460

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 204

File

May 27, 1975
Date of Application

MALE
Medical Examination Report Dated 5-23-75
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 5-14-75
Name of Physician A. N. Scudder M.D.

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

MALE APPLICANT

Name: First Jeffrey Middle Paul Last Catt

Date of Birth: Month 12 Day 22 Year 54

Place of Birth (State or foreign country): Buck Grove Indiana

Residence Address: Street or R. R. 451 Douglas Dr. City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation U. S. Navy

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

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

    Name / Age / Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Harold Raymond Catt
    Residence of father (if deceased so state) Brownsburg, Ind.
    Occupation of father Oil Filler Race of father wh
    Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Geraldine Pfeifer
    Residence of mother (if deceased so state) Brownsburg, Ind.
    Occupation of mother Housewife Race of mother wh
    Birthplace of mother (State or foreign country) New York

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

Signed Jeffrey Paul Catt

New Address 63 Gulf Dr. Big Coppitt Key Fla

Subscribed and sworn to before me this 27 day of May, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Dorine Middle Sue Last Johnson

Date of Birth: Month 1 Day 3 Year 57

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

Residence Address: Street or R. R. RR 10 Box 341A City Indianapolis County Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation None

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Homer Lee Johnson
   Residence of father (if deceased so state) Indianapolis, Ind.
   Occupation of father Tank Operator Race of father wh
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Vivian Lilen Dver
   Residence of mother (if deceased so state) Indianapolis, In.
   Occupation of mother Housewife Race of mother wh
   Birthplace of mother (State or foreign country) Indiana

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

Signed Dorine Sue Johnson

New Address 63 Gulf Dr. Big Coppitt Key, Fla.

Subscribed and sworn to before me this 27 day of May, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1975, authorizing the joining together as husband and wife Jeffrey Paul Catt and Dorine Sue Johnson

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

I, Rev. Charles L. Noll hereby certify that on the first day of June, one thousand nine hundred and 75 at Brownsburg, County of Hendricks, State of Indiana, Groom Jeffrey Paul Catt of Hendricks County, State of Indiana, and, Bride Dorine Sue Johnson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this ~~3rd~~ 31 day of ~~June~~ May, 19 75.

Signed Rev. Charles L. Noll

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of June, 19 75.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 205

File

5-27-75 Date of Application

MALE
Medical Examination Report Dated 5-12-75
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 5-12-75
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 Steve Middle Edward Last Musters

Date of Birth: Month 2 Day 25 Year 1951

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

Residence Address: Street or R. R. 1002 Brookside City Lm. County Pfd. State

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1972 Hend

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

Usual Occupation Mechanic

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

☐ Other (Specify) # 1922

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

Name	Age	Address

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

11. Full name of father Raymond A. Musters
    Residence of father (if deceased so state) Unknown
    Occupation of father — Race of father
    Birthplace of father (State or foreign country) —
12. Full maiden name of mother Ruby Delphine Mahoney
    Residence of mother (if deceased so state) 1002 Brookside Lm. Pfd.
    Occupation of mother Ck Lilly Race of mother
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Steve Edward Musters

New Address

Subscribed and sworn to before me this 27 day of May, 19 75

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Patricia Middle Luann Last Hayes

Date of Birth: Month 7 Day 19 Year 1954

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

Residence Address: Street or R. R. 4321 Sip Points Rd. 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) # 7459

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Jasper William Hays
   Residence of father (if deceased so state) Same
   Occupation of father Self Employed Race of father
   Birthplace of father (State or foreign country) Indianapolis, Ind
8. Full maiden name of mother Pauline Janette Thompson
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother
   Birthplace of mother (State or foreign country) Indianapolis, Ind

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

Signed Patricia Luann Hayes

New Address 223 Raines Street, Plainfield, Ind.

Subscribed and sworn to before me this 27 day of May, 19 75

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* June, 19 75, *authorizing the joining together as husband and wife* Steve Edward Musters *and* Patricia Luann Hayes

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

I, Sonny H. Hays *hereby certify that on the* 6 *day of* June, *at* Plainfield, *County of* Hendricks, *one thousand nine hundred and* 75 *State of Indiana, Groom* Steve E. Musters *of* Hendricks *County, State of* Indiana, *and, Bride* Patricia Luann Hays *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 6 *day of* June, 19 75. *Signed* Sonny H. Hays

Official Designation Baptist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* June, 19 75

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

462

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 206

File

May 27 1975
Date of Application

MALE
Medical Examination Report Dated 5-23-75
Name of Physician David H. Kingsburg M.D.

FEMALE
Medical Examination Report Dated 5-23-75
Name of Physician David H. Kingsburg M.D.

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

Date of Birth: Month 10 Day 16 Year 56

Place of Birth (State or foreign country): Rush Co. Indiana

Residence Address: Street or R. R. 6261 Brookline Dr. City Indianapolis County State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Musician

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

☐ Other (Specify)

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

Name	Age	Address

(b) Are you supporting or contributing to their 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 Herschel Skinner
    Residence of father (if deceased so state): Indianapolis, Ind.
    Occupation of father: Employment Security Div. Race of father: W h
    Birthplace of father (State or foreign country): Ind.
12. Full maiden name of mother: Mary Elizabeth Hensley
    Residence of mother (if deceased so state): Indianapolis, Ind.
    Occupation of mother: None Race of mother: Wh
    Birthplace of mother (State or foreign country): Indiana

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

Signed: William Jay Skinner
New Address: 304½ Shaw, Plain Field, Ind. 46168

Subscribed and sworn to before me this 27 day of May, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Nancy Middle Ann Last Nyswander

Date of Birth: Month 8 Day 17 Year 51

Place of Birth (State or foreign country): Indianapolis, Indiana

Residence Address: Street or R. R. R.R. 1 Box 272 City Plainfield County Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: None

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

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Rufus D. Nyswander
   Residence of father (if deceased so state): Plainfield, Ind.
   Occupation of father: Farmer Race of father: Wh
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Barbara Jean Knoll
   Residence of mother (if deceased so state): Plainfield, Ind.
   Occupation of mother: None Race of mother: Wh
   Birthplace of mother (State or foreign country): West Virginia

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

Signed: Nancy Ann Nyswander
New Address: 304½ Shaw St, Plfd, Ind

Subscribed and sworn to before me this 27 day of May, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7 *day of* June, 19 75, *authorizing the joining together as husband and wife* William Jay Skinner *and* Nancy Ann Nyswander

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

I, R. Kent Allen *hereby certify that on the* 21st *day of* June, *one thousand nine hundred and* 75 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* William Jay Skinner *of* Madison *County, State of* Indiana *and, Bride* Nancy Ann Nyswander *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21st *day of* June, 19 75.

Signed R. Kent Allen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24th *day of* June, 19 75.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 207

File Bk 36

May 27, 1975
Date of Application

MALE
Medical Examination Report Dated 5-17-75
Name of Physician Elmer L. Koch M.D.

FEMALE
Medical Examination Report Dated 5-17-75
Name of Physician Elmer L. Koch M.D.

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

MALE APPLICANT

Name: First Stephen Middle R. Last Allen
Date of Birth: Month January Day 29 Year 1954
Place of Birth (State or foreign country) Martinsville Indiana
Residence Address: Street or R. R. 890 Wellington Lane City Greenwood County Johnson State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages /
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Bob Shirley's Body Shop.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hospital # 300

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Ward Allen
    Residence of father (if deceased so state) Hazelwood, Ind.
    Occupation of father Allison's Race of father W.
    Birthplace of father (State or foreign country) Martinsville, Ind
12. Full maiden name of mother Patsy Ann Hale
    Residence of mother (if deceased so state) Hazelwood, Ind
    Occupation of mother Kroger - Cashier Race of mother W.
    Birthplace of mother (State or foreign country) Martinsville, Ind

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

Signed x Stephen R Allen
New Address 890 Wellington Ln #712

Subscribed and sworn to before me this 27 day of May, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Diana Middle L. Last Ballard
Date of Birth: Month May Day 5 Year 1957
Place of Birth (State or foreign country) Martinsville, Indiana
Residence Address: Street or R. R. 329 Meadow Lane City Plainfield County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Daniel George Ballard
   Residence of father (if deceased so state) Plainfield, Ind
   Occupation of father Mechanic Race of father W.
   Birthplace of father (State or foreign country) Marion Co. Ind.
8. Full maiden name of mother Margaret A. Turner
   Residence of mother (if deceased so state) Plainfield, Ind.
   Occupation of mother Avon Lady Race of mother W.
   Birthplace of mother (State or foreign country) Vermillion Co., Ind.

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

Signed x Diane Ballard
New Address 890 Wellington Dr. Greenwood

Subscribed and sworn to before me this 27 day of May, 19 75.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....of Indiana dated the 31 day of May, 19 75, authorizing the joining together as husband and wife Stephen R Allen and Diana L. Ballard

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

I, Walter L. Mason hereby certify that on the 1st day of June, at Hazelwood, County of Hendricks one thousand nine hundred and 75 at Johnson County, State of Indiana, State of Indiana, Groom Stephen R. Allen of Hendricks County, State of Indiana, and, Bride Diana L. Ballard of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 31 day of May, 19 75.

Signed Walter L Mason
Official Designation Minister, U. Meth. Church

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of June, 19 75.

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 208
File BK. 36
May 22 1975
Date of Application

MALE
Medical Examination Report Dated 5/12/75
Name of Physician Dr. M.D. Samuelson

FEMALE
Medical Examination Report Dated 5/12/75
Name of Physician M.D. Samuelson, M.D.

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

MALE APPLICANT

Name: First Jerry Middle A. Last Shaw

Date of Birth: Month Sept. Day 19 Year 1955

Place of Birth (State or foreign country): Indianapolis Marion Ind.
Residence Address: Pittsboro, Street or R. R. City County State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Carpenter for Wright-Backman

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 10184

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

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

Signed Jerry A. Shaw
New Address 4554 Mission Dr. Apt. 278 Imps.

Subscribed and sworn to before me this 22 day of May, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Juliet Middle E. Last Roark

Date of Birth: Month Feb. Day 12, Year 1955

Place of Birth (State or foreign country): Lebanon Boone Ind.
Residence Address: Linton Street or R. R. City County Ind. State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: O.R.T. at Methodist Hosp.

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 55-008725

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: John L. Roark
   Residence of father (if deceased so state): Linton Ind.
   Occupation of father: C.F. Roark Race of father: White
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Lavinia Wills
   Residence of mother (if deceased so state): Linton, Ind.
   Occupation of mother: Homemaker Race of mother: White
   Birthplace of mother (State or foreign country): Indiana

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

Signed Juliet E. Roark
New Address 4554 Mission Dr. Apt. 278 Imps.

Subscribed and sworn to before me this 22 day of May, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* June, 1975, *authorizing the joining together as husband and wife* Jerry A. Shaw *and* Juliet E Roark
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Edwin Roark *hereby certify that on the* 7 *day of* June, *one thousand nine hundred and* 75 *at* New Brunswick, *County of* Boone, *State of Indiana, Groom* Jerry Alan Shaw *of* Hendricks *County, State of* Indiana *and, Bride* Juliet Eleanor Roark *of* Hendricks *County, State of* Indiana, *were by me united 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* June, *19* 75.

Signed Edwin Roark
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* June, *19* 75.
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 209

File #36

May 27, 1975
Date of Application

MALE
Medical Examination Report Dated May 21, 1975
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated May 21, 1975
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 H. Last Yeley

Date of Birth: Month May Day 8 Year 1955

Place of Birth (State or foreign country): Greencastle Putnam Co. Ind.
(City, County, State)

Residence Address: R#2 (Street or R. R.) Clayton (City) Hendricks Co. (County) Ind. (State)

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: I M C (Link Belt)

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

☐ Other (Specify) Hospital #45707 B

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

Name	Age	Address

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

11. Full name of father Robert Lee Yeley
    Residence of father (if deceased so state) R. #2 Clayton, Ind.
    Occupation of father L. M. C. Race of father W.
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Delana Frances Burnett
    Residence of mother (if deceased so state) R #2, Clayton, Ind.
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Robert W. Yeley
New Address R #3 Shoreland Apt #3 Plainfield

Subscribed and sworn to before me this 27 day of May, 19 75.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Donna Middle K. Last Byrdwell

Date of Birth: Month Nov. Day 16 Year 1956

Place of Birth (State or foreign country) Bedford Indiana
(City, County, State)

Residence Address: 200 W Adams (Street or R. R.) Danville (City) Hendricks Co. (County) Ind. (State)

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Medical Arts Pharmacy

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

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Marvin Byrdwell, Jr.
   Residence of father (if deceased so state) Shelbyville, Ky.
   Occupation of father Self-employed Race of father W.
   Birthplace of father (State or foreign country) Tennessee
8. Full maiden name of mother Lillian Cornelius
   Residence of mother (if deceased so state) 200 W. Adams, Danville, Ind.
   Occupation of mother Hendricks Co. Hospital Race of mother W.
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Donna K. Byrdwell
New Address R.R. #3 Shoreland Apt. #3 Plainfield

Subscribed and sworn to before me this 27 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* June, 19 75, *authorizing the joining together as husband and wife* Robert W. Yeley *and* Donna K. Byrdwell

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

I, Neal J. Barnett + Norman Weaver *hereby certify that on the* 7 *day of* June, *one thousand nine hundred and* 75 *at* Danville, *County of* Hendricks, *State of* Indiana, *State of Indiana, Groom* Robert W. Yeley *of* Hendricks *County, State of* Indiana, *and, Bride* Donna K Byrdwell *of* Hendricks *County, State of* Indiana, *were by me united 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* June, 19 75.

Signed Rev. Neal J. Barnett + Norman Weaver
Official Designation Ordained Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* June, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 210

File

May 27, 1975
Date of Application

MALE
Medical Examination Report Dated 5-20-75
Name of Physician N. Harvey Hirnelstein M.D.

FEMALE
Medical Examination Report Dated 5-20-75
Name of Physician N. Harvey Hirnelstein M.D.

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

Date of Birth: Month 10 Day 31 Year 51

Place of Birth (State or foreign country) Peru Indiana

Residence Address: Street or R. R. 3321 Lower Huntington Rd. City Fort Wayne County Allen State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Police Officer

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

☑ Other (Specify) Police I.D. # 9606

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 Dale Young
    Residence of father (if deceased so state) Hartford City, Ind.
    Occupation of father Manager-Lumber Yard Race of father wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Marjorie Isabel Thayer
    Residence of mother (if deceased so state) Hartford City, Ind.
    Occupation of mother Sales Clerk Race of mother wh
    Birthplace of mother (State or foreign country) North Dakota

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

Signed David Bruce Young
New Address Casslewood Apts Ft Wayne Ind

Subscribed and sworn to before me this 27 day of May, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Debra Middle Lee Last Smith

Date of Birth: Month 12 Day 7 Year 52

Place of Birth (State or foreign country) Lakewood Ohio

Residence Address: Street or R. R. 3321 Lower Huntington Rd. City Fort Wayne County Allen State Ind.

Maiden Name if Different Cherry Blossom Dr. 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 Accountant

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Burton Smith
   Residence of father (if deceased so state) Brownsburg, Ind.
   Occupation of father Purchasing-D.M. Race of father wh
   Birthplace of father (State or foreign country) Ohio
8. Full maiden name of mother Nancy Carol Thompson
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Occupation of mother Bookkeeper Race of mother wh
   Birthplace of mother (State or foreign country) New York

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

Signed Debra Lee Smith
New Address Casslewood Apts Fort Wayne Ind.

Subscribed and sworn to before me this 27 day of May, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 19 75, authorizing the joining together as husband and wife David Bruce Young and Debra Lee Smith June

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

I, Father Friedrich Roeschlaub hereby certify that on the 14 day of June, one thousand nine hundred and 75 at Plainfield, County of Hendricks, State of Indiana, Groom David Bruce Young of Allen County, State of Indiana, and, Bride Debra Lee Smith of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this fourth day of June, 19 75.

Signed Fr. Friedrich Roeschlaub
Official Designation Rector, St. Marks Episcopal Church

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of ~~July~~ June, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. # 211

File

May 28, 1975
Date of Application

MALE
Medical Examination Report Dated 5-16-75
Name of Physician Carl Heinlein M.D.

FEMALE
Medical Examination Report Dated 5-16-75
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 Jerry Middle Lee Last Gibson

Date of Birth: Month 12 Day 8 Year 56

Place of Birth (State or foreign country): Indianapolis, Indiana

Residence Address: Street or R. R. 11225 Wawasee Dr. City Indianapolis County State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Comp. Food Store

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

☐ Other (Specify)

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 P. Gibson
    Residence of father (if deceased so state): Indianapolis, Ind.
    Occupation of father: Steel Worker Race of father: wh
    Birthplace of father (State or foreign country): Ar. Kansas
12. Full maiden name of mother: Loraine Evelyn Aldridge
    Residence of mother (if deceased so state): Indianapolis, Ind.
    Occupation of mother: Housewife Race of mother: wh
    Birthplace of mother (State or foreign country): Indiana

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

Signed Jerry L. Gibson

New Address 10225 Wawasee Dr. Indpls. Ind. 46234

Subscribed and sworn to before me this 28 day of May, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Teresa Middle Marene Last Easley

Date of Birth: Month 8 Day 14 Year 57

Place of Birth (State or foreign country): Indianapolis, Indiana

Residence Address: Street or R. R. Rt 2 Box 514 City Danville County State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Data Processing Clerk

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

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: William W. Easley
   Residence of father (if deceased so state): Danville, Ind.
   Occupation of father: Race of father: wh
   Birthplace of father (State or foreign country): Colorado
8. Full maiden name of mother: Mura E. Reed
   Residence of mother (if deceased so state): Danville, Ind
   Occupation of mother: Acctng. Supervisor Race of mother: wh
   Birthplace of mother (State or foreign country): Illinois

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

Signed Teresa Marene Easley

New Address 10225 Wawasee Dr. Indpls. 46234

Subscribed and sworn to before me this 28 day of May, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed William W. Easley Father

Signed Mura E. Easley Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 19 75, authorizing the joining together as husband and wife Jerry Lee Gibson and Teresa Marene Easley

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

I, Don A. White hereby certify that on the 7 day of June, at Faith Baptist Church, County of Hendricks, one thousand nine hundred and 75 State of Indiana, Groom Jerry Lee Gibson of Hendricks County, State of Indiana, and, Bride Teresa Marene Easley of Hendricks County, State of Indiana, were by me united 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 June, 19 75. Signed Don A. White

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of July, 19 75

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

468

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 212
File #36
May 28, 1975
Date of Application

MALE
Medical Examination Report Dated May 28, 1975
Name of Physician C. N. Scudder

FEMALE
Medical Examination Report Dated May 28, 1975
Name of Physician C. N. Scudder

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

MALE APPLICANT

Name: First Gerald, Middle R., Last Bryson
Date of Birth: Month September, Day 7, Year 1939
Place of Birth (State or foreign country): Indianapolis, Marion Co., Ind.
Residence Address: Street or R. R. RR #3 Box 419, City Plainfield, County Hendricks, State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Draftsman
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Draft. Reg. # 12-52-39-56

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

Name	Age	Address
Bret Bryson	16	R#1, Box 336, Camby, Ind. (Richard Bryson)
Kathy Bryson	14	" " " " "
Robbie Bryson	12	" " " " " (Rg 6 - R.R.1, Camby, Indiana)
Gregg Bryson	10	" " " " "

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Virgil Vaun Bryson
    Residence of father (if deceased so state) deceased
    Occupation of father ..... Race of father W.
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Lela Ann Grahn
    Residence of mother (if deceased so state) 1354 S. Kappes, Ipls., Ind.
    Occupation of mother Secretary Race of mother W.
    Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Gerald R. Bryson
New Address RR 3 Box 419 Plainfield Ind.
Subscribed and sworn to before me this 28 day of May, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Cara, Middle L., Last Stanley
Date of Birth: Month February, Day 24, Year 1942
Place of Birth (State or foreign country): Indianapolis, Marion Co., Indiana
Residence Address: Street or R. R. RR #3, City Plainfield, County Hendricks Co., State Indiana
Maiden Name if Different: Carolyn L. Harnaday
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Driver's Lic.: S315-38-1418

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Carolyn L. Stanley
New Address R. 3 Box 419 Plainfield Ind.
Subscribed and sworn to before me this 28 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* June, 19 75, *authorizing the joining together as husband and wife* Gerald R. Bryson *and* Caralyn L. Stanley

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

I, Ernest C. Schweizer *hereby certify that on the* 7 *day of* June, *one thousand nine hundred and* 75 *at* Indianapolis, *County of* Hendricks, *State of Indiana, Groom* Gerald R. Bryson *of* Hendricks *County, State of* Indiana, *and, Bride* Caralyn L. Stanley *of* Hendricks *County, State of* Indiana, *were by me united 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* June, 19 75.

Signed Ernest C. Schweizer
Official Designation Justice of the Peace, Wayne Twp.

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* June, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 213
File BK. 36
May 28 1975
Date of Application

MALE
Medical Examination Report Dated 5/10/75
Name of Physician James Black Md.

FEMALE
Medical Examination Report Dated 5/10/75
Name of Physician James Black Md.

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

MALE APPLICANT

Name: First Michael Middle [illegible] Last Cheek
Date of Birth: Month October Day 13 Year 1953
Place of Birth (State or foreign country) Methodist Hospital Indpls. In.
Residence Address: Street or R. R. R.R. #1 Box 16 City Coatesville County [illegible] State Ind.
Previous 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) # 10314

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 B. Cheek
    Residence of father (if deceased so state) Coatesville, Ind.
    Occupation of father Tank Belt Race of father White
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Virgie Juanita Brown
    Residence of mother (if deceased so state) Coatesville Ind.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Michael Cheek
New Address 808 S. GREENWOOD CHATTANOOGA TN
Subscribed and sworn to before me this 28 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Teresa Middle Lynn Last Smith
Date of Birth: Month January Day 15 Year 1956
Place of Birth (State or foreign country) Methodist Hospital Indpls. In.
Residence Address: Street or R. R. R.R. # 2 Box 7-D City Brownsburg County [illegible] State In.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Sears Roebuck & Co.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 539

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Armond Oscar Smith
   Residence of father (if deceased so state) Brownsburg Ind.
   Occupation of father Line-Mine Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Emma Lorine Porter
   Residence of mother (if deceased so state) Brownsburg Ind.
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Teresa Smith
New Address 808 S. Greenwood Chattanooga, Tenn
Subscribed and sworn to before me this 28 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 2 day of June, 19 75, authorizing the joining together as husband and wife Michael Cheek and Teresa Lynn Smith

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

I, Don A. White hereby certify that on the 6 day of June, at Faith Baptist Church, County of Hendricks, one thousand nine hundred and 75, State of Indiana, Groom Michael Cheek of Hendricks County, State of Indiana, and, Bride Teresa Lynn Smith of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6 day of June, 19 75. Signed Don A. White
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of June, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 214

File

5-28-75
Date of Application

MALE
Medical Examination Report Dated May 23 1975
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 5-23-75
Name of Physician Eric D. Clark

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

MALE APPLICANT

Name: First Donald Middle E. Last Ferguson

Date of Birth: Month Oct Day 3 Year 1931

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: Street or R. R. 538 E. Main City Plainfield County State

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Kind 1974

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

Usual Occupation Self Employed

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 10704

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

Name	Age	Address
Donald E. Jr.	2	Plainfield

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

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

Signed X Donald E. Ferguson
New Address 538 E. Main Plainfield

Subscribed and sworn to before me this 28 day of May, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Deborah Middle L. Last Lowry

Date of Birth: Month 2 Day 29 Year 1948

Place of Birth (State or foreign country) Panama City Florida

Residence Address: Street or R. R. 538 E. Main St. Plfd. City County State

Maiden Name if Different Riley

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Illinois 1974

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

Usual Occupation Housewife

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 13044

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Wade C. Riley
   Residence of father (if deceased so state) deceased
   Occupation of father Race of father
   Birthplace of father (State or foreign country) Iowa
8. Full maiden name of mother Hilda La Verne Turner
   Residence of mother (if deceased so state) 4228 Londonberry Dr. Indpls.
   Occupation of mother Bindley Pharm. Race of mother
   Birthplace of mother (State or foreign country) Missouri

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

Signed X Deborah L. Lowry
New Address 538 E. Main

Subscribed and sworn to before me this 28 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29 *day of* May, 19 75, *authorizing the joining together as husband and wife* Donald E. Ferguson *and* Deborah L Lowry

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

I, Charles R. Gibson *hereby certify that on the* 30 *day of* May, *one thousand nine hundred and* 75 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Donald E. Ferguson *of* Hendricks *County, State of* Indiana, *and, Bride* Deborah L Lowry *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30 *day of* May, 19 75.

Signed Charles R. Gibson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* June, 19 75.

Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 213
File BK. 36
May 28, 1975
Date of Application

MALE
Medical Examination Report Dated 5/24/75
Name of Physician A. N. Scudder, Md.

