foreign country) Kentucky
- Full maiden name of mother Mary Jane Wagner
Residence of mother (if deceased so state) 253 Broadway, Danville, Indiana
Occupation of mother Do-nut maker Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.Signed Betha M. BrockNew Address Naval Air Station Norfolk, Va.Subscribed and sworn to before me this 30 day of October, 1974Elen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
HENDRICKS County Circuit Court by written order issued 3 day waiver and filed in Clerks _____
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____

of Indiana dated the 30 day of October, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Buford Brock hereby certify that on the 2nd day of Novemberone thousand nine hundred and 74 at Danville, County of HendricksState of Indiana, Groom Michael Eugene Cassity of Hendricks County, State of Indianaand, Bride Betha Marlene Brock of Hendricks County, State of Indiana

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 Second day of November, 1974Signed Buford BrockOfficial Designation Minister14 day of November, 1974Signed Elen M. Harvey ClerkHENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 497
File Book 36
Oct. 30, 1974
Date of Application

MALE
Medical Examination Report Dated Oct. 28, 1974
Name of Physician Elmer L. Koch, M.D.

FEMALE
Medical Examination Report Dated Oct. 28, 1974
Name of Physician Elmer L. Koch, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Dennis Russell Trent
Date of Birth Aug. 4, 1953
Place of Birth (State or foreign country) Lebanon, Boone Co., Ind.
Residence Address Box 506, North Salem, Hendricks Co., Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Construction Work

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 Jesse James Trent
Residence of father (if deceased so state) Hend. Co. Jail
Occupation of father Box 506, N. Salem, Race of father W.
Birthplace of father (State or foreign country) Tennessee

12. Full maiden name of mother Helen Ferguson
Residence of mother (if deceased so state) Box 506, N. Salem
Occupation of mother Hend. Co. Hospital Employee
Birthplace of mother (State or foreign country) Hendricks Co.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Dennis R. Trent

New Address Box 14, North Salem, Ind.

Subscribed and sworn to before me this 30 day of Oct. 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, Hendricks } ss:

Signed

Signed

Subscribed and sworn to before me this day of 1974
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
in Clerk's office County Superior Court by written order issued Wainwright and filed
authorizes and directs the issuance of a marriage license to the above named parties. Judge Wainwright

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court
of Indiana dated the 30 day of October 1974, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Harlan Kincade, hereby certify that on the 30 day of October
one thousand nine hundred and 74, at Jamestown, County of Boone
State of Indiana, Groom Dennis Russell Trent of Hendricks
and, Bride Debra June McKinney of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks
County.
Dated this 30 day of October, 1974.

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of November 1974
Signed Harlan Kincade
Official Designation Minister
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Debra June McKinney
Date of Birth Sept. 4, 1957
Place of Birth (State or foreign country) Lebanon, Boone Co., Ind.
Residence Address Box 14, North Salem, Hendricks Co., Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Witham Memorial Hospital

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Truman Alfred McKinney
Residence of father (if deceased so state) Box 14, North Salem

Occupation of father Truck Driver Race of father W.
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Virginia Rowland
Residence of mother (if deceased so state) Box 14, North Salem

Occupation of mother Hosp. Employee Race of mother W.
Birthplace of mother (State or foreign country) Hendricks Co.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Debra J. McKinney

New Address P.O. Box 14, North Salem

Subscribed and sworn to before me this 30 day of Oct. 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, Hendricks } ss:

Signed Truman A. McKinney Father

Signed Virginia McKinney Mother

Subscribed and sworn to before me this 30 day of Oct. 1974
Glen M. Harvey Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 498
File Book 36
Date of Application October 30, 1974

HENDRICKS County

MALE
Medical Examination Report Dated 10-30-74
Name of Physician Glen Baker

FEMALE
Medical Examination Report Dated 10-30-74
Name of Physician Glen Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Roger Wayne Snider
Date of Birth January 9, 1954
Place of Birth Indianapolis, Indiana
Residence Address P.O. Box 137, North Salem, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation U.S. Navy

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-54-004736

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Wilbur W. Snider
Residence of father (if deceased so state) P.O. Box 137, North Salem, Ind.
Occupation of father Marine Race of father White
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Patricia L. Welch
Residence of mother (if deceased so state) North Salem, Ind.
Occupation of mother B. Bus. Neg. School Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Roger Wayne Snider
New Address P.O. Box 137 North Salem, Ind.
Subscribed and sworn to before me this 30 day of October, 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, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Judy Ann Clark
Date of Birth December 22, 1956
Place of Birth Lebanon, Indiana
Residence Address R.R. #3 Box 711A, Brownsburg, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Witness Memorial Hosp.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Harold Eugene Clark

Residence of father (if deceased so state) R.R. #3 Box 711A Brownsburg, Ind.

Occupation of father Bryant Air-Conditioning White

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Bessie Olive Parrish

Residence of mother (if deceased so state) R.R. #3 Brownsburg, Ind.

Occupation of mother Western Electric Race of mother White

Birthplace of mother (State or foreign country) Kentucky

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Judy Ann Clark
New Address R.R. #3 Box 711A Brownsburg, Ind.

Subscribed and sworn to before me this 30 day of October, 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, } ss:
County of HENDRICKS

Signed Donald E. Clark Father

Signed Bessie P. Clark Mother

Subscribed and sworn to before me this 30 day of October, 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 _____
in _____ County _____ Court by written order issued 3 day Warren and filed
in Clarks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 30 day of October, 1974, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev Raymond L. Pader hereby certify that on the second day of November,
one thousand nine hundred and 74 at Ligon, _____ County of Hendricks,
State of Indiana, Groom Roger Wayne Snider of Hendricks County, State of Indiana,
and, Bride Judy Ann Clark of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____

Dated this 30th day of October, 1974.

Signed Rev Raymond L. Pader
Official Designation Pastor (Baptist), 1974.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of November, 1974.