FEMALE
Medical Examination Report Dated 5/24/75
Name of Physician A. N. Scudder, Md.

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

MALE APPLICANT

Name: First Joseph Middle L. Last Bryant
Date of Birth: Month January Day 14 Year 1955
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. 403 N. Centennial City Dolph County Jackson State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Maintenance
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 039119

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

Name	Age	Address

(b) Are you supporting or contributing to their 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 Duey Bryant
    Residence of father (If deceased so state) Indianapolis Ind.
    Occupation of father Garage Foreman Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Lexie Faye Pike
    Residence of mother (If deceased so state) Indianapolis Ind.
    Occupation of mother Housewife Race of mother White
    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 Joseph L Bryant
New Address 403 North Centennial Indpls
Subscribed and sworn to before me this 28 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Debbie Middle E. Last Corbin
Date of Birth: Month August Day 13 Year 1957
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. 40 E. Main City Brownsburg County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Ins. # M85219172

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James Morgan Corbin
   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 Sally Louise Gatlin
   Residence of mother (If deceased so state) 40 E. Main B'burg Ind.
   Occupation of mother Stewart Warehouse Race of mother White
   Birthplace of mother (State or foreign country) Indpls. Ind.

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

Signed Debra E Corbin
New Address 403 N Centennial Indpls
Subscribed and sworn to before me this 28 day of May, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 is not living

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed Sally L Daughaw Mother
Subscribed and sworn to before me this 28 day of May, 19 75
Glen M. Harvey Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... on the 2 day of June, 19 75, authorizing the joining together as husband and wife of Indiana dated the ..... and Joseph L. Bryant and Debbie E. Corbin

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

I, William E. Jordan hereby certify that on the 2nd day of June, at Brownsburg, County of Hendricks, one thousand nine hundred and seventy five at Marion County, State of Indiana, State of Indiana, Groom Joseph L. Bryant of Hendricks County, State of Indiana, and, Bride Debbie E. Corbin of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of June, 19 75. Signed /s/ William E. Jordan
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of June, 19 83.
Signed Mary Jane Russell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 213
File BK. 36
28, 1975

COUNTY OF HENDRICKS)
) SS:
STATE OF INDIANA)

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 syphillis 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 Donald Ferguson and Debbie Lowry 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 Hilton
JUDGE

...plication
...tatement, representa-
...Last.
Year 1957
...nty State Ind.
...rriages
172
No ☑ Yes ☐
No ☑ Yes ☐
No ☐ Yes ☐
No ☐ Yes ☐
No ☐ Yes ☐
No ☐ Yes ☐
No ☐ Yes ☐
...Father
...mother
...the information given
...n is true and correct.
...May, 19 75
...RICKS Circuit Court
...riage. If only one parent
...necessary
...Father
...Mother
...May, 19 75
...Clerk
...e named parties, the
...and filed
...Circuit Court
...as husband and wife
...Hendricks,
...Indiana
...Indiana,

and, Bride Debbie L Lowry of HENDRICKS
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County.
Dated this 2 day of June, 19 75. Signed /s/ William E. Jordan
Official Designation Minister, 19 83.

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of June, Mary Jane Russell Clerk
Signed HENDRICKS Circuit Court

A472

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 216
File BK 36
May 29, 1975
Date of Application

MALE
Medical Examination Report Dated 5-28-75
Name of Physician Jame E. Southard Md.

FEMALE
Medical Examination Report Dated 5-28-75
Name of Physician Jame E. Southard Md.

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

MALE APPLICANT

Name: First Larry Middle D. Last Ferrier
Date of Birth: Month September Day 24 Year 1948
Place of Birth (State or foreign country) Sioux City Iowa
Residence Address: Street or R. R. 11335 W. Washington City Indpls. County Wash. State 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 Sick Belt
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) FMC Corp Identification Pass

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Christy Ferrier Sr.
    Residence of father (if deceased so state) deceased
    Occupation of father..... Race of father.....
    Birthplace of father (State or foreign country) Yuma Colorado
12. Full maiden name of mother Mary E. Neiman
    Residence of mother (if deceased so state) Colorado
    Occupation of mother Homemaker Race of mother White
    Birthplace of mother (State or foreign country) Nebraska

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

Signed Larry D. Ferrier
New Address Pendleton
Subscribed and sworn to before me this 29 day of May, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Christine Middle Last Thurnall
Date of Birth: Month September Day 9 Year 1956
Place of Birth (State or foreign country) Warren Co. Ind.
Residence Address: Street or R. R. 98 Blake St. City Danville County Hd. State In.
Maiden Name if Different Clark
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) High School Record

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Charles Gilbert Clark
   Residence of father (if deceased so state) Danville In.
   Occupation of father Penn Central R.R. Race of father White
   Birthplace of father (State or foreign country) Hendricks Co.
8. Full maiden name of mother Mary Alice Howard
   Residence of mother (if deceased so state) Danville, In.
   Occupation of mother Hend. Co. Dasp. Race of mother White
   Birthplace of mother (State or foreign country) Indiana

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

Signed Christine Thurnall
New Address Indpls. Ind.
Subscribed and sworn to before me this 29 day of May, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* June, 19 75, *authorizing the joining together as husband and wife* Larry D. Ferrier *and* Christine Thurnall
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gaul E. Keller *hereby certify that on the* 7 *day of* June, *one thousand nine hundred and* 75 *at* Danville, *State of Indiana, Groom* Larry D. Ferrier *of* Hendricks *County, State of* Indiana *and, Bride* Christine Thurnall *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 7th *day of* June, 19 75.

Signed Gaul E. Keller
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* June, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS 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. #217

HENDRICKS County

File Bk 36

May 29, 1975
Date of Application

MALE
Medical Examination Report Dated 5-28-75
Name of Physician M.O. Seamahon

FEMALE
Medical Examination Report Dated 5-28-75
Name of Physician M.O. Seamahon

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

MALE APPLICANT

Name: First Dwight Middle Kendall Last Bramblett

Date of Birth: Month April Day 7 Year 1951

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

Residence Address: Street or R. R. RR #1 City Lizton County Hendricks State Ind

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation 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

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

11. Full name of father Melvin K. Bramblett
    Residence of father (if deceased so state) Lizton, Ind.
    Occupation of father Factory Worker Race of father W.
    Birthplace of father (State or foreign country) Lebanon, Ind.
12. Full maiden name of mother Barbara Aubrey Armstrong
    Residence of mother (if deceased so state) Lizton, Indiana
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Danville, Indiana

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

Signed X Dwight Kendall Bramblett
New Address 2218 D. Greentree St. Indpls.

Subscribed and sworn to before me this 29 day of May, 19 75
Glen M. Hawey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Dianna Middle Dee Last Headley

Date of Birth: Month July Day 27 Year 1951

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

Residence Address: Street or R. R. 2202 Greentree St. City Indpls County Marion State Ind

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Teacher

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

☐ Other (Specify) #113-51-0544 58

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Headley Jr.
   Residence of father (if deceased so state) Lizton, Indiana
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Beech Grove, Ind.
8. Full maiden name of mother Ruth Pearl Gerald
   Residence of mother (if deceased so state) Indpls, Indiana
   Occupation of mother Nurse Race of mother W
   Birthplace of mother (State or foreign country) Ladoga, Ind.

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

Signed X Dianna Dee Headley
New Address 2218-D Greentree St. Indpls, Ind.

Subscribed and sworn to before me this 29 day of May, 19 75
Glen M. Hawey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 5 day of June, 19 75, authorizing the joining together as husband and wife Dwight Kendall Bramblett and Dianna Dee Headley

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

I, Raymond F. Duff hereby certify that on the 7 day of June, at Mechanicsburg, County of Boone, one thousand nine hundred and 75, State of Indiana, Groom Dwight Kendall Bramblett of Hendricks County, State of Indiana, and, Bride Dianna Dee Headley of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of June, 19 75. Signed Raymond F. Duff
Official Designation Christian Minister, 19 75

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of June, 19 75. Signed Glen M. Hadley Clerk
HENDRICKS Circuit Court

474

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 218
File May 29, 1975
Book 36
Date of Application

MALE
Medical Examination Report Dated May 23, 1975
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated May 23, 1975
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 Darrell Middle Ray Last Miller
Date of Birth: Month December Day 7 Year 1953
Place of Birth (State or foreign country) ~~60597~~ Indianapolis, Marion Co., Ind.
Residence Address: Street or R. R. 6053 Beechview City Indianapolis County Marion State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Vital Statistics #12602
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Wilton Wayne Miller
    Residence of father (if deceased so state) 1622 Section St. Plainfield, Ind.
    Occupation of father Engineer Race of father W
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Betty Jan Hamke
    Residence of mother (if deceased so state) 1622 Section St. Plainfield, Ind.
    Occupation of mother Dayp School Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed Darrell Ray Miller
New Address 6053 Beachview Dr., Indianapolis, In
Subscribed and sworn to before me this 29 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Cheral Middle L. Last Easmann
Date of Birth: Month August Day 18 Year 1954
Place of Birth (State or foreign country) Indianapolis Marion Co., Ind.
Residence Address: Street or R. R. 509 Simmons 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: Stenographer
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Vital Statistics #8927
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Carl Easmann
   Residence of father (if deceased so state) 509 Simmons Plainfield, Ind.
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Betty Marie Farmer
   Residence of mother (if deceased so state) 509 Simmons Plainfield, Ind.
   Occupation of mother Krogers Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed Cheral Csamann
New Address 6053 Beachview Dr., Indpls, Ind.
Subscribed and sworn to before me this 29 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* June, 19 75, *authorizing the joining together as husband and wife* Darrell Ray Miller *and* Cheral L. Easmann
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, A. Kent Allen *hereby certify that on the* 7 *day of* June, *one thousand nine hundred and* 75 *at* Plainfield, *County of* Hendricks *State of Indiana, Groom* Darrell Ray Miller *of* Marion *County, State of* Indiana *and, Bride* Cheral L. Easmann *of* Hendricks *County, State of* Indiana, *were by me united 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* June, 19 75.

Signed A. Kent Allen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* June, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 219
File #36
May 29, 1975 Date of Application

MALE
Medical Examination Report Dated May 28, 1975
Name of Physician

FEMALE
Medical Examination Report Dated May 28, 1975
Name of Physician

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

MALE APPLICANT

Name: First Kenneth Middle L. Last Whittle
Date of Birth: Month May Day 16 Year 1950
Place of Birth (State or foreign country) Burley Idaho
Residence Address: Street or R. R. Gresham City County State Oregon
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Welder
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) draft registration # 10-16-50-72

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Erman Jay Whittle
    Residence of father (if deceased so state) Burley, Idaho
    Occupation of father Livestock Race of father W
    Birthplace of father (State or foreign country) Idaho
12. Full maiden name of mother Feral Maurine Weeks
    Residence of mother (if deceased so state) Burley, Idaho
    Occupation of mother School Teacher Race of mother W
    Birthplace of mother (State or foreign country) Utah

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

Signed Kenneth L. Whittle
New Address 3704 N.E. 17th Apt D-3 Gresham Ore.

Subscribed and sworn to before me this 29 day of May, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Mary Middle Kaye Last Engle
Date of Birth: Month December Day 4 Year 1955
Place of Birth (State or foreign country) U.S. Naval Hospital, St. Albans, New York
Residence Address: Street or R. R. #3 Church St. City Brownsburg County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Waitress
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Donald Charles Engle
   Residence of father (if deceased so state) Brownsburg, Ind.
   Occupation of father Driver Salesman Race of father W
   Birthplace of father (State or foreign country) Ohio
8. Full maiden name of mother Wanda Jean Clark
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Minnesota

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

Signed Mary Kay Engle
New Address 3704 N.E. 17th D-3 Gresham, Ore

Subscribed and sworn to before me this 29 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE 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 Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 29 day of May, 19 75, authorizing the joining together as husband and wife Kenneth L. Whittle and Mary Kaye Engle

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

I, Myron Barnard hereby certify that on the 1st day of June, one thousand nine hundred and 75 at Indianapolis, County of Marion, State of Indiana, Groom Kenneth L. Whittle of Hendricks County, State of Indiana, and, Bride Mary Kaye Engle of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of June, 19 75.

Signed .....
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of June, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

476

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 220
File Book 36
May 29, 1975
Date of Application

MALE
Medical Examination Report Dated 5-28-75
Name of Physician David Hadley M.D.

FEMALE
Medical Examination Report Dated 5-28-75
Name of Physician David Hadley, M.D.

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

MALE APPLICANT

Name: First Randall, Middle Loren, Last Bennett

Date of Birth: Month Oct., Day 25, Year 1953

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

Residence Address: Street or R. R. P.O. Box 31028, City Indianapolis, County Hend., State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Detroit Diesel Allison

Date of birth verified by: ☑ Birth Cert. cert # 113-091-425 ☐ Judicial Decree
☐ Other (Specify) Ind. State Bd of Health

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Loren B. Bennett
    Residence of father (if deceased so state) R.R. 2 Box 67V-B Indpls. Ind.
    Occupation of father Retired Race of father W
    Birthplace of father (State or foreign country) Bloomington, Ind.
12. Full maiden name of mother Edris Pearl Cokley
    Residence of mother (if deceased so state) R.R. 2, Box 67V-B
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Bloomington Ind.

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

Signed Randall Loren Bennett
New Address ?

Subscribed and sworn to before me this 29 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Karen, Middle Sue, Last Wilson

Date of Birth: Month June, Day 12, Year 1956

Place of Birth (State or foreign country) Putnam Co. Hosp. Greencastle Ind.

Residence Address: Street or R. R. Rt 1, City Coatesville, County Hend., State Ind.

Maiden Name if Different Karen Sue Bartley

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ April 01, 1974 Hend. Co. Superior Ct.

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

Usual Occupation Secretary

Date of birth verified by: ☑ Birth Cert. Recorded Book 47A P. 195 ☐ Judicial Decree
☐ Other (Specify) Dept. of Health Putnam Co.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James Floyd Bartley
   Residence of father (if deceased so state) Rt. 1, Coatesville Ind.
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Dryden, Va.
8. Full maiden name of mother Carolyn Sue Stallcop
   Residence of mother (if deceased so state) Rt. 1, Coatesville
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Brazil, Ind.

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

Signed Karen Sue Wilson
New Address ?

Subscribed and sworn to before me this 29 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* June, 19 75, *authorizing the joining together as husband and wife* Randall Loren Bennett *and* Karen Sue Wilson

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

I, Orville Hall Jr. *hereby certify that on the* 12 *day of* June, *one thousand nine hundred and* 75 *at* Near Coatesville, *County of* PUTMAN *State of Indiana, Groom* Randall Loren Bennett *of* Hendricks *County, State of* Indiana *and, Bride* Karen Sue Wilson *of* Putnam *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12 *day of* June, 19 75.

Signed Orville Hall Jr.
Official Designation Minister - Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* June, 19 75.

Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 221
File BK 36
May 29 1975
Date of Application

MALE
Medical Examination Report Dated May 29, 1975
Name of Physician George R. Learned

FEMALE
Medical Examination Report Dated 5/22/75
Name of Physician Joseph L. West

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Lloyd Last Lockyear
Date of Birth: Month September Day 4 Year 1954
Place of Birth (State or foreign country) Hampton Virginia
Residence Address: Street or R. R. 1500 McCain Lane City Manhattan County Riley State Kansas
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student & Van Lines
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Dept. of Health, vital Statistics 145-54-058360
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Lloyd Lockyear
    Residence of father (if deceased so state) 1054 Wallington Rd. Lawrence, Kansas
    Occupation of father Pharmacist Race of father .....
    Birthplace of father (State or foreign country) Oregon
12. Full maiden name of mother Norma Lucille Lattimer
    Residence of mother (if deceased so state) 1054 Wallington Rd. Lawrence, Kansas
    Occupation of mother Medical Technologist Race of mother W
    Birthplace of mother (State or foreign country) Oregon

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

Signed William L Lockyear
New Address Apt W-22 Jardine Ter. Manhattan
Subscribed and sworn to before me this 4 day of June, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Monica Middle Ann Last DeLong
Date of Birth: Month July Day 27 Year 1954
Place of Birth (State or foreign country) Hollywood California
Residence Address: Street or R.R. 10005 Bacara Dr. City Apple County Valley State Ind.
Maiden Name if Different .....
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Sales Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 54 13 4102

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Marion DeLong
   Residence of father (if deceased so state) Indianapolis, Ind. (Dead)
   Occupation of father Truck Driver Race of father White
   Birthplace of father (State or foreign country) Wyoming
8. Full maiden name of mother Lorraine Mickelsen
   Residence of mother (if deceased so state) Apple. Ind. (Dead)
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Missouri

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

Signed Monica DeLong
New Address Apt-W22 Jardine Terrace Manhattan Kan.
Subscribed and sworn to before me this 29 day of May, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 19 75, authorizing the joining together as husband and wife William Lloyd Lockyear and Monica Ann DeLong

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

I, Gerald F. Penn hereby certify that on the 7 day of June, at Braunsburg, County of Hendricks one thousand nine hundred and 75 State of Indiana, Groom William Lloyd Lockyear of Douglas County, State of Kansas and, Bride Monica Ann DeLong of Hendricks County, State of Indiana. were by me united 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 June, 19 75. Signed Gerald F. Penn
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of June, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

478

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 222
File Bk 36
May 29, 1975
Date of Application

MALE
Medical Examination Report Dated 5-28-75
Name of Physician M. D. Seamahorn

FEMALE
Medical Examination Report Dated 5-22-75
Name of Physician M D 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 Michael Middle E. Last Vaughn
Date of Birth: Month Sept. Day 29 Year 1954
Place of Birth (State or foreign country): Beech Grove Indiana
Residence Address: 430 N. Allen Street or R. R. Brownsburg City Hendricks County Ind. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Manager K-Mart
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree # 12-30-54-398
☒ Other (Specify) Selective Serv. Card

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

Name | Age | Address

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

11. Full name of father George Earl Vaughn
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father School Board Race of father W
Birthplace of father (State or foreign country) Ingals, Ind.
12. Full maiden name of mother Barbara Joan Hughes
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Secretary Race of mother W
Birthplace of mother (State or foreign country) Bloomington, Ind.

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

Signed X Michael E Vaughn
New Address R#2 Box 128 Brownsburg

Subscribed and sworn to before me this 29 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Nancy Middle L. Last Teachout
Date of Birth: Month July Day 23 Year 1955
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: R #2 Box 128 Street or R. R. Brownsburg City Hendricks County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Dept of Pub. Health
☐ Other (Specify) (Copy) # 7700 -

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Wayne E. Teachout
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Lab Technician Race of father W.
Birthplace of father (State or foreign country) Gregory, Michigan
8. Full maiden name of mother Maxine Jo Peasley
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Liberal, Kansas

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

Signed X Nancy L. Teachout
New Address Rt 2 Box 128 Brownsburg, Ind

Subscribed and sworn to before me this 29 day of May, 1975
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 19....., authorizing the joining together as husband and wife Michael E. Vaughn and Nancy L. Teachout

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

I, Rev. R. B. Ackeson hereby certify that on the Second day of June, one thousand nine hundred and 75 at Brownsburg, County of Hendricks, State of Indiana, Groom Michael E. Vaughn of Hendricks County, State of Indiana, and, Bride Nancy L. Teachout of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of June, 19 75.

Signed R. B. Ackeson
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of June, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 223
File Book 36
May 29 1975
Date of Application

MALE
Medical Examination Report Dated 5-19-75
Name of Physician Elmer L. Koch M.D.

FEMALE
Medical Examination Report Dated 5-19-75
Name of Physician Elmer L. Koch M.D.

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

MALE APPLICANT

Name: First Jerry Middle Lee Last Walden
Date of Birth: Month 7 Day 18 Year 52
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: Street or R. R. 231 N Avon, Apt 2 City Plainfield County Hen. State In.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Correctional Officer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service Card

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

Name	Age	Address
Terrance Machunk Walden	4,	Indianapolis
Ryan Shane Walden	1,	Indianapolis

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

11. Full name of father Lee Walden
Residence of father (if deceased so state) Noblesville, Ind.
Occupation of father Mechanic Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Donna Guthrie
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother None Race of mother wh
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jerry L Walden
New Address 231 N Avon, Apt 2
Subscribed and sworn to before me this 29 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Kathleen Middle Elizabeth Last O'Neill
Date of Birth: Month 2 Day 28 Year 52
Place of Birth (State or foreign country) Chicago Illinois
Residence Address: Street or R. R. 1418 Dallas Dr. City Plainfield County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Speech & Hearing Therapist
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Dr. Gerald Henry O'Neill
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Optometrist Race of father wh
Birthplace of father (State or foreign country) Ohio
8. Full maiden name of mother Frances Elizabeth Mark
Residence of mother (if deceased so state) Plainfield Ind
Occupation of mother Housewife Race of mother wh
Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Kathleen E O'Neill
New Address 231 N. Avon - Plainfield
Subscribed and sworn to before me this 29 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 3 day of June, 19 75, authorizing the joining together as husband and wife Jerry Lee Walden and Kathleen Elizabeth O'Neill

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

I, Donald Hallock hereby certify that on the 7 day of June at Plainfield Christian Ch., County of Hendricks one thousand nine hundred and 75 at Hendricks County, State of Indiana, State of Indiana, Groom Jerry L. Walden of Hendricks County, State of Indiana, and, Bride Kathleen E. O'Neill of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of June, 19 75. Signed Donald Hallock
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of June, 19 75. Glen M Harvey Clerk
Signed ..... Circuit Court
HENDRICKS

480

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 224
File BK. 36
May 30 1975
Date of Application

MALE
Medical Examination Report Dated 5/16/75
Name of Physician Joseph C. Kerlin MD.

FEMALE
Medical Examination Report Dated 5/16/75
Name of Physician Joseph C. Kerlin MD.

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

MALE APPLICANT

Name: First Albert Middle W. Last Williams

Date of Birth: Month 12 Day 10 Year 1916

Place of Birth (State or foreign country) Jordan College Ohio Ind.

Residence Address: Street or R. R. RR #1 Box 87 City Danville County Ind State

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

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

Usual Occupation WABCO

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Reg # 41591

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

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

Signed Albert Williams
New Address 410 Blake St.

Subscribed and sworn to before me this 29 day of May 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Peggy Middle J. Last Calhoun

Date of Birth: Month March Day 23 Year 1933

Place of Birth (State or foreign country) Piedmont S. Carolina

Residence Address: Street or R. R. 410 S. Blake City Mooresville County Ind. State

Maiden Name if Different McCall

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Teacher

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) # 139 33 7910

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Henry McCall
   Residence of father (if deceased so state) South Carolina
   Occupation of father Retired Race of father White
   Birthplace of father (State or foreign country) South Carolina
8. Full maiden name of mother Nelly Marie Pompey
   Residence of mother (if deceased so state) S. Carolina
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) South Carolina

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

Signed Peggy J. Calhoon
New Address 410 Blake St.

Subscribed and sworn to before me this 29 day of May 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 19 75, authorizing the joining together as husband and wife Albert Williams and Peggy J. Calhoon

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

I, Lucien E. Behar hereby certify that on the 7 day of June one thousand nine hundred and 75 at Indianapolis, County of Marion, State of Indiana, Groom Albert Williams of Hendricks County, State of Indiana, and, Bride Peggy J. Calhoon of Hendricks County, State of Indiana, were by me united 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 June, 19 75.

Signed Lucien E. Behar
Official Designation Associate Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of June, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 225
File #36
May 29, 1975
Date of Application

MALE
Medical Examination Report Dated May 24, 1975
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated May 24, 1975
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 Ricky Middle Allen Last Cruse
Date of Birth: Month November Day 14 Year 1955
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. R2 Plainfield City Hendricks County Ind. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Construction
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) U.S. Army Cpr. Lic USA 44-75

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Estel Cruse
    Residence of father (if deceased so state) Casa, Arkansas
    Occupation of father Farmer Race of father W
    Birthplace of father (State or foreign country) Arkansas
12. Full maiden name of mother Jessie Frank Belton
    Residence of mother (if deceased so state) Indianapolis, Ind.
    Occupation of mother Factory Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Ricky A. Cruse
New Address RR #2 Box 239 Plainfield Ind.

Subscribed and sworn to before me this 29 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Marcia Middle Gail Last Rupe
Date of Birth: Month February Day 11 Year 1957
Place of Birth (State or foreign country) St. Louis Missouri
Residence Address: Street or R. R. R#2 Plainfield City Hendricks County Ind. State Ind.
Maiden Name if Different
Previous 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 Div. of Health
☐ Other (Specify) 124-57-018700

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Clarence Thomas Rupe
   Residence of father (if deceased so state) R2 Plnfd Ind.
   Occupation of father Auditor Race of father W
   Birthplace of father (State or foreign country) Winchester, Ind.
8. Full maiden name of mother Jean Alice Hirsh
   Residence of mother (if deceased so state) R2 Plnfd Ind.
   Occupation of mother Secretary Race of mother W
   Birthplace of mother (State or foreign country) Chicago, Illinois

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

Signed Marcia Gail Rupe
New Address RR2 Box 239 Plainfield, Ind.

Subscribed and sworn to before me this 29 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE 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 Clerks ofc authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29 *day of* May, 19 75, *authorizing the joining together as husband and wife* Rickey Allen Cruse *and* Marcia Gail Rupe

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

I, John C. Modesitt *hereby certify that on the* 31 *day of* May, *at* Avon, *County of* Hendricks *one thousand nine hundred and* 75, *State of Indiana, Groom* Rickey Allen Cruse *of* Marion *County, State of* Indiana, *and, Bride* Marcia Gail Rupe *of* Hendricks *County, State of* Indiana, *were by me united 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* May, 19 75. *Signed* John C. Modesitt
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* June, 19 75
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

482

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 226

File

5-30-75
Date of Application

MALE
Medical Examination Report Dated 5-28-75
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 5-28-75
Name of Physician Thomas Walker

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

MALE APPLICANT

Name: First Richard Middle E. Last Turpin

Date of Birth: Month 2 Day 24 Year 1935

Place of Birth (State or foreign country) Lebanon Ind

Residence Address: Street or R. R. 7339 Rockleigh Ave. Apt C City Indpls County State Ind

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Pressman

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service # 12-30-55-101

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 Guy Turpin
    Residence of father (if deceased so state) 36 Jensen Dr. Brownsburg
    Occupation of father Bell Telephone Race of father
    Birthplace of father (State or foreign country) Indianapolis
12. Full maiden name of mother Betty Lorraine Baker
    Residence of mother (if deceased so state) 36 Jensen Brownsburg
    Occupation of mother Hardware Race of mother
    Birthplace of mother (State or foreign country) Indiana

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

Signed Richard E Turpin
New Address 7339 Rockleigh Ave, Indpls

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Melissa Middle J. Last Larick

Date of Birth: Month 3 Day 16 Year 1955

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: Street or R. R. 28 Lincoln Dr. City Brownsburg County State

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Secretary

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 279

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Harry Clinton Larick
   Residence of father (if deceased so state) deceased
   Occupation of father Race of father
   Birthplace of father (State or foreign country) Markleville
8. Full maiden name of mother Roberta Jean Park
   Residence of mother (if deceased so state) Same
   Occupation of mother Sales Lady Race of mother
   Birthplace of mother (State or foreign country) Lebanon

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

Signed Melissa J Larick
New Address 7339 Rockleigh Ave, Indpls

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3rd *day of* June, 19 75, *authorizing the joining together as husband and wife* Richard E. Turpin *and* Melissa J. Larick

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

I, Jerry R. Nash hereby certify that on the 7 day of June, one thousand nine hundred and 75 at Brownsburg, County of Hendricks State of Indiana, Groom Richard E. Turpin of Hendricks County, State of Indiana and, Bride Melissa J. Larick of Hendricks County, State of Indiana, were by me united 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 June, 19 75.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* June, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 227
File BK 36
May 30 1975
Date of Application

MALE
Medical Examination Report Dated 5-21-75
Name of Physician Carl L. Hinkle M.D.

FEMALE
Medical Examination Report Dated 5-21-75
Name of Physician Carl L. Hinkle M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 P. Last Burger
Date of Birth: Month December Day 11 Year 1950
Place of Birth (State or foreign country) West Palm Beach Florida
Residence Address: Street or R. R. R.R. #1 Box 223A City North Salem County ... State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages .....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify) .....
Usual Occupation Self Employed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Soc. Sec. # 263-92-1563

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Raymond Daniel Burger
    Residence of father (if deceased so state) deceased
    Occupation of father ..... Race of father .....
    Birthplace of father (State or foreign country) Lincoln Park, Mich.
12. Full maiden name of mother Helen Louise Wadsworth
    Residence of mother (if deceased so state) Danville, Ind.
    Occupation of mother I.R.S. agent Race of mother White
    Birthplace of mother (State or foreign country) Michigan

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

Signed Paul P. Burger
New Address R.1 Box 223A, North Salem Ind.

Subscribed and sworn to before me this 30 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Terry Middle L. Last Lawson
Date of Birth: Month 8 Day 23 Year 1953
Place of Birth (State or foreign country) Methodist Hosp. Marion Co.
Residence Address: Street or R. R. 589 W. Mill St. City Danville County ... State Ind.
Maiden Name if Different .....
Previous Marital Status: Never Married ☑ Number of Previous Marriages .....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify) .....
Usual Occupation Teller - First North BK
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 8555

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Russell Terry Lawson
   Residence of father (if deceased so state) 589 W. Mill, Danville
   Occupation of father Med. Co. Dr. Rep. Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Martha Jane Laboreau
   Residence of mother (if deceased so state) 589 W. Mill, Danville
   Occupation of mother Mgr. Real Estate Race of mother White
   Birthplace of mother (State or foreign country) Indiana

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

Signed Terry L. Lawson
New Address R 1 Box 223A North Salem 46165

Subscribed and sworn to before me this 30 day of May, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 4 day of June, 19 75, authorizing the joining together as husband and wife Paul P. Burger and Terry L. Lawson

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

I, Norman L. Weaver hereby certify that on the 7 day of June, at Danville, County of Hendricks one thousand nine hundred and 75 County, State of Indiana, State of Indiana, Groom Paul P. Burger of Hendricks County, State of Indiana, and, Bride Terry L. Lawson of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of June, 19 75. Signed Norman L. Weaver
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of June, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 228

File

May 30, 1975
Date of Application

MALE
Medical Examination Report Dated 5-28-75
Name of Physician Elmer Koch, M.D.

FEMALE
Medical Examination Report Dated 5-28-75
Name of Physician Elmer Koch, M.D.

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

MALE APPLICANT

Name: First Milton, Middle Kenneth, Last Martin

Date of Birth: Month 5, Day 1, Year 10

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

Residence Address: 2118 E. Garfield Dr., Street or R. R., Indianapolis, City, County, State Ind.

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

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

Usual Occupation Retired

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Dr. License # S305039370

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

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

    (b) Are you supporting or contributing to their 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 Martin
    Residence of father (if deceased so state) deceased
    Occupation of father ..... Race of father wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Barbara Cuzzort
    Residence of mother (if deceased so state) deceased
    Occupation of mother ..... Race of mother wh
    Birthplace of mother (State or foreign country) Indiana

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

Signed Milton K. Martin
New Address 2118 E. Garfield Dr.

Subscribed and sworn to before me this 30 day of May, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Mapine, Middle Lucille, Last Barre

Date of Birth: Month 3, Day 30, Year 20

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

Residence Address: 1072 S. Washington, Street or R. R., Danville, City, County, State Ind.

Maiden Name if Different Mapine Lucille Barre

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 House

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Life Ins. Policy #62-000-430

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Harvey Barre
   Residence of father (if deceased so state) deceased
   Occupation of father ..... Race of father wh
   Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Julia Hummel
   Residence of mother (if deceased so state) deceased
   Occupation of mother ..... Race of mother wh
   Birthplace of mother (State or foreign country) Indiana

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

Signed Mapine L. Barre
New Address 2118 E. Garfield Drive

Subscribed and sworn to before me this 30 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE 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 days waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* May, 19 75, *authorizing the joining together as husband and wife* Milton Kenneth Martin *and* Mapine Lucille Barre
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Victor H. Schoen *hereby certify that on the* 1st *day of* June, *one thousand nine hundred and* 75 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Milton Kenneth Martin *of* Marion *County, State of* Indiana *and, Bride* Mapine Lucille Barre *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 1st *day of* June, 19 75.

Signed Victor H. Schoen
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* June, 19 75.
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 229
File Bk 36
May 30, 1975
Date of Application

MALE
Medical Examination Report Dated May 30, 1975
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated May 30, 1975
Name of Physician Joseph C. Kerlin

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

MALE APPLICANT

Name: First Ralph, Middle C., Last Fain

Date of Birth: Month March, Day 15, Year 1954

Place of Birth (State or foreign country) New Castle, Indiana

Residence Address: Street or R. R. RR #1, City Cambridge City, County Wayne, State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service #12-293-54-98

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

Name	Age	Address

(b) Are you supporting or contributing to their 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 Nicholson Fain
    Residence of father (if deceased so state) Cambridge City, Ind.
    Occupation of father Manager Race of father W
    Birthplace of father (State or foreign country) Dandridge, Tenn.
12. Full maiden name of mother Elmar Ruth Baxter
    Residence of mother (if deceased so state) Cambridge City, Ind.
    Occupation of mother Hair Stylist Race of mother W.
    Birthplace of mother (State or foreign country) Dandridge, Tenn.

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

Signed X Ralph E. Fain
New Address Cambridge City, Ind.

Subscribed and sworn to before me this 30 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Vickie, Middle C., Last Webb

Date of Birth: Month February, Day 15, Year 1956

Place of Birth (State or foreign country) Evansville Oregon

Residence Address: Street or R. R. RR #3 Box 337, City Danville, County Hendricks, State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 136-56-06061

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Vernon Webb
   Residence of father (if deceased so state) Indianapolis, Ind.
   Occupation of father Carpenter Race of father W
   Birthplace of father (State or foreign country) London, Kentucky
8. Full maiden name of mother Lois Marie Taylor
   Residence of mother (if deceased so state) Danville, Ind.
   Occupation of mother Clerk-Cashier Race of mother W.
   Birthplace of mother (State or foreign country) Cottongim, Ky.

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

Signed X Vickie C Webb
New Address Cambridge, City, IN

Subscribed and sworn to before me this 30 day of May, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* June, 19 75, *authorizing the joining together as husband and wife* Ralph C. Fain *and* Vickie C. Webb

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

I, Ronald E. McDugle *hereby certify that on the* 7 *day of* June *one thousand nine hundred and* 75 *at* Danville, *County of* Hendricks *State of Indiana, Groom* Ralph E. Fain *of* Wayne *County, State of* Indiana, *and, Bride* Vickie C. Webb *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 7 day of June, 19 75. Signed Ronald E. McDugle
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* June, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 230
File Book 36
June 2, 1975
Date of Application

MALE
Medical Examination Report Dated May 28, 1975
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated May 28, 1975
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 William Middle Dan Last Nestel
Date of Birth: Month Feb. Day 11 Year 1954
Place of Birth (State or foreign country) Alabama
Residence Address: 38 Street or R. R. Bluff Rd. City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 101-54-007604

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

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

Signed X William Dan Nestel
New Address Apt. 48 Anthony apt. Muncie

Subscribed and sworn to before me this 2 day of June, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Debra Middle Jane Last Rager
Date of Birth: Month Aug. Day 19 Year 1954
Place of Birth (State or foreign country) Ohio
Residence Address: 121 S. 450 E. Street or R. R. Danville City County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Dental Asst.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 851756

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

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

Signed X Debra Jane Rager
New Address Apt. 48 Anthony Apts. Muncie

Subscribed and sworn to before me this 2 day of June, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6 day of June, 1975 authorizing the joining together as husband and wife William Dan Nestel and Debra Jane Rager
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Dillon Laffin hereby certify that on the 7 day of June, one thousand nine hundred and 75 at Plainfield, County of Hendricks, State of Indiana, Groom William Dan Nestel of Hendricks County, State of Indiana, and, Bride Debra J. Roger of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this Fifth day of June, 19 75.

Signed Rev. Dillon Laffin
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of June, 19 75.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 231
File 36
6-2-75 Date of Application

MALE
Medical Examination Report Dated June 2, 1975
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated June 2, 1975
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 Edgar Middle A. Last McKinney
Date of Birth: Month August Day 16 Year 1958
Place of Birth (State or foreign country): Lebanon Boone Co. Indiana
Residence Address: Street or R. R. P.O. Box 14 City North Salem County Indiana State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Witham Memorial Hospital
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Truman Alfred McKinney
    Residence of father (if deceased so state): P.O. Box 14, North Salem
    Occupation of father: Asco Construction Race of father: W
    Birthplace of father (State or foreign country): Kentuckey
12. Full maiden name of mother: Virginia Rose Land
    Residence of mother (if deceased so state): P.O. Box 14, North Salem
    Occupation of mother: Nurse's Aid Race of mother: W
    Birthplace of mother (State or foreign country): Indiana

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

Signed: Edgar A McKinney
New Address: P.O. Box 14 North Salem Ind
Subscribed and sworn to before me this 2 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Robin Middle E. Last Harvey
Date of Birth: Month December Day 15 Year 1958
Place of Birth (State or foreign country): Noblesville Indiana
Residence Address: Box 155 Street or R. R. North Salem City Hendricks County Indiana State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Ind. St. Bd. of Health
☐ Other (Specify) 58-014281

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Larry A. Harvey
   Residence of father (if deceased so state): Mikinac St., Indianapolis, Ind
   Occupation of father: Citizens Gas Co. Race of father: W
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Margaret A. Scanland
   Residence of mother (if deceased so state): Box 155, North Salem, Ind
   Occupation of mother: Housewife Race of mother:
   Birthplace of mother (State or foreign country): Indiana

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

Signed: Robin Harvey
New Address: PO Box 155 N Salem
Subscribed and sworn to before me this 2 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 3 day waiver x age requirement 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.....day of....., 19....., authorizing the joining together as husband and wife Edgar A McKinney and Robin E. Harvey
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Oscar Hoskins hereby certify that on the Second day of June, one thousand nine hundred and Seventy-five at Advance, County of Boone, State of Indiana, Groom Edgar A McKinney of Hendricks County, State of Indiana, and, Bride Robin E. Harvey of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 2nd day of June, 19 75. Signed Oscar Hoskins
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of June, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 231
File 36
6-2-75
Date of Application

MALE
Medical Examination Report Dated June 2, 1975
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated June 2, 1975
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 Edgar; Middle O.; Last McKinney
Date of Birth: Month August; Day 16; Year 1958
Place of Birth (State or foreign country): Lebanon
Residence Address: P.O. Box 14; Street or R. R.: North Salem; City: Boone Co.; County: Indiana; State: Indiana
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Witham Memorial Hospital
☐ Other (Specify)

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

    Name | Age | Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Truman Alfred McKinney
    Residence of father (if deceased so state): P.O. Box 14, North Salem
    Occupation of father: Asco Construction; Race of father: W
    Birthplace of father (State or foreign country): Kentuckey
12. Full maiden name of mother: Virginia Rose Land
    Residence of mother (if deceased so state): P.O. Box 14, North Salem
    Occupation of mother: Nurse's Aid; Race of mother: W
    Birthplace of mother (State or foreign country): Indiana

State of Indiana,
County of HENDRICKS } ss:
Sig
New Add
Subscribed and sworn to be
Glen M.

FEMALE APPLICANT

Name: First Robin; Middle E.; Last Harvey
Date of Birth: Month December; Day 15; Year 1958
Place of Birth (State or foreign country): Nablesville
Residence Address: Box 155; Street or R. R.: North Salem; City: Hendricks; County: Indiana; State: Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Ind. St. Bd. of Health
☐ Other (Specify) 58-014281

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Larry L. Harvey
   Residence of father (if deceased so state): Melvina St., Indianapolis, Ind.
   Occupation of father: Citizens Gas Co.; Race of father: W
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Margaret A. Scanland
   Residence of mother (if deceased so state): Box 155, North Salem, Ind.
   Occupation of mother: Housewife; Race of mother:
   Birthplace of mother (State or foreign country): Indiana

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

Signed Robin Harvey
New Address P O Box 155 N Salem
Subscribed and sworn to before me this 2 day of June, 19 75
M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS,
We, the parents, of this ap
signs, state facts which re

State of Indiana,
County of HENDI
Signed
Signed
Subscribed and sworn to be

WE, Truman McKinny, Virginia McKinny, hereby give my consent for my son, Edgar R. McKinney to marry Robin Harvey.

X Truman McKinny
X Virginia McKinney

subscribed and sworn to before me this 29 day of May 1975

Glen M. Harvey
~~Notary Public~~
Clerk.

COMPLETE IF MA
HENDRICKS
in Clerks Office authorizes and directs the issuance of a marriage license to the above

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... , 19..... , authorizing the joining together as husband and wife of Indiana dated the ..... day of ..... and Robin E. Harvey

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

I, Oscar Hoskins hereby certify that on the Second day of June, one thousand nine hundred and Seventy-five at Advance, County of Boone, State of Indiana, Groom Edgar R. McKinney of Hendricks County, State of Indiana, and, Bride Robin E. Harvey of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of June, 19 75. Signed Oscar Hoskins
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of June, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 231
File 36
6-2-75 Date of Application

MALE
Medical Examination Report Dated June 2, 1975
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated June 2, 1975
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 Edgar; Middle G.; Last McKinney
Date of Birth: Month August; Day 16; Year 1958
Place of Birth (State or foreign country) Lebanon
Residence Address: Street or R. R. P.O. Box 14; City North Salem; County Boone 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 Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Witham Memorial Hospital
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Truman Alfred McKinney
    Residence of father (if deceased so state) P.O. Box 14, North Salem
    Occupation of father Orco Construction Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Virginia Rose Land
    Residence of mother (if deceased so state) P.O. Box 14, North Salem
    Occupation of mother Nurse's Aid Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

New ...

Subscribed and sworn to
Glen M...

CONSENT OF PAREN...
We, the parents, of thi...
signs, state facts which...

State of Indiana,
County of HE...
Sign...
Sign...
Subscribed and sworn t...

COMPLETE IF N...
HENDRI...
in Clerk's Office authorizes and directs the issuance of a marriage license to the ...

FEMALE APPLICANT

Name: First Robin; Middle E.; Last Harvey
Date of Birth: Month December; Day 15; Year 1958
Place of Birth (State or foreign country) Noblesville
Residence Address: Street or R. R. Box 155; City North Salem; County Hendricks; State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Ind. St. Bd. of Health
☐ Other (Specify) 58-014281

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Larrey E. Harvey
   Residence of father (if deceased so state) Melvina St, Indianapolis, Ind
   Occupation of father Citizens Gas Co. Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Margaret A. Scanland
   Residence of mother (if deceased so state) Box 155, North Salem, Ind
   Occupation of mother Housewife Race of mother ...
   Birthplace of mother (State or foreign country) Indiana

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

Signed Robin Harvey
New Address PO Box 155 N Salem

Subscribed and sworn to before me this 2 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

I, Margaret A. Harvey, hereby give my consent for my daughter, Robin Elaine Harvey to marry Edgar McKinney.

Margaret A. Harvey

subscribed and sworn to before me this 31st day of May 19 75

Cathy J. Little
Notary Public
Cathy J. Little

My commission expires August 16, 1978

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Edgar R. McKinney and Robin E. Harvey

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

I, Oscar Hoskins hereby certify that on the Second day of June, 19 75, at Advance, County of Boone, State of Indiana, one thousand nine hundred and Seventy-five, State of Indiana, Groom Edgar R. McKinney of Hendricks County, State of Indiana, and, Bride Robin E. Harvey of Hendricks County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2nd day of June, 19 75. Signed Oscar Hoskins
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of June, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 232
File BK 36
June 2 1975
Date of Application

MALE
Medical Examination Report Dated 5/30/75
Name of Physician Alvin D. Schaaf, M.D.

FEMALE
Medical Examination Report Dated 5/30/75
Name of Physician Alvin D. Schaaf, M.D.

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

MALE APPLICANT

Name: First Jerry Middle L. Last Edwards
Date of Birth: Month May Day 31 Year 1954
Place of Birth (State or foreign country): West Baden Co.
Residence Address: Box 203 Street or R. R. North Salem City Hendricks County Ind. State
Previous Marital Status: Never Married ☐ Number of Previous Marriages .....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify) .....
Usual Occupation: Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 54-043026

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Terry L. Edwards
New Address Box 203 N. Salem, Ind.
Subscribed and sworn to before me this 2 day of June, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Juanita Middle Last Belford
Date of Birth: Month December Day 27 Year 1953
Place of Birth (State or foreign country): Ky Kentucky
Residence Address: R.R. #1 Street or R. R. Lizton City Hendricks County Ind. State
Maiden Name if Different McKinney
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1973 Boone
Color or Race: White ☑ Negro ☐ Other ☐ (specify) .....
Usual Occupation: Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 6

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Juanita Belford
New Address Box 203 North Salem, Ind.
Subscribed and sworn to before me this 2 day of June, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6 day of June, 19....., authorizing the joining together as husband and wife Terry L. Edwards and Juanita Belford
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Oscar Hoskins hereby certify that on the 7th day of June, one thousand nine hundred and 75 at Advance, County of Boone, State of Indiana, Groom Terry L. Edwards of Hendricks County, State of Indiana, and, Bride Juanita Belford of Hendricks County, State of Indiana, were by me united 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 June, 19 75.
Signed Oscar Hoskins
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of June, 19 75.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 233
File #36
June 3, 1975 Date of Application

MALE
Medical Examination Report Dated May 21, 1975
Name of Physician M. O. Seamahorn

FEMALE
Medical Examination Report Dated May 21, 1975
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 Robert Middle C. Last Shrout
Date of Birth: Month May Day 8 Year 1955
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. 1842 Country Club Rd, City Indianapolis, County Marion, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Stock-man
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Dept. of Public Health #4673
☐ Other (Specify)

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Clay Shrout
    Residence of father (if deceased so state) Co. Club Rd., Ipls., Ind.
    Occupation of father Head Stock Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Betty Lou Ellerman
    Residence of mother (if deceased so state) Co. Club Rd, Ipls., Ind.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed Robert A Shrout
New Address 121 Williams Apt. B Brownsburg
Subscribed and sworn to before me this 3rd day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Joyce Middle L. Last Gosser
Date of Birth: Month March Day 10 Year 1956
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R.R. Rt. 1, Box 92 I, City Brownsburg, County Hendricks, State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Accounting
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Health + Hospital Corp of Indpls.
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James Roswal Gosser
   Residence of father (if deceased so state) Rt. 1, Brownsburg, Ind.
   Occupation of father Allisons Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Delaris Dell Busses
   Residence of mother (if deceased so state) Rt 1 Brownsburg, Ind
   Occupation of mother Western Electric Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed Joyce L Gosser
New Address 121 Williams dr. Brownsburg In.
Subscribed and sworn to before me this 3rd day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 12 day of June, 19 75, authorizing the joining together as husband and wife Robert A. Shrout and Joyce L. Gosser

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

I, Joseph D. Wilson hereby certify that on the 14 day of June one thousand nine hundred and 75 at Brownsburg, County of Hendricks, State of Indiana, Groom Robert A. Shrout of Marion County, State of Indiana, and, Bride Joyce L. Gosser of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17 day of June, 19 75.

Signed Joseph D. Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of June, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 234
File BK. 36
June 3, 1975
Date of Application

MALE
Medical Examination Report Dated 6/2/75
Name of Physician A. N. Scudder, Md

FEMALE
Medical Examination Report Dated 6/2/75
Name of Physician A. N. Scudder, Md.

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

MALE APPLICANT

Name: First Ralph Middle L. Last Earl
Date of Birth: Month 6 Day 7 Year 1935
Place of Birth (State or foreign country) Indianapolis Marion Co.
Residence Address: Street or R. R. James Pratt City Clermont County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages One
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1972 - May 8
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Buick - Flyer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) #032712-4

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

10
Jadyena
15 - Curtis — Name: Earl — Age: 1910 — Address: S. Charles, Indpls.
15 - Leslie — Earl — "
14 - Kelly — Earl — "
12 - Gary
Sandra - 7
Bobby
Shirley 5

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

11. Full name of father: Clyde Pearson Earl
    Residence of father (if deceased so state): deceased
    Occupation of father: Race of father:
    Birthplace of father (State or foreign country): Bedford, In.
12. Full maiden name of mother: Velma Marie Emrick
    Residence of mother (if deceased so state): Martinsville, In.
    Occupation of mother: Laborer Race of mother: White
    Birthplace of mother (State or foreign country): Indiana

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

Signed Ralph L. Earl
New Address Parkside Motel

Subscribed and sworn to before me this 3 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Shirley Middle Carver Last
Date of Birth: Month 9 Day 7 Year 1927
Place of Birth (State or foreign country) Detroit Michigan
Residence Address: Street or R. R. James Pratt City Clermont County Marion State Ind.
Maiden Name if Different Mc Murray
Previous Marital Status: Never Married ☐ Number of Previous Marriages One
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1957 Wayne Co. Mich.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Homemaker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) # 1069

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

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

Signed Shirley J. Carver
New Address Parkside Motel, Clermont

Subscribed and sworn to before me this 3 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7 *day of* June *19* 75, *authorizing the joining together as husband and wife* Ralph L. Earl *and* Shirley Carver.

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

I, Gilbert R. Schreiber hereby certify that on the 7th day of June, one thousand nine hundred and 75 at Indianapolis, County of Marion, State of Indiana, Groom Ralph L. Earl of Hendricks County, State of Indiana, and, Bride Shirley Carver of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7th day of June, 19 75.

Signed Gilbert R. Schreiber
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* June, *19* 75.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 235

File 36

June 3, 1975
Date of Application

MALE
Medical Examination Report Dated June 2, 1975
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated June 2, 1975
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 Steven Middle C Last Smith

Date of Birth: Month August Day 5 Year 1951

Place of Birth (State or foreign country): Martin Texas
City County State

Residence Address: Street or R. R. 60 Haven Ave. City New York, New York Co. N.Y.

Previous 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 Birth Reg. Card 120870
☐ Other (Specify)

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

Name	Age	Address

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

11. Full name of father Sidney A. Smith
Residence of father (if deceased so state) Deceased
Occupation of father ..... Race of father W
Birthplace of father (State or foreign country) Texas

12. Full maiden name of mother Doris Annette King
Residence of mother (if deceased so state) San Antonio, Texas
Occupation of mother retired Race of mother W.
Birthplace of mother (State or foreign country) Texas

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

Signed Steven P. Smith
New Address 60 Haven Avenue, New York, NY.

Subscribed and sworn to before me this 3 day of June, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Kandis Middle K. Last Shirley

Date of Birth: Month June Day 30 Year 1952

Place of Birth (State or foreign country): Lebanon Boone Co. Ind.
City County State

Residence Address: Street or R. R. Pittsboro 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 Driver's License
☑ Other (Specify) 530-4-56-3906

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☑ Yes ☐
Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Ivan C. Shirley
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 Elizabeth Jane McClung
Residence of mother (if deceased so state) Pittsboro, Ind.
Occupation of mother Secretary Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Kandis K. Shirley
New Address 60 Haven Ave 2C NYC

Subscribed and sworn to before me this 3 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 7 day of June, 19 75, authorizing the joining together as husband and wife Steven C. Smith and Kandis K. Shirley

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

I, Rev Russell B. Staines hereby certify that on the 7 day of June, at Indianapolis, County of Marion, one thousand nine hundred and 75 at New York County, State of New York State of Indiana, Groom Steven Philip Smith of New York County, State of Indiana, and, Bride Kandis K. Shirley of Hendricks HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 7 day of June, 19 75.

Signed Russell B. Staines
Official Designation Rector, St. Paul's Episcopal Church

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of June, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

492

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 236
File 36
June 3, 1975
Date of Application

MALE
Medical Examination Report Dated June 2, 1975
Name of Physician C. Kousany

FEMALE
Medical Examination Report Dated June 2, 1975
Name of Physician C. Kousany

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

MALE APPLICANT

Name: First Claude Middle Last Jenne
Date of Birth: Month Jan. Day 12 Year 1948
Place of Birth (State or foreign country) Petersburg, Ind.
Residence Address: Street or R. R. 2243 U.S. 52 W. City Lafayette County Tipp. 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 Factory Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selec. Serv. 12 12 48 268

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

Name	Age	Address
Michil Jenne	4	R. 1 Battegaum, 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 William James Jenne
    Residence of father (if deceased so state) R. 1 Washington, Ind.
    Occupation of father Retired Race of father W
    Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Mabel Holaday
    Residence of mother (if deceased so state) R. 1 Washington, Ind.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Claude Jenne
New Address Sagamore Village W. Laf.
Subscribed and sworn to before me this 3 day of June, 1975.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Vickie Middle J. Last Schorn
Date of Birth: Month Nov. Day 2 Year 1951
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. 920 Ridgewood Dr. City Plainfield County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Vickie Schorn
New Address Sagamore Village W. Laf.
Subscribed and sworn to before me this 3 day of June, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* June, 19 75, *authorizing the joining together as husband and wife* Claude Jenne *and* Vickie J. Schorn

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

I, Frank E. Knight hereby certify that on the 14 day of June, one thousand nine hundred and 75 at Mooresville, County of Morgan, State of Indiana, Groom Claude Jefferson Jenne of Tippecanoe County, State of Indiana, and, Bride Vickie Jean Schorn of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of June, 19 75.

Signed Frank E. Knight
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* June, 19 75.

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 237
File Book 36
June 3 1975
Date of Application

MALE
Medical Examination Report Dated May 28, 1975
Name of Physician Eric D. Clark M.D.

FEMALE
Medical Examination Report Dated May 28, 1975
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 Joe Middle Craig Last Gabbard
Date of Birth: Month Oct Day 22 Year 1955
Place of Birth (State or foreign country) Linton Ind.
Residence Address: Street or R. R. P.O. Box 218 City Clayton County State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation U. S. Army
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) U. S. Army #113-55-0832288

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

Name | Age | Address

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

11. Full name of father Ronald Craig Gabbard
    Residence of father (if deceased so state) R#4 Box 104A Bloomfield
    Occupation of father Tacker Race of father
    Birthplace of father (State or foreign country) Linton
12. Full maiden name of mother Jannie May Busch
    Residence of mother (if deceased so state) R#4 Box 104A Bloomfield
    Occupation of mother Housewife Race of mother
    Birthplace of mother (State or foreign country) Linton

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

Signed X Joe Craig Gabbard
New Address P.O. 218 Clayton, In.

Subscribed and sworn to before me this 3 day of June, 19 75.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Judith Middle Lynn Last Crabb
Date of Birth: Month March Day 22 Year 1957
Place of Birth (State or foreign country) Linton
Residence Address: Street or R. R. R#4 City Bloomfield County Ind State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Housewife
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #113-57-019436

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

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

Signed X Judith Lynn Crabb
New Address P O Box 218 Clayton, In

Subscribed and sworn to before me this 3 day of June, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 6 day of June, 19 75, authorizing the joining together as husband and wife Joe Craig Gabbard and Judith Lynn Crabb

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

I, Brian Campbell hereby certify that on the 6th day of June, at Frankton, County of Madison, one thousand nine hundred and 75 State of Indiana, Groom Joe Craig Gabbard of Hendricks County, State of Indiana, and, Bride Judith Lynn Crabb of Greene County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6th day of June, 19 75. Signed Rev. Brian Campbell
Official Designation Pastor, Madison Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of June, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 238

File

June 4 1975
Date of Application

MALE
Medical Examination Report Dated 5-27-75
Name of Physician M. E. Chavez M. D.

FEMALE
Medical Examination Report Dated 5-27-75
Name of Physician M. E. Chavez.

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

MALE APPLICANT

Name: First Michael Middle Blake Last Cochran

Date of Birth: Month Nov. Day 5 Year 1952

Place of Birth (State or foreign country) Matoon, Ill.

Residence Address: Street or R. R. 207 Maplebrook Dr. City Brownsburg County State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Welder

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 112-52-099728

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

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

Signed Michael Blake Cochran
New Address 9228 Marwood PKWY.

Subscribed and sworn to before me this 4 day of June, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Tracy Middle Marie Last Tubbs

Date of Birth: Month Jan Day 16 Year 1957

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

Residence Address: Street or R. R. 6010 Cadillac Dr. City Indpls County Ind State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Housewife

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 587

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Warren Tubbs
   Residence of father (if deceased so state) Same
   Occupation of father I.B.M. Race of father.....
   Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Mary Louise Urbikut
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Indianapolis

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

Signed Tracy Marie Tubbs
New Address 9228 Marwood Pkwy.

Subscribed and sworn to before me this 4 day of June, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* June, 19 75, *authorizing the joining together as husband and wife* Michael Blake Cochran *and* Tracy Marie Tubbs
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, S. Howard Davidson *hereby certify that on the* 21 *day of* June *one thousand nine hundred and* 75 *at* Brownsburg, *County of* Hendricks *State of Indiana, Groom* Michael Blake Cochran *of* Marion *County, State of* Indiana *and, Bride* Tracy Marie Tubbs *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 21 *day of* June, 19 75.

Signed S. Howard Davidson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* June, 19 75.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 239
File Book
June 4, 1975
Date of Application

MALE
Medical Examination Report Dated 5-27-75
Name of Physician A. N. Scudder, M.D.

FEMALE
Medical Examination Report Dated 5-27-75
Name of Physician A. N. Scudder M.D.

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

MALE APPLICANT

Name: First Daniel Middle Lee Last Howard
Date of Birth: Month Aug. Day 14 Year 1936
Place of Birth (State or foreign country) Indianapolis, Marion, Ind.
Residence Address: Street or R. R. Rt. 1, North Salem City Hendricks County State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Charleston, 1962 W. Va.
Color or Race: White ☑ Negro ☐ Other ☐ (specify) Putnam Co.
Usual Occupation Farming
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Cert # 113-
☐ Other (Specify) Ind. Bd. of Health, 36-033436

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

Name	Age	Address

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

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

Signed Danny Lee Howard
New Address Rt. 1, North Salem, Ind.
Subscribed and sworn to before me this 4 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Margie Middle Alice Last Hurt
Date of Birth: Month Jan. Day 4 Year 1933
Place of Birth (State or foreign country) Brownsburg Hendricks Ind.
Residence Address: Street or R. R. 121 S. Maple St. City Pittsboro County Hendricks State Ind.
Maiden Name if Different Margie Alice Marks
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hend. Co. July 1967
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Housewife
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Reg #4
☐ Other (Specify) Hend. Co. Health Dept. - Blk B-5 P. 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 afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Jerry Marks
   Residence of father (if deceased so state) Deceased
   Occupation of father Machinist Race of father W
   Birthplace of father (State or foreign country) Kansas
8. Full maiden name of mother Irene Peavey
   Residence of mother (if deceased so state) 121 S. Maple, Pittsboro
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Canterbury, Ind.

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

Signed Margie Alice Hurt
New Address Rt. 1, North Salem, Ind.
Subscribed and sworn to before me this 4 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... , 19 75 ; authorizing the joining together as husband and wife of Indiana dated the 10th day of June and Margie Alice Hurt Daniel Lee Howard

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

I, Sherman Esset hereby certify that on the 22 day of June at Pittsboro, County of Hendricks one thousand nine hundred and 75 State of Indiana, Groom Daniel Lee Howard of Hendricks County, State of Indiana and, Bride Margie Alice Hurt of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22 day of June, 19 75. Signed Sherman Esset
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of June, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 248
File BK 36
June 5, 1975
Date of Application

MALE
Medical Examination Report Dated 6/4/75
Name of Physician Eric Clark, Md.

FEMALE
Medical Examination Report Dated 6/4/75
Name of Physician Eric Clark, Md.

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

MALE APPLICANT

Name: First W. Middle Bruce Last Bland
Date of Birth: Month 11 Day 2 Year 1932
Place of Birth (State or foreign country): Oaktown Knox In
Residence Address: Street or R. R. Port O'Call Apts. City Marion County Indpls. State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Marion Co. 1973
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Teacher
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #19 page 27

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

Name	Age	Address
Lee Ellen Bland	18	Indpls. Ind
Michael B. Bland	15	" "
Peggy Sue Bland	14	" "

(b) Are you supporting or contributing to their 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 Lee Bland
Residence of father (if deceased so state): deceased
Occupation of father: Race of father:
Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Emma Lucille Steinel
Residence of mother (if deceased so state): Oaktown, Ind.
Occupation of mother: Homemaker Race of mother: White
Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed W. Bruce Bland
New Address R.R. 1 Box 136-26 Danville
Subscribed and sworn to before me this 5 day of June, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Linda Middle L. Last Mc Kibben
Date of Birth: Month July Day 19 Year 1943
Place of Birth (State or foreign country): Louisville In.
Residence Address: Street or R. R. R.R. #1 Box 136-26 City Danville County Hendricks State In.
Maiden Name if Different: Magnuse
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: Registered Nurse
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Volume 76 Certificate 37963

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Magnuse
Residence of father (if deceased so state): Brazil In.
Occupation of father: Retired Race of father: White
Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Josephine Mason
Residence of mother (if deceased so state): Brazil In.
Occupation of mother: Assessors Office Race of mother: White
Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Linda L. McKibben
New Address RR1 Bx 136-26 Danville
Subscribed and sworn to before me this 5 day of June, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* June, 19 75, *authorizing the joining together as husband and wife* W. Bruce Bland *and* Linda L. Mc Kibben
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, H. Orval Moore *hereby certify that on the* 20th *day of* June, *one thousand nine hundred and* 75 *at* Danville, *County of* Hendricks *State of Indiana, Groom* W. Bruce Bland *of* Marion *County, State of* Indiana *and, Bride* Linda Mc Kibbin *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 20th *day of* June, 19 75.

Signed H. Orval Moore
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* June, 19 75.

Signed Glen M. Harvey *Clerk*
HENDRICKS *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. 241
File Bk 36

HENDRICKS County

June 5, 1975
Date of Application

MALE
Medical Examination Report Dated 6-4-75
Name of Physician Donald D. Cheesman

FEMALE
Medical Examination Report Dated 6-4-75
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 Paul Middle W. Last Freshour
Date of Birth: Month June Day 19 Year 1951
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address: Street or R. R. RR #1 City North Salem County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Army
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Warner Freshour
    Residence of father (if deceased so state) Deceased
    Occupation of father ——— Race of father W.
    Birthplace of father (State or foreign country) Peru, Indiana
12. Full maiden name of mother Marjorie Lucille Blocker
    Residence of mother (if deceased so state) RI North Salem, Ind.
    Occupation of mother Assembly Woman Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed X Paul W. Freshour Jr
New Address Germany

Subscribed and sworn to before me this 5 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Cinda Middle L. Last Kelley
Date of Birth: Month February Day 28 Year 1954
Place of Birth (State or foreign country) Lebanon Indiana
Residence Address: 917½ Street or R. R. East City Ladoga County Montgomery State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

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

Signed X Cinda L. Kelley
New Address Germany

Subscribed and sworn to before me this 5 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 9 day of June, 19 75, authorizing the joining together as husband and wife Paul W Freshour Jr and Cinda L. Kelley

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 June, 19 75, at Danville, County of Hendricks, one thousand nine hundred and 75 State of Indiana, Groom Paul W. Freshour, Jr. of Hendricks County, State of Indiana, and, Bride Cinda L. Kelley of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of June, 19 75.

Signed Norman L. Weaver
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of June, 19 75

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 242

File

June 5 1975
Date of Application

MALE
Medical Examination Report Dated 6-3-75
Name of Physician Rosario Tanasiuc M.D.

FEMALE
Medical Examination Report Dated 6-3-75
Name of Physician Rosario Tanasiuc M.D.

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

MALE APPLICANT

Name: First Jerry Middle Leslie Last Sharp

Date of Birth: Month 9 Day 15 Year 11

Place of Birth (State or foreign country) Glasgow Kentucky

Residence Address: 339 Brookside Dr. Street or R. R. Plainfield City Hend. County Ind. State

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Retired

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Dr. License S 303-23-1719

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

Name	Age	Address

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

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

Signed Jerry L. Sharp
New Address 5137 Wayne Ave

Subscribed and sworn to before me this 5 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Arnetta Middle Barbara Last Wilson

Date of Birth: Month 3 Day 23 Year 15

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

Residence Address: 5137 Wayne Street or R. R. Indianapolis City Marion County Ind. State

Maiden Name if Different Arnetta Barbara Kalb

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 None

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

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

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

Signed Arnetta Barbara Wilson
New Address 5137 Wayne Ave. Indpls

Subscribed and sworn to before me this 5 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE 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 Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* June, 19 75, *authorizing the joining together as husband and wife* Jerry Leslie Sharp *and* Arnetta Barbara Wilson

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

I, Rev. Wesley Delk *hereby certify that on the* 6th *day of* June, *one thousand nine hundred and* 75 *at* Speedway, *County of* Marion, *State of Indiana, Groom* Jerry Leslie Sharp *of* Hendricks *County, State of* Indiana *and, Bride* Arnetta Barbara Wilson *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 6th *day of* June, 19 75.

Signed Rev. Wesley Delk
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* June, 19 75

Signed Glen M. Harvey Clerk
HENDRICKS 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. 243

HENDRICKS County

File

June 6 1975
Date of Application

MALE
Medical Examination Report Dated 5-30-75
Name of Physician Joseph C Kerlin

FEMALE
Medical Examination Report Dated 6-4-75
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 Forrest Middle Ray Last Hadley

Date of Birth: Month 9 Day 29 Year 1917

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. RR 1 City Coatsville County Hend. State Ind.

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

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

Usual Occupation: Truck Driver & Farmer

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

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

Name	Age	Address
Jane Bowling	27	Russiaville 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 Wendell W. Hadley
    Residence of father (if deceased so state) deceased
    Occupation of father ____ Race of father ____
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Ona Hunt
    Residence of mother (if deceased so state) deceased
    Occupation of mother ____ Race of mother ____
    Birthplace of mother (State or foreign country) Indiana

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

X Signed Forrest Ray Hadley

New Address RR 1 Roachdale, Ind.

Subscribed and sworn to before me this 6 day of June, 1975

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

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

____ Clerk

FEMALE APPLICANT

Name: First Wilma Middle Clare Last Sutherlin

Date of Birth: Month 10 Day 11 Year 1917

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 1 City Roachdale 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: School Teacher

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Oliver Franklin Sutherlin
   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 Corda Alma Sanders
   Residence of mother (if deceased so state) deceased
   Occupation of mother ____ Race of mother ____
   Birthplace of mother (State or foreign country) Indiana

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

X Signed Wilma C Sutherlin

New Address ____

Subscribed and sworn to before me this 6 day of June, 1975

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

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

____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ____ Circuit Court of Indiana dated the 6 day of June, 19 75, authorizing the joining together as husband and wife Forrest Ray Hadley and Wilma Clare Sutherlin

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

I, Rev Leo R. Schmidt hereby certify that on the 13 day of June, at Roachdale County of Putnam, one thousand nine hundred and 75 State of Indiana, Groom Forest Ray Hadley of Hendricks County, State of Indiana, and, Bride Wilma Clare Sutherlin of Putnam County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6 day of June, 19 75. Signed Leo R. Schmidt

Official Designation Pastor, United Presbyterian Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of June, 19 75

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

500

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 244

File

June 6. 1975
Date of Application

MALE
Medical Examination Report Dated 6-4-75
Name of Physician David M. Hadley M.D.

FEMALE
Medical Examination Report Dated 6-4-75
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 Roger Middle Dale Last Bennett

Date of Birth: Month 1 Day 7 Year 56

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

Residence Address: Street or R. R. 430 Duffy. City Plainfield County State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Foreman Maplehurst Deli-Bake

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Ss. Secur. # 123 30 5622

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

Name Age Address

(b) Are you supporting or contributing to their 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 W. Bennett
    Residence of father (if deceased so state) Plainfield, Ind.
    Occupation of father Allisons Race of father wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Katherine Irene Combes
    Residence of mother (if deceased so state) Plainfield, Ind.
    Occupation of mother Housewife Race of mother wh
    Birthplace of mother (State or foreign country) Indiana

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

Signed Roger Dale Bennett
New Address 245 N Vine # 12 Apt

Subscribed and sworn to before me this 6 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Donna Middle Kay Last King

Date of Birth: Month 7 Day 20 Year 56

Place of Birth (State or foreign country) Troy, Ohio

Residence Address: Street or R. R. 198 N. 7th. City Beech Grove County Indiana State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation None

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Arvel Joe King
   Residence of father (if deceased so state) Beech Grove, Ind.
   Occupation of father Machinist Race of father wh
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Alice B. Hamm
   Residence of mother (if deceased so state) Beech Grove, Ind.
   Occupation of mother Laundry Attendant Race of mother wh
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Donna Kay King
New Address 245 N. Vine # 12 Apt

Subscribed and sworn to before me this 6 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* June, 19 75, *authorizing the joining together as husband and wife* Roger Dale Bennett *and* Donna Kay King
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gene Hood *hereby certify that on the* 21st *day of* June, *one thousand nine hundred and* 75 *at* Beech Grove, *County of* Marion, *State of Indiana, Groom* Roger Bennett *of* Westbrooks *County, State of* Indiana *and, Bride* Donna Kay King *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 10th *day of* June, 19 75.

Signed Gene Hood
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* June, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 245

File 36

June 6, 1975
Date of Application

MALE
Medical Examination Report Dated June 2, 1975
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated June 2, 1975
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 J. Middle Wayne Last Leonard

Date of Birth: Month November Day 22 Year 1950

Place of Birth (State or foreign country) Lexington Kentucky

Residence Address: Street or R. R. 3647 N. Glen Arm Rd. City Indianapolis County Marion State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Tax Accountant

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

☐ Other (Specify) Selective Service Reg: 12-28-50-240

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

Name	Age	Address

(b) Are you supporting or contributing to their 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 John Leonard
    Residence of father (if deceased so state) 915 Michigan, Greenfield, Ind.
    Occupation of father Teacher Race of father W
    Birthplace of father (State or foreign country) Delaware
12. Full maiden name of mother Alfrieda Christian
    Residence of mother (if deceased so state) 915 Michigan, Greenfield, Ind.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

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

Signed J. Wayne Leonard
New Address 3664 N. Glen Arm Rd Indpls, Ind

Subscribed and sworn to before me this 6 day of June, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Linda Middle L. Last Cooper

Date of Birth: Month July Day 19 Year 1954

Place of Birth (State or foreign country) Indianapolis Marion Co. - Indiana

Residence Address: Street or R. R. R.R. 2 Box 190 City Plainfield County Hendricks State Indiana

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Payroll Clerk

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

☐ Other (Specify) Bureau of Vital Statistics # 1895

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Daniel Cooper
   Residence of father (if deceased so state) R.2, Plainfield, Ind.
   Occupation of father Civil Engineer Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Louise Carey
   Residence of mother (if deceased so state) R.2, Plainfield, Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed Linda L. Cooper
New Address 3664 N. Glen Arm Rd Indpls, IN

Subscribed and sworn to before me this 6 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 10th day of June, 19 75, authorizing the joining together as husband and wife J. Wayne Leonard and Linda L. Cooper

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

I, Sonney H. Hays hereby certify that on the 14 day of June at Plainfield, County of Hendricks, one thousand nine hundred and 75 State of Indiana, Groom J. Wayne Leonard of Marion, County, State of Indiana, and, Bride Linda L. Cooper of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10 day of June, 19 75.

Signed Sonney H. Hays
Official Designation Baptist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of June, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. #246
File Bk 36
June 6, 1975
Date of Application

MALE
Medical Examination Report Dated 5-22-75
Name of Physician 5-22-75

FEMALE
Medical Examination Report Dated 5-22-75
Name of Physician Eric D. Clark

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

MALE APPLICANT

Name: First Richard Middle James Last Devine II
Date of Birth: Month June Day 11 Year 1956
Place of Birth (State or foreign country) Fort Wayne Indiana
Residence Address: Street or R. R. 1820 Beechwood 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 Grocery Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

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

Signed X Richard J. Devine II
New Address Gateway West Apt. 38th Street

Subscribed and sworn to before me this 6 day of June, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Judy Middle Kay Last Foster
Date of Birth: Month October Day 29 Year 1957
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 9628 Melody Lane City Indpls. County Marion State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #13352

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Gene Leon Foster
   Residence of father (if deceased so state) Indianapolis, Ind.
   Occupation of father Disabled-Retired Race of father W.
   Birthplace of father (State or foreign country) Dexter, Missouri
8. Full maiden name of mother Anna Marie Kelley
   Residence of mother (if deceased so state) Indpls. Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Terre Haute, Ind.

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

Signed X Judy Foster
New Address Gateway West Apt. 38th Street

Subscribed and sworn to before me this 6 day of June, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed X Gene L. Foster Father
Signed.....Mother
Subscribed and sworn to before me this 6 day of June, 1975
Glen M. Harvey Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6 *day of* June, 19 75, *authorizing the joining together as husband and wife* Richard James Devine II *and* Judy Kay Foster
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul W. Ragsdale *hereby certify that on the* 17 *day of* June, *one thousand nine hundred and* 75 *at* Center Friends Church, *County of* Hendricks, *State of Indiana, Groom* Richard James Devine II *of* Hendricks *County, State of* Indiana *and, Bride* Judy Kay Foster *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 17th *day of* June, 19 75.

Signed Paul W. Ragsdale
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* June, 19 75.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

503

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 247
File BK. 36
June 6 1975
Date of Application

MALE
Medical Examination Report Dated 6/4/75
Name of Physician A. N. Scudder, MD.

FEMALE
Medical Examination Report Dated 6/4/75
Name of Physician A. N. Scudder, MD.

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

MALE APPLICANT

Name: First James Middle O. Last Ferrel
Date of Birth: Month April Day 21 Year 1936
Place of Birth (State or foreign country) Hendricks Co. In.
Residence Address 9035 Street or R. R. W. 30th St. City Indpls. County Marion State In.
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Used. 1973
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Truck Driver
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) Ss. Soc. # 125036206

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

    (b) Are you supporting or contributing to their 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 Ogden Ferrel
    Residence of father (if deceased so state) deceased
    Occupation of father ____ Race of father ____
    Birthplace of father (State or foreign country) Fairfield Iowa
12. Full maiden name of mother Laura Light
    Residence of mother (if deceased so state) Clermont, Ind.
    Occupation of mother Housekeeper Race of mother White
    Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed James O. Ferrel
New Address 9035 W 30 St
Subscribed and sworn to before me this 6 day of June, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Shirley Middle E. Last Willis
Date of Birth: Month July Day 7 Year 1933
Place of Birth (State or foreign country) Princeton Gibson Ind.
Residence Address 28 Lincoln Ave. Street or R. R. City Brownsburg County Hendricks State In.
Maiden Name if Different Olds
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Used. 1962
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Eli Lilly
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Eli Lilly Pass Card # 309-34 4151

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Norris Grant Olds
   Residence of father (if deceased so state) deceased
   Occupation of father ____ Race of father ____
   Birthplace of father (State or foreign country) Princeton Ind.
8. Full maiden name of mother Marjorie Bertha Montgomery
   Residence of mother (if deceased so state) deceased
   Occupation of mother ____ Race of mother ____
   Birthplace of mother (State or foreign country) Posey Co. In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Shirley E Willis
New Address 9036 W. 30th St Indianapolis
Subscribed and sworn to before me this 6 day of June, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ____ of Indiana dated the 12 day of June 19 75, authorizing the joining together as husband and wife James O. Ferrel and Shirley E. Willis

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

I, Ernest G. Dilmippel hereby certify that on the 14 day of June one thousand nine hundred and 75 at Indianapolis, County of Marion, State of Indiana, State of Indiana, Groom James O. Ferrel of Marion County, State of Indiana, and, Bride Shirley E Willis of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of June, 19 75. Signed Ernest G. Dilmippel
Official Designation Justice of the Peace, Wayne Twsp.

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of June, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

504

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 248

File

June 6, 1975
Date of Application

MALE
Medical Examination Report Dated 6-3-75
Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated 6-3-75
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 Clinton Middle J. Last Cline

Date of Birth: Month Jan Day 10 Year 1919

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

Residence Address: Street or R. R. RR #1 City Coatesville County Ind. State

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hend. 1973

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

Usual Occupation Factory

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License # 1234-20-2874

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

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

Signed Clinton J Cline
New Address 265 South Pearl Anna

Subscribed and sworn to before me this 6 day of June, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Dorothy Middle Ann Last George

Date of Birth: Month June Day 10 Year 1928

Place of Birth (State or foreign country) Toledo Ohio

Residence Address: Street or R. R. 265 Pearl St. City Anna County Ind. State

Maiden Name if Different Stroke

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Housewife

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Drivers License # 308-26-9188

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Thomas Stroke
   Residence of father (if deceased so state) deceased
   Occupation of father Race of father
   Birthplace of father (State or foreign country) London England
8. Full maiden name of mother Gladys Rudd
   Residence of mother (if deceased so state) Indianapolis
   Occupation of mother Retired Race of mother
   Birthplace of mother (State or foreign country) Danville, Ind.

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

Signed Dorothy Ann George
New Address 265 S Pearl Anna, Ind.

Subscribed and sworn to before me this 6 day of June, 1973
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* June, 19 75, *authorizing the joining together as husband and wife* Clinton J Cline *and* Dorothy Ann George

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

I, Rev. Harry M. Henderson *hereby certify that on the* 12 *day of* June, *one thousand nine hundred and* 75 *at* Saul Drake Home, *County of* Marion, *State of Indiana, Groom* Clinton J. Cline *of* Hendricks *County, State of* Indiana *and, Bride* Dorathey Ann George *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12 *day of* June, 19 75.

Signed Harry M. Henderson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* June, 19 75.

Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 249

File Bk 36

June 6, 1975 Date of Application

MALE
Medical Examination Report Dated June 3, 1975
Name of Physician Robert K. Stirling

FEMALE
Medical Examination Report Dated June 3, 1975
Name of Physician Robert K. Stirling

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

MALE APPLICANT

Name: First Randall Middle Allen Last Williams

Date of Birth: Month January Day 25 Year 1952

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

Residence Address: Street or R. R. 444 East Main City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Factory Worker

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service #12-30-52-128

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 B Williams
    Residence of father (if deceased so state) Brownsburg, Ind.
    Occupation of father Machinist Race of father W.
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Jane Hauck
    Residence of mother (if deceased so state) Deceased
    Occupation of mother ——— Race of mother W.
    Birthplace of mother (State or foreign country) Lebanon, Ind.

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

Signed X Randy Williams

New Address 444 Main.

Subscribed and sworn to before me this 6 day of June, 1975.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Julia Middle A. Last Mosier

Date of Birth: Month October Day 5 Year 1956

Place of Birth (State or foreign country) Bee Hives, Indiana

Residence Address: Street or R. R. RR 1 Box 109 City Clayton County Hendricks State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Asst Dept. Babyan's

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # C 3224

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Orville Truman Mosier
   Residence of father (if deceased so state) Clayton, Ind.
   Occupation of father Truck Driver Race of father W.
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Marie Elizabeth Miller
   Residence of mother (if deceased so state) Clayton, Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Julie Mosier

New Address 444 E. Main St.

Subscribed and sworn to before me this 6 day of June, 1975

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court, 19 75, authorizing the joining together as husband and wife of Indiana dated the 6 day of June and Randall Allen Williams and Julie A. Mosier

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

I, Rev. William F. H Supple hereby certify that on the 7th day of June, one thousand nine hundred and 75 at Monrovia, County of Morgan, State of Indiana, Groom Randall Allen Williams of Hendricks County, State of Indiana, and, Bride Julie A. Mosier of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6 day of June, 19 75.

Signed Rev. William F. H Supple

Official Designation Minister, United Methodist Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of June, 19 75.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

506

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 250
File 36
June 9, 1975
Date of Application

MALE
Medical Examination Report Dated June 4, 1975
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated June 4, 1975
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 Joseph, Middle B, Last Doub
Date of Birth: Month November, Day 13, Year 1954
Place of Birth (State or foreign country): Indianapolis, Marion, Indiana
Residence Address: Street or R. R. R#1 Bx 189, City North Salem, County Hendricks, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Farmer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Clarance Marion Doub
    Residence of father (if deceased so state): R#1, North Salem, Ind.
    Occupation of father: Farmer Race of father: W
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Helen Louise Walton
    Residence of mother (if deceased so state): R#1, North Salem, Ind
    Occupation of mother: Housewife Race of mother: W
    Birthplace of mother (State or foreign country): Indiana

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

Signed: Joseph B. Doub
New Address: R.R.1 North Salem Ind.

Subscribed and sworn to before me this 9 day of June, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Marlene, Middle K., Last Price
Date of Birth: Month May, Day 16, Year 1955
Place of Birth (State or foreign country): Indianapolis, Marion, Indiana
Residence Address: Street or R. R. R.#2, City Coatesville, County Hendricks, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #5957

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Hyldon Herschell Price
   Residence of father (if deceased so state): R.#2, Coatesville, Ind.
   Occupation of father: Disabled Race of father: W.
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Hilda Mavarene Funkhouser
   Residence of mother (if deceased so state): R#2 Coatesville, Ind.
   Occupation of mother: Nursing Home Race of mother: W
   Birthplace of mother (State or foreign country): Indiana

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

Signed: Marlene K. Price
New Address: R.R.#1 North Salem, Ind

Subscribed and sworn to before me this 9 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* June, 19 75, *authorizing the joining together as husband and wife* Joseph B. Doub *and* Marlene K. Price.

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

I, Frank Beenn hereby certify that on the 14 day of June, one thousand nine hundred and 75 at Groveland, County of Putnam, State of Indiana, Groom Joseph B. Doub of Hendricks County, State of Indiana, and, Bride Marlene K. Price of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13 day of June, 19 75.

Signed Frank Beenn
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* June, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

507

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 251

File

June 9 1975
Date of Application

MALE
Medical Examination Report Dated 6-2-75
Name of Physician Carl Heinlein M.D.

FEMALE
Medical Examination Report Dated 6-2-75
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 Gary Middle Dean Last Owen

Date of Birth: Month 6 Day 28 Year 1953

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

Residence Address: Street or R. R. RR #1 City North Salem County State Ind

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Merchandiser

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service 12-30-53-232

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Terry Nathan Owen
    Residence of father (if deceased so state) Same
    Occupation of father Farmer Race of father
    Birthplace of father (State or foreign country) Hendricks Co.
12. Full maiden name of mother Lois Imogene Hickstep
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother
    Birthplace of mother (State or foreign country) Montgomery Co.

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

Signed Gary D Owen
New Address 2662 Trojan Dr. Green Bay wis 54304

Subscribed and sworn to before me this 4 day of July, 19 75.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Sheila Middle Lyn Last Davenport

Date of Birth: Month 1 Day 25 Year 54

Place of Birth (State or foreign country) Lebanon Indiana

Residence Address: Street or R. R. 403 W. Pearl City North Salem County State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Nurse

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Frank Richard Davenport
   Residence of father (if deceased so state) North Salem, Ind.
   Occupation of father Retired Race of father wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Evelyn Rosemary Smith
   Residence of mother (if deceased so state) North Salem, Ind.
   Occupation of mother Housewife Race of mother wh
   Birthplace of mother (State or foreign country) Indiana

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

Signed Sheila L. Davenport
New Address 2662 Trojan Dr Green Bay, Wi

Subscribed and sworn to before me this 9 day of June, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 4 day of July, 19 75, authorizing the joining together as husband and wife Gary Dean Owen and Sheila Lyn Davenport

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

I, Earl C. Davis B.D. hereby certify that on the 5th day of July, one thousand nine hundred and 75 at North Salem, County of Hendricks, State of Indiana, Groom Gary Dean Owen of Hendricks County, State of Indiana, and, Bride Sheila Lyn Davenport of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5th day of July, 19 75. Signed Earl C. Davis B.D.

Official Designation Pastor - Counselor

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of July, 19 75.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

508

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 252

File

June 9 1975
Date of Application

MALE
Medical Examination Report Dated 6-6-75

Name of Physician Wesley C. Shannon

FEMALE
Medical Examination Report Dated 6-6-75

Name of Physician Wesley C. Shannon

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

MALE APPLICANT

Name: First Jerry Middle Wesley Last Zimmerman

Date of Birth: Month 10 Day 10 Year 56

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

Residence Address: Street or R. R. 750 E. Main 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 Plainfield Messenger

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

☐ Other (Specify).....

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 David Zimmerman
    Residence of father (if deceased so state) Crawfordsville, Ind
    Occupation of father Farmer Race of father wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Martha Ann Todd
    Residence of mother (if deceased so state) Crawfordsville, Ind.
    Occupation of mother None Race of mother wh
    Birthplace of mother (State or foreign country) Indiana

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

Signed Jerry W. Zimmerman

New Address 750 E. Main St. Plfd.

Subscribed and sworn to before me this 9 day of June, 19 75.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Nancy Middle Jane Last Gardner

Date of Birth: Month 5 Day 21 Year 56

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

Residence Address: Street or R. R. 210 Wallace City Crawfordsville County Montgomery State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation None

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Henry William Gardner
   Residence of father (if deceased so state) Crawfordsville, In.
   Occupation of father Disabled Race of father wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Fay Elizabeth Swank
   Residence of mother (if deceased so state) Crawfordsville, Ind.
   Occupation of mother Disabled Race of mother wh
   Birthplace of mother (State or foreign country) Indiana

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

Signed Nancy J. Gardner

New Address 750 E. Main St. Plfd

Subscribed and sworn to before me this 9 day of June, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9 day of June, 19 75, authorizing the joining together as husband and wife Jerry Wesley Zimmerman and Nancy Jane Gardner

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

I, Lucian Robinson, Jr. hereby certify that on the 12 day of June, one thousand nine hundred and 75 at Crawfordsville, County of Montgomery State of Indiana, Groom Jerry Wesley Zimmerman of Hendricks County, State of Indiana, and, Bride Nancy Jane Gardner of Montgomery County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of June, 19 75.

Signed Lucian Robinson, Jr.

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of June, 19 75.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 253
File Bk 36
June 9 1975 Date of Application

MALE
Medical Examination Report Dated 6-6-75
Name of Physician Frank O. Albertson

FEMALE
Medical Examination Report Dated 6-6-75
Name of Physician Frank O. Albertson

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

MALE APPLICANT

Name: First Larry Middle E. Last Lang
Date of Birth: Month August Day 29 Year 1948
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 11080 West Washington City Indpls County Hendricks State Co.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Inspector
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 7941

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

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Louis Chester Lang
    Residence of father (if deceased so state) Plainfield, Ind.
    Occupation of father Superintendent Race of father W.
    Birthplace of father (State or foreign country) Owensboro, Ky.
12. Full maiden name of mother Alma Bernadine Cobb
    Residence of mother (if deceased so state) Plainfield, Ind
    Occupation of mother Vent Operator Race of mother W
    Birthplace of mother (State or foreign country) Elwood, Ind.

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

Signed Larry E Lang
New Address 11080 W Washington St Lot 25

Subscribed and sworn to before me this 9 day of June, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Deborah Middle E. Last Lang
Date of Birth: Month February Day 7 Year 1953
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R/R. 11080 West Washington City Indpls County Hendricks State Ind.
Maiden Name if Different [redacted] Cottongim
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 Photo Developer
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 1314

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

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

Signed x Deborah Laux
New Address 11080 W. Washington St Lot 25

Subscribed and sworn to before me this 9 day of June, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *of Indiana dated the* 13 *day of* June, 19 75, *authorizing the joining together as husband and wife* Larry E. Lang *and* Deborah E. Lauf

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

I, John C. Maurer *hereby certify that on the* 13 *day of* June, *at* Danville, *County of* Hendricks, *one thousand nine hundred and* 75, *State of Indiana, Groom* Larry E. Lang *of* Hendricks *County, State of* Indiana, *and, Bride* Deborah E. Lauf *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 13 day of June, 19 75. Signed John C. Maurer
Official Designation Judge - Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of June, 19 75.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

510

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 254
File #36
June 10, 1975
Date of Application

MALE
Medical Examination Report Dated June 2, 1975
Name of Physician Elmer L. Lock

FEMALE
Medical Examination Report Dated June 2, 1975
Name of Physician Elmer L. Lock

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

MALE APPLICANT

Name: First Kenneth Middle W. Last Keeney
Date of Birth: Month March Day 1 Year 1955
Place of Birth (State or foreign country): Lebanon Boone Indiana
Residence Address: Street or R. R. 324 N. Tennessee City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Town of Danville
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Omer Keeney
    Residence of father (if deceased so state): 324 N. Tenn., Danville, Ind.
    Occupation of father: Mail Carrier Race of father: W
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Beverly Jeanne Leonard
    Residence of mother (if deceased so state): 324 N. Tenn., Danville, Ind.
    Occupation of mother: Secretary Race of mother: W
    Birthplace of mother (State or foreign country): Indiana

Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed: Kenneth W. Keeney
New Address: 210 Chestnut St. Danville, Ind.
and sworn to before me this 10 day of June, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

OF PARENTS, PARENT OR GUARDIAN
arents, of this applicant hereby give consent for this marriage. If only one parent
e facts which render the consent of the other parent unnecessary.....

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

FEMALE APPLICANT

Name: First Eva Middle E. Last Morris
Date of Birth: Month March Day 28 Year 1958
Place of Birth (State or foreign country): Sent from Charleston, West Virginia
Residence Address: Street or R. R. 46 Suburban Dr. City Danville County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Hendricks Co. Hospital
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Kansas County Court House

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Everett Morris
   Residence of father (if deceased so state): 46 Suburban, Danville, Ind.
   Occupation of father: Army Race of father: W
   Birthplace of father (State or foreign country): West Virginia
8. Full maiden name of mother: Mary Eloise Gobel
   Residence of mother (if deceased so state): 46 Suburban, Danville, Ind.
   Occupation of mother: Hendricks Co Hospital Race of mother: W
   Birthplace of mother (State or foreign country): West Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed: Eva E Morris
New Address: 210 Chestnut St. Danville
Subscribed and sworn to before me this 10 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed: Mary E Morris Mother
Subscribed and sworn to before me this 17 day of June, 19 75
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 17 day of June, 19 75, authorizing the joining together as husband and wife Kenneth W. Keeney and Eva E. Morris

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

I, Rev. Wm. E. Larison hereby certify that on the 20 day of June, one thousand nine hundred and 75 at New Winchester Baptist County of Hendricks State of Indiana, Groom Kenneth Wayne Keeney of Hendricks County, State of Indiana, and, Bride Eva Ellen Morris of County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 day of June, 19 75.

Signed Rev. Wm. E. Larison
Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of June, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 254
File #36
June 10, 1975
Date of Application

MALE
Medical Examination Report Dated June 2, 1975
Name of Physician Elmer L. Lock

FEMALE
Medical Examination Report Dated June 2, 1975
Name of Physician Elmer L. Lock

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

MALE APPLICANT

Name: First Kenneth Middle H. Last Keeney
Date of Birth: Month March Day 1 Year 1955
Place of Birth (State or foreign country): Lebanon Boone County Indiana
Residence Address: 324 N. Tennessee Street or R. R. Danville City - Hendricks County - Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Town of Danville
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Omer Keeney
    Residence of father (if deceased so state) 324 N. Tenn., Danville, Ind.
    Occupation of father: Mail Carrier Race of father: W
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Beverly Jeanne Leonard
    Residence of mother (if deceased so state) 324 N. Tenn., Danville, Ind.
    Occupation of mother: Secretary Race of mother: W
    Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: First Eva Middle E. Last Morris
Date of Birth: Month March Day 28 Year 1958
Place of Birth (State or foreign country): South Charleston, West Virginia
Residence Address: 46 Suburban Dr. 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: Hendricks Co. Hospital
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Kansas County Court House

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Everett Morris
   Residence of father (if deceased so state) 46 Suburban, Danville, Ind.
   Occupation of father: Army Race of father: W
   Birthplace of father (State or foreign country): West Virginia
8. Full maiden name of mother: Mary Eloise Gobel
   Residence of mother (if deceased so state) 46 Suburban, Danville, Ind.
   Occupation of mother: Hendricks Co. Hospital Race of mother: W
   Birthplace of mother (State or foreign country): West Virginia

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

Signed Eva E Morris
New Address 210 Chestnut St., Danville
Subscribed and sworn to before me this 10 day of June, 19 75
HENDRICKS Circuit Court

I, EVERETT H. MORRIS, hereby give my consent for my DAUGHTER, EVA ELLEN MORRIS to marry KENNETH W. KEENEY.

Everett H. Morris

subscribed and sworn to before me this 29 day of May 19 75

Notary Public

BB 3/14/77

If only one parent ary.....
.....Father
Mother
....., 19 75
Clerk

COMPLETE IF MARRIAGE LICENSE ... amed parties, the
HENDRICKS County Court by written order issued ... and filed
in ... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* June, 19 75, *authorizing the joining together as husband and wife* Kenneth W. Keeney *and* Eva E. Morris

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

I, Rev. Wm. E. Larison *hereby certify that on the* 20 *day of* June, *one thousand nine hundred and* 75 *at* New Winchester Baptist *County of* Hendricks *State of Indiana, Groom* Kenneth Wayne Keeney *of* Hendricks *County, State of* Indiana *and, Bride* Eva Ellen Morris *of* *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 20 *day of* June, 19 75.

Signed Rev. Wm. E. Larison
Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this 25 *day of* June, 19 75.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 255
File BK 36
June 10 1975
Date of Application

MALE
Medical Examination Report Dated 6/7/75
Name of Physician Walter McManus, MD.

FEMALE
Medical Examination Report Dated 6/7/75
Name of Physician Walter McManus MD.

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

MALE APPLICANT

Name: First Samuel Middle Jay Last Brandenburg
Date of Birth: Month June Day 7 Year 1957
Place of Birth (State or foreign country) Indpls. In.
Residence Address: 125 Street or R. R. Kreuson St. City Plainfield County In. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Scavenger Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-52-049581

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father James R. Brandenburg
    Residence of father (if deceased so state) deceased
    Occupation of father..... Race of father.....
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Ruth E. Mill
    Residence of mother (if deceased so state) R.R 2 Box 242A-1 Monrovia Ind.
    Occupation of mother Self-Employed Race of mother White
    Birthplace of mother (State or foreign country) Indiana

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

Signed Sam Brandenburg
New Address 125 Kreuson St.
Subscribed and sworn to before me this 10 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Sharon Middle Kay Last McCreary
Date of Birth: Month June Day 21 Year 1956
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: 125 Street or R. R. Kreuson St. City Plfd. County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Clerk typist
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-56-048229

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 D. McCreary
   Residence of father (if deceased so state) 90 Holiday Lane Mooresville
   Occupation of father Machinist Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Shirley E. Reynolds
   Residence of mother (if deceased so state) 90 Holiday Lane Mooresville
   Occupation of mother Homemaker Race of mother White
   Birthplace of mother (State or foreign country) Alabama

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

Signed Sharon McCreary
New Address 125 Kreuson St.
Subscribed and sworn to before me this 10 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 14 day of June, 19 75, authorizing the joining together as husband and wife Samuel Jay Brandenburg and Sharon Kay McCreary

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

I, Rev. C. H. Liscus hereby certify that on the 14 day of June, at Indianapolis, County of Marion, one thousand nine hundred and 75 State of Indiana, Groom Samuel J. Brandenburg of Morgan County, State of Indiana, and, Bride Sharon Kay McCreary of Morgan County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of June, 19 75. Signed Rev. C. H. Liscus
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of June, 19 75.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

512

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 256

File

6-11-75
Date of Application

MALE
Medical Examination Report Dated May 13, 1975
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated May 13, 1975
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 Jeremiah Middle L Last Rausch

Date of Birth: Month May Day 6 Year 1933

Place of Birth (State or foreign country) Louisville Kentucky

Residence Address: Street or R. R. RR #2 Box 60 City Indpls. County State

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Marion 1974

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

Usual Occupation Mill wright

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License # 403-10-0424-10

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

Name	Age	Address
Barbara Rausch	17	Christine 9 Mark 5
Jo Ann (Jenkins)	16	Eleanor 8
Suzanne	13	Edward 7

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☑
    Father has Custody of Children
11. Full name of father Harry O. Rausch
    Residence of father (if deceased so state) Deceased
    Occupation of father Race of father
    Birthplace of father (State or foreign country) Louisville, Ky.
12. Full maiden name of mother Mary Estella Allen
    Residence of mother (if deceased so state) 2107 Duncan, Louisville
    Occupation of mother Retired Race of mother
    Birthplace of mother (State or foreign country) Jeffersonville, Ind.

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

Signed Jeremiah L. Rausch
New Address RR #2 Box 60 Indpls Ind.

Subscribed and sworn to before me this 11 day of June, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Beulah Middle L. Last Jenkins

Date of Birth: Month 3 Day 6 Year 1928

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

Residence Address: Street or R. R. RR #2 Box 60 City Indpls County Hend Co. State

Maiden Name if Different Allen

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hend 1959

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

Usual Occupation RCA

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License # 214-26-2935

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Francis J. Allen
   Residence of father (if deceased so state) 335 Broad St. Hope Ind.
   Occupation of father Retired Race of father
   Birthplace of father (State or foreign country) Bedford
8. Full maiden name of mother Flossie Ann Mullins
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother
   Birthplace of mother (State or foreign country) Indiana

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

Signed Beulah L. Jenkins
New Address RR #2 Box 60 Indpls, Ind.

Subscribed and sworn to before me this 11 day of June, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* June, 19 75, *authorizing the joining together as husband and wife* Jeremiah L. Rausch *and* Beulah L. Jenkins

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

I, David L. Ensparr hereby certify that on the 2 day of August, one thousand nine hundred and 75 at Fenning Garden Christian Ch County of Marion, State of Indiana, Groom Jeremiah L. Rausch of Marion County, State of Indiana, and, Bride Beulah L. Jenkins of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of June, 19 75.

Signed David L. Ensparr
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* August, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 257
File BK 36
6/12/75 Date of Application

MALE
Medical Examination Report Dated 6/10/75
Name of Physician Eric Clark MD.

FEMALE
Medical Examination Report Dated 6/10/75
Name of Physician Eric Clark MD.

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

MALE APPLICANT

Name: First John Middle W. Last Cornelison
Date of Birth: Month July Day 12 Year 1949
Place of Birth (State or foreign country) Richmond Ky.
Residence Address: Street or R. R. 2345 Norris Dr. City Indpls. County State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Marion Co. 1974
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ind. Univ. # 332 40 7399

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

Name	Age	Address
John Albert Cornelison	3	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 William Earl Cornelison
    Residence of father (if deceased so state) deceased
    Occupation of father ____ Race of father ____
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Mary Carolyn Hampton
    Residence of mother (if deceased so state) Bowlingstown, Ind.
    Occupation of mother Homemaker Race of mother White
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed John W. Cornelison
New Address 2345 Norris Dr. Indpls. Ind.
Subscribed and sworn to before me this 12 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Francine Middle Hope Last Dugger
Date of Birth: Month January Day 8 Year 1952
Place of Birth (State or foreign country) Lebanon Boone Co.
Residence Address: Street or R. R. 2345 Norris Dr. City Indpls. County State Ind.
Maiden Name if Different York
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) # Witham Memorial Hosp.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Fletcher Vaughn York
   Residence of father (if deceased so state) Danville, Ind.
   Occupation of father Truck driver Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Bessie Augusta Townsend
   Residence of mother (if deceased so state) Danville, Ind.
   Occupation of mother Homemaker Race of mother White
   Birthplace of mother (State or foreign country) Hendricks Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Francine H. Dugger
New Address 2345 Norris Indpls. Ind.
Subscribed and sworn to before me this 12 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ____ of Indiana dated the 12 day of June, 19 75, authorizing the joining together as husband and wife John W. Cornelison and Francine Hope Dugger

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

I, Lynda S. Huppert hereby certify that on the 12th day of June, at Indianapolis, County of Marion, one thousand nine hundred and 75 at Hendricks County, State of Indiana, State of Indiana, Groom John W. Cornelison of Hendricks County, State of Indiana, and, Bride Francine Hope Dugger of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of June, 19 75. Signed Lynda S. Huppert
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of June, 19 75. Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

514

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. #258

File

June 12, 1975
Date of Application

MALE
Medical Examination Report Dated 6-4-75
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 6-4-75
Name of Physician James Black M.D.

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

MALE APPLICANT

Name: First Michael Middle Erwin Last McKee

Date of Birth: Month 3 Day 21 Year 47

Place of Birth (State or foreign country): Indianapolis, Indiana

Residence Address: Street or R. R. 707 S. Warman Ave. City Indianapolis County State 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: Brick Layer

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

☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Irvin McKee
    Residence of father (if deceased so state): Sandborn, Ind.
    Occupation of father: Bricklayer Race of father: wh
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Ruby Marksbary
    Residence of mother (if deceased so state): Sandborn, Ind.
    Occupation of mother: Housewife Race of mother: wh
    Birthplace of mother (State or foreign country): Indiana

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

Signed Michael E. McKee
New Address 534 Enderly App. S. Brnsbrg

Subscribed and sworn to before me this 12 day of June, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Alice Middle Lucille Last Yount

Date of Birth: Month 10 Day 16 Year 52

Place of Birth (State or foreign country): Indianapolis, Indiana

Residence Address: Street or R. R. 534 Enderly City Brownsburg County Ind. State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Key Punch Operator

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Robert M. Yount
   Residence of father (if deceased so state): Indianapolis, Ind.
   Occupation of father: Electrician Race of father: wh
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Elsie L. Dicks
   Residence of mother (if deceased so state): Indianapolis, Ind.
   Occupation of mother: Standard Lock-Nut Race of mother: wh
   Birthplace of mother (State or foreign country): Indiana

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

Signed Alice L Yount
New Address 534 Enderly Ave. Apt 5 B'burg

Subscribed and sworn to before me this 12 day of June, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16 *day of* June, 19 75, *authorizing the joining together as husband and wife* Michael Erwin McKee *and* Alice Lucille Yount

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

I, S. Howard Davidson *hereby certify that on the* 19 *day of* July, *one thousand nine hundred and* 75 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Michael Erwin McKee *of* Marion *County, State of* Indiana *and, Bride* Alice Lucille Yount *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this ~~22~~ 19 *day of* July, 19 75.

Signed S. Howard Davidson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* July, 19 75.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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

515

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. # 259

HENDRICKS County

File BK. 36

June 13 1975
Date of Application

MALE
Medical Examination Report Dated 6/9/75
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 6/9/75
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 Roy Middle Howard Last Zenor

Date of Birth: Month 1 Day 27 Year 1953

Place of Birth (State or foreign country) Putnam Co.

Residence Address: Street or R. R. 914 Pricewood Court City Anderson County State 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 Mach. Oper. Market - Security

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

☑ Other (Specify) Soc. Sec. # 12-67-53-142

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

Name	Age	Address

(b) Are you supporting or contributing to their 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 Arthur Zenor
    Residence of father (if deceased so state) Bainbridge, Ind.
    Occupation of father Teach - Dietary Dept. Race of father White
    Birthplace of father (State or foreign country) Greencastle, In.
12. Full maiden name of mother Matilda Ann Lupea
    Residence of mother (if deceased so state) Bainbridge, Ind.
    Occupation of mother Teacher - Elem. Race of mother White
    Birthplace of mother (State or foreign country) Fincastle, In.

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

Signed Roy Howard Zenor

New Address 914 Pricewood Ct. Anderson, In

Subscribed and sworn to before me this 13 day of June, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Barbara Middle Ann Last Behymer

Date of Birth: Month 11 Day 18 Year 1953

Place of Birth (State or foreign country) Ontario Canada

Residence Address: Street or R. R. 1002 W. Main City Danville County State In.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Nabbit

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

☐ Other (Specify) 53-05-116506

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Howell Eugene Behymer
   Residence of father (if deceased so state) 1002 W. Main
   Occupation of father Elect. Engineer Race of father White
   Birthplace of father (State or foreign country) Terre Haute, Ind.
8. Full maiden name of mother Golda Irene Cox
   Residence of mother (if deceased so state) 1002 W. Main Danville
   Occupation of mother Reg. Nurse Race of mother White
   Birthplace of mother (State or foreign country) Greencastle, In.

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

Signed Barbara Ann Behymer

New Address 914 Pricewood Ct. Anderson, In

Subscribed and sworn to before me this 13 day of June, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 19 day of June, 19 75, authorizing the joining together as husband and wife Roy Howard Zenor and Barbara Ann Behymer

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

I, Ralph W. Pinchum hereby certify that on the 21 day of June one thousand nine hundred and 75 at Danville, County of Hendricks, State of Indiana, Groom Roy Howard Zenor of Madison County, State of Indiana, and, Bride Barbara Ann Behymer of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 day of June, 19 75. Signed Ralph W. Pinchum

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of June, 19 75

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. # 259
File BK. 36
June 13 1975
Date of Application

MALE
Medical Examination Report Dated 6/9/75
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 6/9/75
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 Roy Middle Howard Last Zenor
Date of Birth: Month 1 Day 27 Year 1953
Place of Birth (State or foreign country) Putnam Co.
Residence Address: Street or R. R. 114 Brookwood Court City Anderson County State In.
Previous Marital Status Never Married If Number of Previous Marriages

FEMALE APPLICANT

Name: First Barbara Middle Ann Last Behymer
Date of Birth: Month 11 Day 18 Year 1953
Place of Birth (State or foreign country) Ontario Canada
Residence Address: Street or R. R. 102 W. Main City Danville County State In.
Maiden Name if Different

DATE: 3/27/94

HENDRICKS COUNTY CLERK
P.O. BOX 599
DANVILLE, IN 46122

CAUSE NO. 32D01-9110-DRV-296

PLEASE PROCESS THE ENCLOSED CHILD SUPPORT PAYMENT TO:

DEBRA CHRISTOFF
1485 HUNTERS GLEN
ZIONSVILLE, IN 46077

PAYMENT IS FOR THE FOLLOWING DATES:
4/1/94; __/__/__; __/__/__

THANK YOU.

MICHAEL A. MILEWSKI
3005 COAST DRIVE
APT. 112
INDIANAPOLIS, IN 46214

297-5743 HOME
242-2300 WORK

...Yes ☐ ...Yes ☐ ...Yes ☐ ...Yes ☐ ...Yes ☐ ...Yes ☐ ...Yes ☐

...ion given
...d correct.

...nderson, Jr.
..., 19 23
...it Court

...e Parent

...Father
...Mother
...Clerk

...the
...filed

...Court
...wife

...ks

...Trooper Roy Howard Zenor of Madison County, State of Indiana
and, Bride Barbara Ann Behymer of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 21 day of June, 19 75. Signed Ralph W. Linehum
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of June, 19 75.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. #260
File Book 36
6-13-75
Date of Application

MALE
Medical Examination Report Dated 6-13-75
Name of Physician David B. Taggard

FEMALE
Medical Examination Report Dated 6-13-75
Name of Physician David B. Taggard

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

MALE APPLICANT

Name: First Daniel Middle Victor Last Trivett

Date of Birth: Month 6 Day 16 Year 1951

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: Street or R. R. RR #1 Box 227 City Clayton County Ind State

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Yona 1974

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

Usual Occupation Welder

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

☐ Other (Specify)

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

Name	Age	Address
Danny Ray	6	—
James Christopher	3	

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father James April Trivitt
    Residence of father (if deceased so state) RR 2 Box 227 Clayton
    Occupation of father Truck Driver Race of father
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Elsa May Ferrel
    Residence of mother (if deceased so state) Same
    Occupation of mother Beautician Race of mother
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Daniel Victor Trivett
New Address 7425 D Rockleigh ave.

Subscribed and sworn to before me this 13 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Lynn Middle Gayle Last Myers

Date of Birth: Month Sept. Day 10 Year 1957

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

Residence Address: Street or R. R. RR #2 Box 252A City Indpls. County Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Cashier

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

☐ Other (Specify) # 57-081374

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

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

Signed Lynn Myers
New Address 7425 D Rockleigh ave

Subscribed and sworn to before me this 13 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed Loretta J Price Mother
Subscribed and sworn to before me this 13 day of June, 19 75
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 17th day of June, 19 75, authorizing the joining together as husband and wife Daniel Victor Trivett and Lynn Gayle Myers

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

I, Rev. R. B. Ochison hereby certify that on the 21 day of June, one thousand nine hundred and 75 at Indianapolis, County of Marion, State of Indiana, Groom Daniel Victor Trivett of Marion County, State of Indiana, and, Bride Lynn Gayle Myers of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 day of June, 19 75.

Signed R. B. Ochison
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of June, 19 75.

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. # 261
File Book 36
June 13, 1975
Date of Application

MALE
Medical Examination Report Dated 6/13/75
Name of Physician Elmer L. Koch, M.D.

FEMALE
Medical Examination Report Dated 6/13/75
Name of Physician Elmer L. Koch, M.D.

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

MALE APPLICANT

Name: First Ray Middle A. Last Whitaker

Date of Birth: Month 4 Day 4 Year 1956

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

Residence Address: 115 N. Tenn. St. apt. 5 Street or R. R. Danville City Hendricks County Ind. State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Sanitation Engineer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Sel. Ser. # 12 30 56 144

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Everett Whitaker Jr.
    Residence of father (if deceased so state): deceased
    Occupation of father..... Race of father.....
    Birthplace of father (State or foreign country): Unknown
12. Full maiden name of mother: Ora's Orlene Lawson
    Residence of mother (if deceased so state): S. Jefferson, Danville
    Occupation of mother: Homemaker Race of mother: White
    Birthplace of mother (State or foreign country): Virginia

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

Signed: Ray Allen Whitaker
New Address: 115 N Tennessee Apt 5

Subscribed and sworn to before me this 13 day of June, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Kelly Middle A. Last Gray

Date of Birth: Month 9 Day 22 Year 1956

Place of Birth (State or foreign country): Rapid City South Dakota

Residence Address: 97 N. Tenn. St. Street or R. R. Danville City Hendricks 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) Identification Card for Military # 01 682

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Harlan Jay Gray
   Residence of father (if deceased so state): Martinsville, Ind.
   Occupation of father: Telephone Co. Race of father: White
   Birthplace of father (State or foreign country): Kentucky
8. Full maiden name of mother: Lois Carol Brenner
   Residence of mother (if deceased so state): Danville, Ind.
   Occupation of mother: Home Duties Race of mother: White
   Birthplace of mother (State or foreign country): Nebraska

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

Signed: Kelly Gray
New Address: 115-5 N. Tennessee St.

Subscribed and sworn to before me this 13 day of June, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 17 day of June, 19 75, authorizing the joining together as husband and wife Ray A. Whitaker and Kelly A. Gray

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

I, Norman L. Weaver hereby certify that on the 21st day of June, one thousand nine hundred and 75, at Danville, County of Hendricks, State of Indiana, Groom Ray A. Whitaker of Hendricks County, State of Indiana, and, Bride Kelly A. Gray of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of June, 19 75. Signed Norman L Weaver
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of June, 19 75
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

518

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 262
File 36
June 16, 1975
Date of Application

MALE
Medical Examination Report Dated June 16, 1975
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated June 16, 1975
Name of Physician Wm. Edwards

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 H. Last Wagler
Date of Birth: Month June Day 8 Year 1953
Place of Birth (State or foreign country) Washington - Daviess Co. - Indiana
Residence Address: Street or R. R. 2739 Grand Cayman, City Sarasota, County, State Florida
Previous 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 Ind. State Board of Health 53-560462
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Abraham S. Wagler
    Residence of father (if deceased so state) R2, Lafayette Ind.
    Occupation of father farmer Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Elizabeth C. Wagler
    Residence of mother (if deceased so state) Rt Lafayette, Ind.
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed Harry W. Wagler Sarasota Florida
New Address 2739 Grand Cayman apt 4
Subscribed and sworn to before me this 16 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Karen Middle B. Last Walker
Date of Birth: Month July Day 11 Year 1952
Place of Birth (State or foreign country) Indianapolis - Marion Co. - Ind.
Residence Address: Street or R. R. 333 Lawndale - Hendricks Co. City Plainfield, County - State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Nurse's Aid
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Ind. State Board of Health 52-054661
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Edgar C. Walker
   Residence of father (if deceased so state) 333 Lawndale, Plainfield, Ind.
   Occupation of father Eli Lilly & Co. Race of father W
   Birthplace of father (State or foreign country) Pennsylvania
8. Full maiden name of mother Marjorie L. Edmondson
   Residence of mother (if deceased so state) 333 Lawndale Plfld. Ind.
   Occupation of mother Secretary Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed Karen B. Walker Sarasota Florida
New Address 2739 Grand Cayman Apt 4
Subscribed and sworn to before me this 16 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20th *day of* June, 19 75, *authorizing the joining together as husband and wife* Gary W. Wagler *and* Karen B. Welker

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

I, Walter L Mapson *hereby certify that on the* 21 *day of* June, *one thousand nine hundred and* 75 *at* Elginfield, *County of* Hendricks, *State of Indiana, Groom* Gary W Wagler *of* Sardsota *County, State of* Florida *and, Bride* Karen Belle Welker *of* Sarasota *County, State of* Florida, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21 *day of* June, 19 75.

Signed Walter L. Mapson
Official Designation U. M. Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 *day of* June, 19 75.

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

519

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 263

File June 16, 1975

Book #36

Date of Application

MALE
Medical Examination Report Dated 6-13-75
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 6-13-75
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 Jerry Middle M. Last Allen

Date of Birth: Month March Day 9 Year 1954

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. RR 3, Bx 425 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 Construction

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

☑ Other (Specify) Draft Card 12-30-54-91

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Jefferson Allen
    Residence of father (if deceased so state) RR3, 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 Allie Virginia Hanes
    Residence of mother (if deceased so state) R3, Plainfield, Ind
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Jerry M. Allen
New Address RR 3 Box 425, Plainfield Ind.

Subscribed and sworn to before me this 16 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Barbara Middle K. Last Burdine

Date of Birth: Month December Day 21 Year 1955

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. RR 3, Bx 18 City Danville County Hendricks Co. 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 Factory

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree 14097

☐ Other (Specify)

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

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

Signed Barbara K. Burdine
New Address RR 3 Box 425 Plainfield, Ind.

Subscribed and sworn to before me this 16 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... HENDRICKS ..... Circuit Court of Indiana dated the 20 day of June, 19 75, authorizing the joining together as husband and wife Jerry M. Allen and Barbara K. Burdine

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

I, Rev. Claude Cobb hereby certify that on the 22 day of June, at Bethel Faith Temple, County of Marion, one thousand nine hundred and 75 at Marion County, State of Indiana, State of Indiana, Groom, Jerry M. Allen of Hendricks County, State of Indiana, and, Bride Barbara K. Burdine of HENDRICKS County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22 day of June, 19 75

Signed Claude Cobb
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of June, 19 75

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

520

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 264
File 36
June 16, 1975
Date of Application

MALE
Medical Examination Report Dated 6-12-75
Name of Physician J. W. Ashur, M.D.

FEMALE
Medical Examination Report Dated 6-12-75
Name of Physician J. W. Ashur, M.D.

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

MALE APPLICANT

Name: First Jonathan Middle D. Last Lowe

Date of Birth: Month 2 Day 12 Year 42

Place of Birth (State or foreign country) Grand Rapids, Michigan

Residence Address: Street or R. R. 1195 Lincoln St. City Danville County Ind. State

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Allison's

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Dr. License # S363-42-46820 0

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

Name	Age	Address
Deborah Sue Lowe	9	Danville, Ind.
Joel Walter Lowe	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 Joel Walter Lowe
    Residence of father (if deceased so state) Coopersville, Mich
    Occupation of father Factory Representative Race of father wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Margaret Gladys Smith
    Residence of mother (if deceased so state) Grand Rapids, Mich
    Occupation of mother Housewife Race of mother wh
    Birthplace of mother (State or foreign country) Grand Rapids, Mich

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

Signed Jonathan D. Lowe
New Address 4407 London ct Ind Pls Ind 46254

Subscribed and sworn to before me this 16 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Rosemary Middle Theresa Last Brock

Date of Birth: Month 7 Day 19 Year 42

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

Residence Address: Street or R. R. 4407 London Ct. City Indianapolis County Ind. State

Maiden Name if Different Rosemary Theresa Collins

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Dr. License # S317-42-4689

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James Leo Collins
   Residence of father (if deceased so state) Danville, Ind.
   Occupation of father Retired Race of father wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Ann Duchmig
   Residence of mother (if deceased so state) Danville, Ind
   Occupation of mother Waitress Race of mother wh
   Birthplace of mother (State or foreign country) Indiana

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

Signed Rosemary T. Brock
New Address 4407 London Ct. Indpls. Ind 46254

Subscribed and sworn to before me this 16 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* June, 19 75, *authorizing the joining together as husband and wife* Jonathan D. Lowe *and* Rosemary Theresa Brock

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

I, Jeffery V. Bales *hereby certify that on the* 20th *day of* 20th June, *one thousand nine hundred and* 75 *at* Danville, *County of* Hendricks *State of Indiana, Groom* Jonathan D. Lowe *of* Hendricks *County, State of* Indiana *and, Bride* Rosemary Theresa 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* HENDRICKS *County.*

Dated this 20th *day of* June, 19 75.

Signed J. V. Bales
Official Designation Judge, Cir. Tempore

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* June, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 265
File Book 36
June 16, 1975
Date of Application

MALE
Medical Examination Report Dated 6-12-75
Name of Physician Carl L. Heinlein, M.D.

FEMALE
Medical Examination Report Dated 6-12-75
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 Louis, Middle A., Last Zaletic
Date of Birth: Month April, Day 29, Year 1908
Place of Birth (State or foreign country): Indianapolis, Marion Co. Ind.
Residence Address: Street or R. R. 1217 N. Goodlet, City Indianapolis, County Marion, State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1967 Hendricks
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Core Maker (Retired)
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Cert # 30577
☐ Other (Specify) Ind. St. Bd. of Health

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

Name	Age	Address
Lee Zaletic	12 yr.	R.R. 1 Box 199 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 John Zaletic
Residence of father (if deceased so state) Deceased
Occupation of father Molder Race of father W
Birthplace of father (State or foreign country) Austria
12. Full maiden name of mother Antonia Propodnick
Residence of mother (if deceased so state) Deceased
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Italy

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Louis A. Zaletic
New Address 143 W. Main St. Danville
Subscribed and sworn to before me this 16 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Olive, Middle Coreen, Last Pitcock
Date of Birth: Month Aug., Day 11, Year 1911
Place of Birth (State or foreign country): Sumner Station, Monroe Co. Ky.
Residence Address: Street or R. R. 143 W. Main, City Danville, County Hendricks, State Ind.
Maiden Name if Different Olive Coreen Eaton
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hendricks Co. 1972
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Nurse's Aid -
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Cert # 42185
☐ 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 afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Benjamin Harrison Eaton
Residence of father (if deceased so state) Deceased
Occupation of father Carpenter Race of father W
Birthplace of father (State or foreign country) Bratown, Ky.
8. Full maiden name of mother Ida Bell Hamilton
Residence of mother (if deceased so state) Deceased
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Sulphur Lick, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Olive C. Pitcock
New Address 143 W. Main St. Danville
Subscribed and sworn to before me this 16 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of June, 19 75, authorizing the joining together as husband and wife Louis A. Zaletic and Olive C. Pitcock

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

I, S. Howard Davidson hereby certify that on the 21 day of June, one thousand nine hundred and 75 at Indianapolis, County of Marion, State of Indiana, Groom Louis A. Zaletic of Marion County, State of Indiana, and, Bride Olive Coreen Pitcock of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 day of June, 19 75. Signed S. Howard Davidson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of June, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

522

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 266
File Bk 36
June 16, 1975
Date of Application

MALE
Medical Examination Report Dated 6-11-75
Name of Physician Donald D. Cheesman

FEMALE
Medical Examination Report Dated 6-11-75
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 Ronald Middle C. Last Marion

Date of Birth: Month October Day 20 Year 1947

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

Residence Address: Street or R. R. 3523 North Rybolt, Apt C City Indpls County Marion State Ind

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Factory Worker

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

☐ Other (Specify) # 40131

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Arnold Nelson Marion
    Residence of father (if deceased so state) Unknown
    Occupation of father Unknown Race of father W.
    Birthplace of father (State or foreign country) Charleston, W. Va.
12. Full maiden name of mother Helen Stanko
    Residence of mother (if deceased so state) Indpls, Indiana
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Wilberton, Oklahoma

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

Signed x Ronald C Marion
New Address 3523 N Rybolt #1 Indpls Ind

Subscribed and sworn to before me this 16 day of June, 19 75.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Cathy Middle Lynn Last Stewart

Date of Birth: Month March Day 8 Year 1950

Place of Birth (State or foreign country) Lebanon Indiana

Residence Address: Street or R. R. Box 68, 23 Brenda Ct. City Danville County Hendricks State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Unemployed

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

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Bennie Preston Stewart
   Residence of father (if deceased so state) Deceased
   Occupation of father [redacted] Race of father W.
   Birthplace of father (State or foreign country) North Salem, Ind.
8. Full maiden name of mother Stella Nell Hawkins
   Residence of mother (if deceased so state) Danville, Ind.
   Occupation of mother Bookkeeper Race of mother W.
   Birthplace of mother (State or foreign country) North Salem, Ind.

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

Signed x Cathy Lynn Stewart
New Address 3523 N Rybolt #1 C Indpls In

Subscribed and sworn to before me this 16 day of June, 19 75.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 28 *day of* June, 19 75, *authorizing the joining together as husband and wife* Ronald C. Marion *and* Cathy Lynn Stewart

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

I, Dr. Joseph Stump *hereby certify that on the* 28 *day of* June Hendricks *one thousand nine hundred and* 75 *at* Danville, *County of* [redacted], *State of Indiana, Groom* Ronald C. Marion *of* Marion *County, State of* Indiana, *and, Bride* Cathy Lynn Stewart *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28th *day of* June, 19 75.

Signed Dr. Joseph Stump
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* July, 19 75.

Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 267
File Book 36
June 17, 1975
Date of Application

MALE
Medical Examination Report Dated 6-13-75
Name of Physician David B. Haggard, M.D.

FEMALE
Medical Examination Report Dated 6-13-75
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 Charles Middle Alexander Last Scott
Date of Birth: Month Dec. Day 28 Year 1950
Place of Birth (State or foreign country) Jeffersonville Clark Co. Ind.
Residence Address: Street or R. R. P.O. Box 244, City Clayton, County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Counter Salesman
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Cert # 113-
☐ Other (Specify) Ind. Bd of Health 50-086482

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Alexander Scott Sr.
    Residence of father (if deceased so state) Deceased
    Occupation of father Factory Wkr. Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Emmeline Burch
    Residence of mother (if deceased so state) P.O. Box 264 DeLeon Springs Fla.
    Occupation of mother Housekeeper Race of mother W. Fla.
    Birthplace of mother (State or foreign country) Bowling Green Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Charles A. Scott
New Address P.O. Box 244 Clayton Ind.
Subscribed and sworn to before me this 17 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Sylvia Middle Ann Last Sluder
Date of Birth: Month Dec. Day 13 Year 1954
Place of Birth (State or foreign country) 123 West St. Plainfield Hend. Co. Ind.
Residence Address: Street or R. R. Lakeland Hosp., City Lk. Geneva, County Walworth, State Wisc.
Maiden Name if Different Sylvia Ann James
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Ind. May 7, 1975
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Assembly Line
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Cert # 148-
☐ Other (Specify) Wisc. St. Bd of Health 54-91630

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Russell Ernest James
   Residence of father (if deceased so state) 123 West St. Plainfield
   Occupation of father Welder Race of father W
   Birthplace of father (State or foreign country) Clinton, Wisc.
8. Full maiden name of mother Medora Agnes Williams
   Residence of mother (if deceased so state) 123 West St. Plainfield
   Occupation of mother Assembly Line Race of mother W
   Birthplace of mother (State or foreign country) Muskego, Wisc.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Sylvia A. Sluder
New Address P. O. Box 244, Clayton Ind.
Subscribed and sworn to before me this 17 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in ..... HENDRICKS ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 21 day of June, 19 75, authorizing the joining together as husband and wife Charles Alexander Scott and Sylvia Ann Sluder

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Richard S. Rattke hereby certify that on the 21 day of June, one thousand nine hundred and 75 at Plainfield, County of Hendricks, State of Indiana, State of Indiana, Groom Charles Alexander Scott of Hendricks County, State of Indiana, and, Bride Sylvia Ann Sluder of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24 day of June, 19 75

Signed Richard S. Rattke
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

524

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 268
File Bk 36
June 17, 1975
Date of Application

MALE
Medical Examination Report Dated 6-17-75
Name of Physician M. D. Seamands

FEMALE
Medical Examination Report Dated 6-17-75
Name of Physician M. D. Seamands

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald Middle D. Last McClung

Date of Birth: Month June Day 20 Year 1954

Place of Birth (State or foreign country) Lebanon, Ind.

Residence Address: Street or R. R. RR1 Box 325 City Pittsboro County Hendricks State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Mechanic

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Witham Memorial Hospital
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Franklin Millard McClung
    Residence of father (if deceased so state) Pittsboro, Ind.
    Occupation of father Farmer Race of father W.
    Birthplace of father (State or foreign country) Pittsboro, Ind.
12. Full maiden name of mother Dorothy Lee Swaim
    Residence of mother (if deceased so state) Pittsboro, Ind.
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Pittsboro, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Ronald D. McClung
New Address 518 Enderly Brownsburg Ind

Subscribed and sworn to before me this 17 day of June, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Anita Middle A. Last McCoy

Date of Birth: Month April Day 19 Year 1955

Place of Birth (State or foreign country) Mattoon Illinois

Residence Address: Street or R. R. 518 Enderly City Brownsburg County Hendricks State Ind.

Maiden Name if Different Wickiser

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Housewife

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father John Homer Wickiser
   Residence of father (if deceased so state) Mattoon, Ill.
   Occupation of father Retired Race of father W.
   Birthplace of father (State or foreign country) Nevada, Ill.
8. Full maiden name of mother Arlene Leona Dow
   Residence of mother (if deceased so state) Mattoon, Ill.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Mattoon, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Anita A. McCoy
New Address 518 Enderly Ln Brownsburg Ind

Subscribed and sworn to before me this 17 day of June, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21 *day of* June, 19 75, *authorizing the joining together as husband and wife* Ronald Gene Mc Clung *and* Anita A. Mc Coy

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William Charles Mc Graw *hereby certify that on the* 21 *day of* June, *one thousand nine hundred and* 75 *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* Ronald Gene Mc Clung *of* Hendricks *County, State of* Indiana *and, Bride* Anita A. Mc Coy *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21 *day of* June, 19 75.

Signed William Charles Mc Graw
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* June, 19 75.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 269
File Bk 36
June 19 1975
Date of Application

MALE
Medical Examination Report Dated 6-2-75
Name of Physician Joseph A. Miller

FEMALE
Medical Examination Report Dated 6-6-75
Name of Physician M. O Seamahon

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Edward Middle James Last Downey
Date of Birth: Month January Day 2 Year 1919
Place of Birth (State or foreign country) Lucerne, Wisconsin
Residence Address: Street or R. R. 11514 Newport Drive City Indpls. County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Retired
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Dr. License # S314-07-5968-01

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Patrick James Downey
    Residence of father (if deceased so state) Deceased
    Occupation of father ——— Race of father W.
    Birthplace of father (State or foreign country) Rosemont, Minnesota
12. Full maiden name of mother Ethel White
    Residence of mother (if deceased so state) Deceased
    Occupation of mother ——— Race of mother W
    Birthplace of mother (State or foreign country) Washington Co, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Edward J Downey
New Address 11514 Newport, Oaklandon
Subscribed and sworn to before me this 19 day of June, 1975
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Barbara Middle A. Last Lody
Date of Birth: Month October Day 21 Year 1926
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 129 Prairie Parkway City Brownsburg County Hend. State Ind.
Maiden Name if Different Stone
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Housewife
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Dr. License #5308-24-9708-10

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James Lewell Stone
   Residence of father (if deceased so state) Deceased
   Occupation of father ——— Race of father W
   Birthplace of father (State or foreign country) Stamping Grounds, Ky.
8. Full maiden name of mother Clarice Jeanette Walenga
   Residence of mother (if deceased so state) Deceased
   Occupation of mother ——— Race of mother W
   Birthplace of mother (State or foreign country) Michigan City, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara A Lody
New Address 11514 Newport Oaklandon
Subscribed and sworn to before me this 19 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3-day waiver and filed in Clk Office authorizes and directs the issuance of a marriage license to the above named parties. Rob't Judge Rosemary Dee Hon

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 19 day of June, 19 75, authorizing the joining together as husband and wife Edward James Downey and Barbara A Lody.

Be it further remembered the following marriage certificate was filed in my office, to-wit:

I, Walter S Neal hereby certify that on the 23 day of June, one thousand nine hundred and 75 at Indianapolis, County of Marion, State of Indiana, Groom Edward James Downey of Marion County, State of Indiana, and, Bride Barbara Ann Lody 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 23 day of June, 19 75. Signed Walter S Neal
Official Designation M. Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of June, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

526

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 270

File

June 19 1975
Date of Application

MALE
Medical Examination Report Dated 6-18-75
Name of Physician A. N. Saunders M.D.

FEMALE
Medical Examination Report Dated 6-18-75
Name of Physician A. N. Saunders M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle Bradley Last Hill Jr.

Date of Birth: Month 1 Day 19 Year 52

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. Rt. 2 Box 78, City Danville, County, State Indiana

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Maintenance Man

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their 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 Bradley Hill Sr.
    Residence of father (if deceased so state) Mooresville, Ind.
    Occupation of father Retired Race of father wh
    Birthplace of father (State or foreign country) Tennessee
12. Full maiden name of mother Ella V. Herdon
    Residence of mother (if deceased so state) Mooresville, Ind.
    Occupation of mother Receptionists Race of mother wh
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas B Hill Jr.
New Address Rt 2 Box 78 Danville, Ind.
Subscribed and sworn to before me this 19 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Christine Middle Flora Last Phillips

Date of Birth: Month 8 Day 6 Year 52

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address: Street or R. R. Rt. 2 Box 78 City Danville, County, State Indiana

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation L.P.N.

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Harry Ely Phillips
   Residence of father (if deceased so state) Speedway, Indiana
   Occupation of father Supervisor Race of father wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Agnes Gibbs
   Residence of mother (if deceased so state) Speedway, Ind
   Occupation of mother Emergency Tech Race of mother wh
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Christine F. Phillips
New Address RR 2 Box # 78 Danville, Ind.
Subscribed and sworn to before me this 19 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE 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 authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* June, 19 75, *authorizing the joining together as husband and wife* Thomas Brady Hill Jr. *and* Christine Flora Phillips

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Francis J. Reine *hereby certify that on the* 21 *day of* June, *one thousand nine hundred and* 75 *at* Speedway, *County of* Marion, *State of Indiana, Groom* Thomas B. Hill, Jr. *of* Morgan *County, State of* Indiana *and, Bride* Christine F. Phillips *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 23 *day of* June, 19 75.

Signed Rev. Francis J. Reine
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 25 *day of* June, 19 75.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

527

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 271

File 36

June 20, 1975
Date of Application

MALE
Medical Examination Report Dated June 16, 1975
Name of Physician Robert T. Nolan

FEMALE
Medical Examination Report Dated June 13, 1975
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 Joseph Middle Kenneth Last Shelton

Date of Birth: Month November Day 25 Year 1940

Place of Birth (State or foreign country) Loretta, Kentucky

Residence Address: Street or R. R. 251 E. Main City Carmel County Hamilton State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Carpenter

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Registration - Bureau of Census - Washington

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Candy Shelton	8	Carmel, Ind.
Eric Shelton	12	Westwood Dr. Carmel, 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 Floyd D. Shelton
    Residence of father (if deceased so state) R. 1 Noblesville, Ind.
    Occupation of father Caretaker Race of father W.
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Mary Helen Cross
    Residence of mother (if deceased so state) R. 1 Noblesville, Ind.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Kentuckey

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Joseph Kenneth Shelton

New Address RR 1 Box 96, Noblesville, Ind.

Subscribed and sworn to before me this 20 day of June, 19 75.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Cooper

Date of Birth: Month July Day 8 Year 1943

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. 245 N Vine City Plainfield County Hendricks State Ind.

Maiden Name if Different Patricia Ann Masten

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Secretary

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Dept. of Health, Ind. #4898
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Sanders W. Masten
   Residence of father (if deceased so state) 203 Tenspa Rd. Plfd., Ind.
   Occupation of father Boys' School Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Rosemary Soats
   Residence of mother (if deceased so state) deceased
   Occupation of mother..... Race of mother W.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia Ann Cooper

New Address RR 1, Bx 96, Noblesville, Ind

Subscribed and sworn to before me this 20 day of June, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... *of Indiana dated the* 24 *day of* June, 19 74, *authorizing the joining together as husband and wife* Joseph Kenneth Shelton *and* Patricia Ann Cooper

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mary E. Graves *hereby certify that on the* 28th *day of* June, *one thousand nine hundred and* 75 *at* Noblesville, *County of* Hamilton, *State of Indiana, Groom* Joseph Kenneth Shelton *of* Hamilton *County, State of* Indiana, *and, Bride* Patricia Ann Cooper *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28th day of June, 19 75. Signed Mary E. Graves

Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of July, 19 75

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 272

File

June 20, 1975
Date of Application

MALE
Medical Examination Report Dated 6-17-75
Name of Physician Carl L. Heinlein M.D.

FEMALE
Medical Examination Report Dated 6-17-75
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 Donald Middle Lee Last Parker

Date of Birth: Month 10 Day 30 Year 49

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 4710 N. Post Rd, Apt 5A City Indianapolis County State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☐ Negro ☐ Other ☐ (specify).....

Usual Occupation Communications Equip. Operator

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective service card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Charles Hugh Parker
    Residence of father (if deceased so state) Anderson, Ind
    Occupation of father Welder Race of father wh
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Annabell Irene Sutton
    Residence of mother (if deceased so state) Anderson, Ind
    Occupation of mother none Race of mother wh
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald Lee Parker
New Address 38 Butler Plainfield Ind

Subscribed and sworn to before me this 20 day of June, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Lee Last Hardman

Date of Birth: Month 4 Day 10 Year 51

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. 38 Butler City Plainfield County Ind. State

Maiden Name if Different Rebecca Lee Adamson

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 None

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) School record

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Billy Lee Adamson
   Residence of father (if deceased so state) Danville, Ind.
   Occupation of father Supervisor Race of father wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Shirley Lee Stephenson
   Residence of mother (if deceased so state) Danville, Ind.
   Occupation of mother none Race of mother wh
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rebecca L Hardman
New Address 38 Butler, P'f'd Ind. 46168

Subscribed and sworn to before me this 20 day of June, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE 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 Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20 *day of* June, 19 75, *authorizing the joining together as husband and wife* Donald Lee Parker *and* Rebecca Lee Hardman
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gordon Taylor *hereby certify that on the* 23rd *day of* June, *one thousand nine hundred and* 75 *at* Danville, *County of* Hendricks *State of Indiana, Groom* Donald Lee Parker *of* Marion *County, State of* Indiana *and, Bride* Rebecca Lee Hardman *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 23rd *day of* June, 19 75.

Signed Rev. Gordon Taylor
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* July, 19 75.

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 273
File 36
June 20, 1975
Date of Application

MALE
Medical Examination Report Dated June 13, 1975
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated June 13, 1975
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 Mark Middle [illegible] Last Hammer
Date of Birth: Month January Day 9 Year 1957
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. R 4 Mooresville City Hendricks County Indiana State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Co-op
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree #290
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Don Carlos Hammer
    Residence of father (if deceased so state) R 4, Mooresville, Ind.
    Occupation of father Millwright Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Virginia Gentry
    Residence of mother (if deceased so state) R 4 Mooresville Ind
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Mark S. Hammer
New Address Broadacre Trailer Ct Danville

Subscribed and sworn to before me this 20 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Shelley Middle [illegible] Last Bridegroom
Date of Birth: Month May Day 13 Year 1958
Place of Birth (State or foreign country) Rochester Indiana
Residence Address: Street or R. R. 1227 N. 475 E. City Danville County Hendricks State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Bd. of Health
☐ Other (Specify) 56-177 464

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 B. Bridegroom
   Residence of father (if deceased so state) 1227 N 475 E, Danville, Ind.
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Janet E. Town
   Residence of mother (if deceased so state) 1227 N 475 E, Danville, Ind
   Occupation of mother Avon Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Shelley Bridegroom
New Address Broadacre Trailer Ct Danville

Subscribed and sworn to before me this 20 day of June, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....and filed in.....HENDRICKS.....County.....Court by written order issued.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* June, 19 75, *authorizing the joining together as husband and wife* Mark Hammer *and* Shelley Bridegroom

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* June, *one thousand nine hundred and* 75 *at* Danville, *County of* Hendricks, *State of* Indiana, *State of Indiana, Groom* Mark Hammer *of* Morgan *County, State of* Indiana, *and, Bride* Shelley Bridegroom *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28 *day of* June, 19 75

Signed Joseph Mc Crisakin
Official Designation R.C. Priest

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* June, 19 75

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 273
File 36
June 20, 1975 Date of Application

MALE
Medical Examination Report Dated June 13, 1975
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated June 13, 1975
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 Mark Middle Last Hammer
Date of Birth: Month January Day 9 Year 1957
Place of Birth (State or foreign country): Indianapolis Marion County Ind. State
Residence Address: Street or R. R. R 4 Mooresville City Hendricks County Indiana State
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Co-op
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree #290
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Don Carlos Hammer
Residence of father (if deceased so state): R 4, Mooresville, Ind.
Occupation of father: Millwright Race of father: W
Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Virginia Gentry
Residence of mother (if deceased so state): R 4 Mooresville, Ind
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Sig
New Addr
Subscribed and sworn to bef
Glen M

CONSENT OF PARENTS,
We, the parents, of this ap
signs, state facts which ren

State of Indiana, County of HENDRI
Signed
Signed
Subscribed and sworn to bef

COMPLETE IF MARR
HENDRICKS
in

FEMALE APPLICANT

Name: First Shelley Middle Last Bridegroom
Date of Birth: Month May Day 13 Year 1958
Place of Birth (State or foreign country): Rochester Indiana
Residence Address: Street or R. R. 1227 N. 475 E. City Danville County Hendricks State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Bd. of Health
☐ Other (Specify) SS-277464

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 B. Bridegroom
Residence of father (if deceased so state): 1227 N 475 E, Danville, Ind.
Occupation of father: Farmer Race of father: W
Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Janet E. Town
Residence of mother (if deceased so state): 1227 N 475 E, Danville, Ind
Occupation of mother: Avon Race of mother: W
Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed: Shelley Bridegroom
New Address: Broadacre Trailer Ct Danville
Subscribed and sworn to before me this 20 day of June 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

We- Thomas B. Bridegroom
& Janet Bridegroom, hereby give my consent for
my daughter, Shelley Sue Bridegroom to
marry Mark Hammer.

Thomas B. Bridegroom
Janet Bridegroom

Subscribed and sworn to before me this 19 day of Jun 1975

Glen M. Harvey
Clerk ~~Notary Public~~

COMPLETE IF MARRIAGE SOLEMNIZED BY MINISTER OR JUDGE
HENDRICKS
in ... authorizes and directs the solemnization of marriage hereby to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ... 19 75, authorizing the joining together as husband and wife of Indiana dated the 24 day of June and Shelley Bridegroom Mark Hammer
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 June, County of Hendricks one thousand nine hundred and 75 at Danville State of Indiana, Groom Mark Hammer of Morgan County, State of Indiana, and, Bride Shelley Bridegroom of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 28 day of June, 19 75. Signed Joseph Mc Crisakin
Official Designation R.C. Priest

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of June, 19 75. Clerk
Signed Glen M Harvey Circuit Court
HENDRICKS

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 274
File BK. 36
June 20 1975
Date of Application

MALE
Medical Examination Report Dated 6/11/75
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 6/11/75
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 Joseph Middle E. Last Whitlow
Date of Birth: Month Sept. Day 30 Year 1925
Place of Birth (State or foreign country) Arkansas Lawrence Ark.
Residence Address: 1172 Street or R. R. West St. City Plfd. County Hnd. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Wed. 1975
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Mechanic - Garage Owner
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Certificate Lic. # S306-30-1025

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Patti Jo Whitlow	12	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 Joseph Pinkie Whitlow
    Residence of father (if deceased so state) Arkansas
    Occupation of father Retired Race of father White
    Birthplace of father (State or foreign country) Arkansas
12. Full maiden name of mother Ethel Goshie
    Residence of mother (if deceased so state) Deceased
    Occupation of mother Race of mother
    Birthplace of mother (State or foreign country) Arkansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Joe Whitlow
New Address 1172 West St. Plainfield
Subscribed and sworn to before me this 20 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Sharon Middle R. Last Boucher
Date of Birth: Month January Day 27 Year 1936
Place of Birth (State or foreign country) Greene Co. Indiana
Residence Address: R.R 2 Box 408 Street or R. R. City Dodgeville County Ind State
Maiden Name if Different Parsons
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Wed. 1975.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Homemaker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers Lic # S307-34-9472

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Otis Parsons
   Residence of father (if deceased so state) Deceased
   Occupation of father Race of father
   Birthplace of father (State or foreign country) Greene Co. Ind.
8. Full maiden name of mother Lou Irene Jordan
   Residence of mother (if deceased so state) Indpls. Ind.
   Occupation of mother Homemaker Race of mother White
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon Boucher
New Address 1172 West St. Plainfield
Subscribed and sworn to before me this 20 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3 day Waiver and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20th *day of* June, 19 75, *authorizing the joining together as husband and wife* Joseph E. Whitlow *and* Sharon R. Boucher

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Father Friedrich Rauschlaub hereby certify that on the 21st day of June, one thousand nine hundred and 75 at Plainfield, County of Hendricks, State of Indiana, Groom Joseph E. Whitlow of Hendricks County, State of Indiana, and, Bride Sharon R. Boucher of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20th day of June, 19 75.

Signed Father Friedrich Rauschlaub
Official Designation Rector, St. Mark's Episcopal Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of June, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 275
File BK 36
June 23 1975
Date of Application

MALE
Medical Examination Report Dated 6/16/75
Name of Physician Donald D. Chessman

FEMALE
Medical Examination Report Dated 6/16/75
Name of Physician Donald D. Chessman

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Larry Middle W. Last Spurling
Date of Birth: Month 11 Day 11 Year 1952
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: 2806 Ventura Dr. Indpls. Marion 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 Parts Salesman
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 12076

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Allen Edward Spurling
    Residence of father (if deceased so state) Indianapolis In.
    Occupation of father P.E.A. Engineer Race of father White
    Birthplace of father (State or foreign country) Indpls. In.
12. Full maiden name of mother Evelyn Jean Borries
    Residence of mother (if deceased so state) Brownsburg Ind.
    Occupation of mother Homemaker Race of mother White
    Birthplace of mother (State or foreign country) Indpls. In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry Spurling
New Address 2806 Ventura Indpls.
Subscribed and sworn to before me this 23 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Janet Middle R. Last Ruthledge
Date of Birth: Month October Day 10 Year 1954
Place of Birth (State or foreign country) Methodist Hosp. Marion In.
Residence Address: 459 E. Broadway Danville In.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Passport # C1442431

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Edgar Ruthledge
   Residence of father (if deceased so state) E. Broadway Danville
   Occupation of father Shell Oil Asst. Race of father White
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Lorna M. Temperton
   Residence of mother (if deceased so state) E. Broadway Danville
   Occupation of mother Homemaker Race of mother White
   Birthplace of mother (State or foreign country) Salem, Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janet Ruthledge
New Address 2806 Ventura Drive, Indpls.
Subscribed and sworn to before me this 23 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... , 19 75, authorizing the joining together as husband and wife of Indiana dated the 27 day of June and Janet R. Ruthledge Larry W. Spurling
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lloyd B. King hereby certify that on the 29 day of June, County of Hendricks at Danville County, State of Indiana one thousand nine hundred and 75 of Marion County, State of Indiana, Groom Larry W. Spurling and, Bride Janet L. Ruthledge of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 29th day of June, 19 75 Signed Lloyd B. King
Official Designation Minister of the Gospel
Filed and recorded in accordance with the laws of the State of Indiana this 8th day of July, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

532

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 276

File

June 23, 1975
Date of Application

MALE
Medical Examination Report Dated 6-11-75
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 6-11-75
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 Marvin Middle Charles Last Clark

Date of Birth: Month 12 Day 30 Year 54

Place of Birth (State or foreign country) Salina, Kansas

Residence Address: Street or R. R. Rt 2 Box 158 City Indianapolis County State Ind

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation 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 Marvin Edward Clark
    Residence of father (if deceased so state) Indianapolis, Ind.
    Occupation of father Electronic Tech Race of father wh
    Birthplace of father (State or foreign country) Michigan
12. Full maiden name of mother Lavina Elaine Cifler
    Residence of mother (if deceased so state) Indianapolis Ind.
    Occupation of mother None Race of mother wh
    Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marvin C. Clark

New Address 1523 So. High School Rd

Subscribed and sworn to before me this 23 day of June, 19 75.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Kathleen Middle Iris Last Medaris

Date of Birth: Month 6 Day 4 Year 55

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. Rt 2. Box 158. City Indianapolis County Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Sales Clerk

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Wesley Denal Medaris
   Residence of father (if deceased so state) Indianapolis, Ind.
   Occupation of father Retired Race of father wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother May Isabell Goff
   Residence of mother (if deceased so state) Indianapolis, Ind.
   Occupation of mother Cosmetician Race of mother wh
   Birthplace of mother (State or foreign country) Massachusetts

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathleen I. Medaris

New Address 1523 So. High School Rd. Indpls.

Subscribed and sworn to before me this 23 day of June, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* June, 75, *authorizing the joining together as husband and wife* Marvin Charles Clark *and* Kathleen Iris Medaris

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R. Kent Allen *hereby certify that on the* 28th *day of* June, *one thousand nine hundred and* 75 *at* Plainfield Christian Church *County of* Hendricks *State of Indiana, Groom* Marvin Charles Clark *of* Hendricks *County, State of* Indiana *and, Bride* Kathleen Iris Medaris *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 28 *day of* June, 19 75.

Signed R. Kent Allen

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* July, 19 75.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 277
File Bk 36
June 23, 1975 Date of Application

MALE
Medical Examination Report Dated 6-20-75
Name of Physician M.O. Seamahon

FEMALE
Medical Examination Report Dated 6-20-75
Name of Physician M.O. Seamahon

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 J. Last Taylor
Date of Birth: Month February Day 6 Year 1956
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. RR #3 Box 79 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: Inspector
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 1446

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name / Age / Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Opal Paul Taylor
Residence of father (if deceased so state): Plainfield, Ind.
Occupation of father: Machinist Race of father: W.
Birthplace of father (State or foreign country): Burns City, Ind.
12. Full maiden name of mother: Marjorie Sue Parks
Residence of mother (if deceased so state): Plainfield, Ind.
Occupation of mother: Sales Clerk Race of mother: W.
Birthplace of mother (State or foreign country): Odon, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Mark J. Taylor
New Address: 3022 Guion Rd. Apt. H Indpls. IN 46222
Subscribed and sworn to before me this 23 day of June, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Linda Middle Elisse Last McCown
Date of Birth: Month January Day 28 Year 1956
Place of Birth (State or foreign country): Danville Illinois
Residence Address: Street or R. R. 10113 Otter Creek Dr. City Indpls. County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Sales Clerk.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Lakeview Hosp. Danville, 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: Adrian Paul McCown
Residence of father (if deceased so state): Indianapolis, Ind.
Occupation of father: Maintenance Race of father: W.
Birthplace of father (State or foreign country): Virginia
8. Full maiden name of mother: Patricia Ann Weddle
Residence of mother (if deceased so state): Indianapolis, Ind.
Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country): Anderson, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: C. E. McCown
New Address: 3022 Guion Rd. Apt. 4 Indpls. 46222
Subscribed and sworn to before me this 23 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in ..... HENDRICKS ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26 day of June, 19 75, authorizing the joining together as husband and wife Mark J. Taylor and Linda Elisse McCown

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Paul Taylor hereby certify that on the 28 day of June, one thousand nine hundred and 75 at Fillmore, County of Putnam, State of Indiana, Groom Mark J. Taylor of Hendricks County, State of Indiana, and, Bride Linda Elisse McCown of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of June, 19 75. Signed Paul Taylor
Official Designation Minister, United Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of July, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

534

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 278

File

6-23-75
Date of Application

MALE
Medical Examination Report Dated June 23- 1975
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 6-23-75
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 Ronald Middle Carl Last Skirvin

Date of Birth: Month April Day 24 Year 1943

Place of Birth (State or foreign country) Bloomington Ind.

Residence Address: Street or R. R. 415 Gibbs City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Marion

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Truck Driver

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #113-43-022894

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name | Age | Address

    (b) Are you supporting or contributing to their 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 Carl Skirvin
    Residence of father (if deceased so state) Same
    Occupation of father Carpenter Foreman Race of father
    Birthplace of father (State or foreign country) Bloomington
12. Full maiden name of mother Norma Kay Nickles
    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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald Carl Skirvin
New Address Raymond St. Plainfield

Subscribed and sworn to before me this 23 day of June, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Sue Last White

Date of Birth: Month Aug Day 31 Year 1952

Place of Birth (State or foreign country) Marion Co.

Residence Address: Street or R. R. 931 Gary Dr. City Pfd. County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1972 Hend.

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Secretary

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #8850

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James William White
   Residence of father (if deceased so state) Same
   Occupation of father Railroad Race of father
   Birthplace of father (State or foreign country) Marion Co.
8. Full maiden name of mother Thelma Mae Sims
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother
   Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rebecca S. White
New Address Raymond St.

Subscribed and sworn to before me this 23 day of June, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* June, 19 75, *authorizing the joining together as husband and wife* Ronald Carl Skirvin *and* Rebecca Sue White
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lloyd M. Wright *hereby certify that on the* 28 *day of* June, *one thousand nine hundred and* 75 *at* Nashville, *County of* Brown, *State of Indiana, Groom* Ronald Carl Skirvin *of* Hendricks *County, State of* Indiana *and, Bride* Rebecca Sue White *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 28 *day of* June, 19 75.

Signed Lloyd M. Wright
Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* July, 19 75.
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 219

File

6-23-75
Date of Application

MALE
Medical Examination Report Dated June 4, 1975
Name of Physician George M. Underwood

FEMALE
Medical Examination Report Dated May 30, 1975
Name of Physician Richard A. Bloomer

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gregory Middle Sharon Last Grimes
Date of Birth: Month Oct Day 30 Year 1948
Place of Birth (State or foreign country) Danville Illinois
Residence Address: Street or R. R. 2301 Sequoya Dr. City Lafayette 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 Christ
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 38087

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 Sharon Grimes
    Residence of father (If deceased so state) RR3 Rockville Ind.
    Occupation of father Farmer & Barber Race of father
    Birthplace of father (State or foreign country) Fountain Co. Ind.
12. Full maiden name of mother Marjorie Jean Griffin
    Residence of mother (If deceased so state) Same
    Occupation of mother Teacher Race of mother
    Birthplace of mother (State or foreign country) Fountain Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gregory Sharon Grimes
New Address 2301 Sequoya Dr. Lafayette Ind.
Subscribed and sworn to before me this 23 day of June, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Nancy Middle Sue Last Proctor
Date of Birth: Month July Day 28 Year 1946
Place of Birth (State or foreign country) Brazil Indiana
Residence Address: Street or R. R. 1421 Denver Dr. City Plainfield County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Teacher
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # Book #9 page 29

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James William Proctor Jr.
   Residence of father (if deceased so state) Same
   Occupation of father Mason Race of father
   Birthplace of father (State or foreign country) Brazil, Ind
8. Full maiden name of mother ~~Brazil~~, Ind Virginia Boswell
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother
   Birthplace of mother (State or foreign country) Terre Haute, Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nancy Sue Proctor
New Address 2301 Sequoya Drive, Lafayette, Ind.
Subscribed and sworn to before me this 23 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 1st day of July, 19 75, authorizing the joining together as husband and wife Gregory Sharon Grimes and Nancy Sue Proctor.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Dillon Laffin hereby certify that on the 12 day of July, 19 75 at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and 75 of Tippicanoe County, State of Indiana, Groom Gregory Sharon Grimes of Hendricks County, State of Indiana, and, Bride Nancy Sue Proctor of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of July, 19 .....

Signed Rev. Dillon Laffin
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of July, 19 75

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

536

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 280
File Bk 36
June 23, 1975
Date of Application

MALE
Medical Examination Report Dated 6-13-75
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-13-75
Name of Physician Eric D. Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle Wesley Last Griffith
Date of Birth: Month November Day 10 Year 1906
Place of Birth (State or foreign country) Franklin Indiana
Residence Address: Street or R. R. RR1 Box 334H City Clayton 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 Farming
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License # I 305402637

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Griffith
    Residence of father (if deceased so state) Deceased
    Occupation of father ——— Race of father W.
    Birthplace of father (State or foreign country) Franklin, Ind.
12. Full maiden name of mother Fiona Boner
    Residence of mother (if deceased so state) Deceased
    Occupation of mother ——— Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X William W Griffith
New Address Box 334H RR1, Clayton Ind.
Subscribed and sworn to before me this 23 day of June, 19 75.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Burdell Middle Agnes Last Cooper
Date of Birth: Month January Day 11 Year 1911
Place of Birth (State or foreign country) Elizabeth Town Kentucky
Residence Address: Street or R. R. RR1 Box 332 City Clayton County Hendricks State Ind.
Maiden Name if Different Wise
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Housewife
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License A 312465667

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Claude William Wise
   Residence of father (if deceased so state) Deceased
   Occupation of father ——— Race of father W.
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Bertha Beatrice Blair
   Residence of mother (if deceased so state) Danville, Ind.
   Occupation of mother Retired Race of mother W.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Burdell Cooper
New Address RR1 Box 334 H Clayton Ind.
Subscribed and sworn to before me this 23 day of June, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* June, 1975, *authorizing the joining together as husband and wife* William Wesley Griffith *and* Burdell Agnes Cooper

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rebecca J. Bunton *hereby certify that on the* 29 *day of* June, *one thousand nine hundred and* 75 *at* Clayton, *County of* Hendricks, *State of Indiana, Groom* William Wesley Griffith *of* Hendricks *County, State of* Indiana *and, Bride* Burdell Agnes Cooper *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 29th *day of* June, *19* 75.

Signed Rebecca J. Bunton
Official Designation Pastor Stilesville Christian Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* July, *19* 75.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 281
File BK 36
June 23 1975 Date of Application

MALE
Medical Examination Report Dated 6/20/75
Name of Physician Eric Clark, M.D.

FEMALE
Medical Examination Report Dated 6/20/75
Name of Physician Eric 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 Randall Middle Ray Last Love
Date of Birth: Month 5 Day 27 Year 1955
Place of Birth (State or foreign country) Indpls. Marion Ind.
Residence Address: Street or R. R. R.R. #1 Box 97 City Plainfield County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Mechanic
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-55-037813

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 M. Love
    Residence of father (if deceased so state) Plainfield Ind.
    Occupation of father Ind. State Police Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Marilyn Randolph
    Residence of mother (if deceased so state) Plainfield Ind.
    Occupation of mother Prayer Co. Race of mother White
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Randall R. Love
New Address 118 Hanley
Subscribed and sworn to before me this 23 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Sandra Middle Lou Last Long
Date of Birth: Month 12 Day 30 Year 1954
Place of Birth (State or foreign country) Somerset Pulaski Ky
Residence Address: Street or R.R. 4315 Sue Ann Rd. City Indpls. County Marion State Ind.
Maiden Name if Different Lou Ann Long
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Cashier
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 41716

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Joe Long
   Residence of father (if deceased so state) 4315 Sue Ann Rd. Indpls.
   Occupation of father Glass Co. Race of father White
   Birthplace of father (State or foreign country) Pulaski County Ky.
8. Full maiden name of mother Martha Taylor
   Residence of mother (if deceased so state) 4315 Sue Ann Rd. Indpls.
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Pulaski Co. Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra L Long
New Address 118 Hanley
Subscribed and sworn to before me this 23 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed
HENDRICKS County ..... Court by written order issued ..... in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 30 day of June, 19 75, authorizing the joining together as husband and wife Randall Ray Love and Sandra Lou Long

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Olin Kern hereby certify that on the 5 day of July, at Plainfield, Hendricks County, State of Indiana, one thousand nine hundred and 75, Randall Ray Love of Hendricks County, State of Indiana, State of Indiana, Groom, and, Bride Sandra Lou 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 5 day of July, 19 75. Signed Olin Kern
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of July, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

538

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 282
File Book 36
6-24-75
Date of Application

MALE
Medical Examination Report Dated 6-23-75
Name of Physician James Black

FEMALE
Medical Examination Report Dated 6-23-75
Name of Physician James Black.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Loren Middle — Last Pipes

Date of Birth: Month Jul Day 27 Year 1919

Place of Birth (State or foreign country) Boone Co.

Residence Address: Street or R. R. RR#1 Box 111 City Pittsboro County — State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1973 Hend

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Superintendent Airman Identification Card

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Dale Pipes	14	RR#1 Box 111BC Pittsboro

Father has Legal Custody

(b) Are you supporting or contributing to their 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 Pipes
Residence of father (if deceased so state) Whitestown
Occupation of father Retired Race of father
Birthplace of father (State or foreign country) Tower Co. West Virginia
12. Full maiden name of mother Georgia Mae Haley
Residence of mother (if deceased so state) Whitestown
Occupation of mother Housewife Race of mother
Birthplace of mother (State or foreign country) Boone Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Loren Pipes
New Address RR#1 Box 111 BC Pittsboro Ind
Subscribed and sworn to before me this 24 day of June, 1975.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Lillian Middle — Last Foley

Date of Birth: Month March Day 4 Year 1934

Place of Birth (State or foreign country) Russell Co. Kentucky

Residence Address: Street or R. R. 219 Lincoln St. City Brownsburg County — State

Maiden Name if Different Owens

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1973 Hend.

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Computer Scheduler

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) # 21734

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Almon Owens
Residence of father (if deceased so state) RR#2 Box 463 Russell Springs Ky.
Occupation of father Retired Race of father
Birthplace of father (State or foreign country) Russell Co. Ky.
8. Full maiden name of mother Opal B. Foley
Residence of mother (if deceased so state) RR#2 Box 463 Russell Springs Ky.
Occupation of mother Housewife Race of mother
Birthplace of mother (State or foreign country) Russell Co. Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Lillean Foley
New Address RR1 Box 111BC Pittsboro, Ind.
Subscribed and sworn to before me this 24 day of June, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....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* 24 *day of* June, 19 75, *authorizing the joining together as husband and wife* Loren Pipes *and* Lillian Foley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Sherman Essek *hereby certify that on the* 28 *day of* June, *one thousand nine hundred and* 75 *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* Loren Pipes *of* Hendricks *County, State of* Indiana *and, Bride* Lillian Foley *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* July, 19 75.

Signed Sherman Essek
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* July, 19 75.

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 283
File BK 36
June 24 1975
Date of Application

MALE
Medical Examination Report Dated 6/11/75
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 6/11/75
Name of Physician A. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Harley Last Loe
Date of Birth: Month June Day 18 Year 1953
Place of Birth (State or foreign country) Detroit
Residence Address: Street or R. R. 267 W. Donnelly Dr. City Oakland County Mich. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages ...
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify) ...
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 24367

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Verlin Loe
    Residence of father (if deceased so state) Brownsburg Ind.
    Occupation of father Lake Dure Co. Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Nancy Faye Harley
    Residence of mother (if deceased so state) Brownsburg Ind.
    Occupation of mother Homemaker Race of mother White
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed David Harley Loe
New Address 19 Lincoln Brownsburg, Ind
Subscribed and sworn to before me this 24 day of June, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ...

State of Indiana, County of HENDRICKS } ss:
Signed ... Father
Signed ... Mother
Subscribed and sworn to before me this ... day of ..., 19...
... Clerk

FEMALE APPLICANT

Name: First Cathy Middle Jayne Last Deacon
Date of Birth: Month March Day 1 Year 1953
Place of Birth (State or foreign country) San Diego California
Residence Address: Street or R. R. 20 Linden Lane City Brownsburg County ... State In.
Maiden Name if Different ...
Previous Marital Status: Never Married ☑ Number of Previous Marriages ...
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify) ...
Usual Occupation Teacher
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) San Diego, Calif.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Ray Deacon
   Residence of father (if deceased so state) Brownsburg Ind.
   Occupation of father State Farmer Ins. Race of father White
   Birthplace of father (State or foreign country) Grant Ind.
8. Full maiden name of mother Betty Jane Wasserman
   Residence of mother (if deceased so state) Brownsburg, In.
   Occupation of mother Housemaker Race of mother White
   Birthplace of mother (State or foreign country) Cleveland, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Cathy Jayne Deacon
New Address 19 Lincoln Brownsburg, In
Subscribed and sworn to before me this 24 day of June, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ...

State of Indiana, County of HENDRICKS } ss:
Signed ... Father
Signed ... Mother
Subscribed and sworn to before me this ... day of ..., 19...
... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ... and filed ... HENDRICKS ... County ... Court by written order issued ... in ... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ... of Indiana dated the 30 day of June, 19 75, authorizing the joining together as husband and wife David Harley Loe and Cathy Jayne Deacon

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, J. Howard Davidson hereby certify that on the 5th day of July, at Brownsburg, County of Hendricks, one thousand nine hundred and 75 State of Indiana, Groom David Harley Loe of Hendricks County, State of Indiana, and, Bride Cathy Jayne Deacon of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5th day of July, 19 75. Signed J. Howard Davidson
Official Designation Minister Calvary United Methodist

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of July, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 284
File Book 36
June 24, 1975
Date of Application

MALE
Medical Examination Report Dated 6-10-75
Name of Physician Irving Cohen M.D.

FEMALE
Medical Examination Report Dated 6-10-75
Name of Physician Irving Cohen, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Myron, Middle V., Last Duckworth

Date of Birth: Month May, Day 8, Year 1915

Place of Birth (State or foreign country) Morgan Co. Indiana

Residence Address: Street or R. R. R#2, 7 Woodridge Dr., 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 Registered Pharmacist

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Cert # 15-
☐ Other (Specify) Ind. St. Bd. of Health 02757

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Duckworth
    Residence of father (if deceased so state) Deceased
    Occupation of father Farmer Race of father W
    Birthplace of father (State or foreign country) Paragon, Ind.
12. Full maiden name of mother Dorothy White
    Residence of mother (if deceased so state) Deceased.
    Occupation of mother Linotype Op'r. Race of mother W
    Birthplace of mother (State or foreign country) Spencer, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Myron V. Duckworth
New Address Rt 2, 7 Woodridge Dr. Plainfield

Subscribed and sworn to before me this 24 day of June, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Marilyn, Middle J., Last Partlow

Date of Birth: Month March, Day 30, Year 1932

Place of Birth (State or foreign country) Newton Township, Jasper Co. Ill.

Residence Address: Street or R. R. 4147 Sunpoint Rd., City Indpls., County Hendricks, State Ind.

Maiden Name if Different Marilyn Joanne Pullian

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Apr. Ller 1975 Hend. Co.

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation (Secretary-Bookkeeper) Home-maker

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Cert. of
☑ Other (Specify) St of Ill. Registration # 50 Birth

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Joshua Everett Pullian
   Residence of father (if deceased so state) Deceased
   Occupation of father Retail Bro. Grocer. Race of father W
   Birthplace of father (State or foreign country) Newton, Ill.
8. Full maiden name of mother Daisy Alma Mahoney
   Residence of mother (if deceased so state) Plainfield, Ind.
   Occupation of mother Retired Race of mother W.
   Birthplace of mother (State or foreign country) Newton, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marilyn J. Partlow
New Address Rt. 2 7 Woodridge Dr. Plainfield

Subscribed and sworn to before me this 24 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of June, 19 75, authorizing the joining together as husband and wife Myron V. Duckworth and Marilyn J. Partlow

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Richard L. Lancaster hereby certify that on the 11th day of July, one thousand nine hundred and 75 at Indianapolis, County of Marion, State of Indiana, Groom Myron V. Duckworth of Hendricks County, State of Indiana, and, Bride Marilyn J. Partlow of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11th day of July, 19 75.

Signed Richard L. Lancaster
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of July, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 285
File BK 36
June 24 1975
Date of Application

MALE
Medical Examination Report Dated 6/23/75
Name of Physician Carl L. Heidlein Md.

FEMALE
Medical Examination Report Dated 6/23/75
Name of Physician Carl L. Heidlein Md.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle T. Last Burkla

Date of Birth: Month Nov. Day 6 Year 1946

Place of Birth (State or foreign country) Indpls.

Residence Address: Street or R. R. 9880 W. 10th St. City Indpls. County Marion State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages one

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1972 West

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Carpenter

Date of birth verified by: ☐ Birth Cert., ☐ Judicial Decree
☑ Other (Specify) Discharge # 306 46 7306

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 Gadsight
    Residence of father (if deceased so state) R 2 Box 161 K, Pitts. In.
    Occupation of father Retired Race of father White
    Birthplace of father (State or foreign country) Martinsville, In.
12. Full maiden name of mother Shirley Swift
    Residence of mother (if deceased so state) R 2 Box 161 K Pitts.
    Occupation of mother Ole Lilly Race of mother White
    Birthplace of mother (State or foreign country) French Lick, In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David T. Burkla
New Address 9880 W 10th St. Indpls Ind

Subscribed and sworn to before me this 24 day of June 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Claire Middle Lynn Last Smith

Date of Birth: Month Dec. Day 6 Year 1954

Place of Birth (State or foreign country) Indpls.

Residence Address: Street or R. R. 9880 W. 10th St. City Indpls. County Marion State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Clerical

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Certificate of Baptism

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Marvin Allen Smith
   Residence of father (if deceased so state) RR#1, Box 95 Argyle
   Occupation of father Retired Diesel Race of father White
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Elizabeth Ann Lynch
   Residence of mother (if deceased so state) RR#1, Box 95 Argyle
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Indpls Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Claire Lynn Smith
New Address 9880 W 10th Indpls Ind

Subscribed and sworn to before me this 24 day of June 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in ..... HENDRICKS ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of June 1975, authorizing the joining together as husband and wife David T. Burkla and Claire Lynn Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Kenneth E. Vetters hereby certify that on the 28th day of June at Bartlett Chapel, County of Hendricks one thousand nine hundred and Seventy five State of Indiana, Groom David T. Burkla of Hendricks County, State of Indiana and, Bride Claire Lynn Smith of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of June, 1975.

Signed Rev. Kenneth E. Vetters
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of July, 19 75

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

542

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 286
File Bk 36
June 24 1975
Date of Application

MALE
Medical Examination Report Dated 6-23-75
Name of Physician James Black

FEMALE
Medical Examination Report Dated 6-23-75
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Randall Middle [illegible] Last Williams
Date of Birth: Month July Day 30 Year 1939
Place of Birth (State or foreign country) Marion Co Indianapolis, Ind
Residence Address: Street or R. R. 9880 West 10th Street & Lot 26 City Indpls. 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 Pattern maker
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☑ Other (Specify) Selective Service #165 296

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Sally Jean Williams	9	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 Kay M. Williams
    Residence of father (if deceased so state) Lakeland, Florida
    Occupation of father Retired Race of father W.
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Louise B. Robertson
    Residence of mother (if deceased so state) Lakeland, Florida
    Occupation of mother Retired Race of mother W.
    Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Randall Williams
New Address 9880 W 10th Lot 26 Oak, Indpls Ind
Subscribed and sworn to before me this 24 day of June, 19 75.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Ona Middle Marie Last Dewees
Date of Birth: Month June Day 27 Year 1938
Place of Birth (State or foreign country) Woodbine Kentucky
Residence Address: Street or R. R. RR #3 City Logansport County Cass State Ind.
Maiden Name if Different [illegible] Acres
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 Cosmetologest
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License # S309-42-0240

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Calvin Acres
   Residence of father (if deceased so state) Deceased
   Occupation of father ——— Race of father W.
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Annie Young
   Residence of mother (if deceased so state) Kentucky
   Occupation of mother Retired Race of mother W.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Ona Marie Dewees
New Address 9880 W 10th St. Lot 26 Oak.
Subscribed and sworn to before me this 24 day of June, 19 75.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of June, 19 75, authorizing the joining together as husband and wife Randall Williams and Ona Marie Dewees
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lynda S Huppert hereby certify that on the 28 day of June, one thousand nine hundred and 75 at Indianapolis, County of Marion, State of Indiana, Groom Randall Williams of Hendricks County, State of Indiana and, Bride Ona Marie Dewees of Cass County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 28 day of June, 19 75.

Signed Lynda S Huppert
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of July, 19 75.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. #281

File 76

June 25 1975
Date of Application

MALE
Medical Examination Report Dated 6-23-75
Name of Physician Donald D. Cheesman MD.

FEMALE
Medical Examination Report Dated 6-23-75
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 Steven Middle Davis Last Hopper

Date of Birth: Month March Day 7 Year 1955

Place of Birth (State or foreign country) Morganville, Kentucky

Residence Address: Street or R. R. RR#2 Box 294-A City (Clayton) County Ind State

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Yard Salesman

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service #12-30-55-97

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Earl Davis Hopper
    Residence of father (if deceased so state) Same
    Occupation of father Diesel Mechanic Race of father.....
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Georgia Mae Powell
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Steven D. Hopper

New Address.....

Subscribed and sworn to before me this 25 day of June, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Carol Middle Lynn Last Etienne

Date of Birth: Month Oct. Day 1 Year 1956

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. 209 Urban St. City Danville County State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation —

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #11281

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Carl Etienne
   Residence of father (if deceased so state) Same
   Occupation of father School Teacher Race of father.....
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Nancy Jean Pearson
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Carol Lynn Etienne

New Address.....

Subscribed and sworn to before me this 25 day of June, 1975

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed ..... HENDRICKS ..... County ..... Court by written order issued ..... in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 30 day of June, 19 75, authorizing the joining together as husband and wife Steven Davis Hopper and Carol Lynn Etienne

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Norman L. Weaver hereby certify that on the 5th day of July at Danville, County of Hendricks one thousand nine hundred and 75 State of Indiana, Groom Steven Davis Hopper of Hendricks County, State of Indiana, and, Bride Carol Lynn Etienne of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5th day of July, 19 75. Signed Norman L. Weaver

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of July, 19 75

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

544

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 288

File

6-26-75
Date of Application

MALE
Medical Examination Report Dated 6-23-75
Name of Physician David B. Haggard M D

FEMALE
Medical Examination Report Dated June 23, 1975
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 Lester Middle — Last Blanford

Date of Birth: Month Feb Day 8 Year 1954

Place of Birth (State or foreign country) Huntingburg Ind.

Residence Address: Street or R. R. R R #1 Box 374 City Clayton County — State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Laundry

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # Huntingburg Ind.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name — Age — Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Lester L. Blanford Sr.
    Residence of father (if deceased so state) RR #1 Box 374 Clayton Lot #6
    Occupation of father Factory Race of father.....
    Birthplace of father (State or foreign country) Hawesville, Ky.
12. Full maiden name of mother Anita Jeannine Williams
    Residence of mother (if deceased so state) Same as Father
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Tennpon, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lester L Blanford Jr.
New Address RR 1 Box 374 Clayton Ind.

Subscribed and sworn to before me this 26 day of June, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Karen Middle — Last Montgomery

Date of Birth: Month July Day 6 Year 1957

Place of Birth (State or foreign country) Sullivan Ind.

Residence Address: Street or R. R. R. R #1 Box 374 City Clayton County — State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation —

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 51852

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 La Vue Montgomery
   Residence of father (if deceased so state) RR #1 Box 374 Clayton Lot #10
   Occupation of father Welder Race of father.....
   Birthplace of father (State or foreign country) Sullivan Co. Ind.
8. Full maiden name of mother Bertie Jean McKee
   Residence of mother (if deceased so state) Same as Father
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Lawrence Co. Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karen Montgomery
New Address RR 1 Box 374 Clayton
Subscribed and sworn to before me this 26 day of June, 1975
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
In Court Condemns of Karen Montgomery

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed Bertie Jean Montgomery Mother
Subscribed and sworn to before me this 1st day of July, 19 75.
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* 1st *day of* July, 19 75, *authorizing the joining together as husband and wife* Lester Blanford *and* Karen Montgomery

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. B. Kent Duke hereby certify that on the 4th day of July, one thousand nine hundred and 75 at Stilesville Baptist Church County of Hendricks State of Indiana, Groom Lester Blanford, Jr. of Hendricks County, State of Indiana and, Bride Karen Montgomery of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4th day of July, 19 75.

Signed Rev. B. Kent Duke
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* July, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 289
File Bk 36
June 26, 1975
Date of Application

MALE
Medical Examination Report Dated 6-2-75
Name of Physician Carl L. Heublein

FEMALE
Medical Examination Report Dated 6-2-75
Name of Physician Carl L. Heublein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First George Middle S. Last Adams
Date of Birth: Month October Day 30 Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 328 W. Lincoln City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Glass Work
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Chester Anthony Adams
    Residence of father (if deceased so state) Danville, Ind.
    Occupation of father Salesman Race of father W.
    Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Peggy Lou Cassly
    Residence of mother (if deceased so state) Fairfield, Conn.
    Occupation of mother Glass Installer Race of mother W.
    Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x George S. Adams
New Address 1150 E. 28th Street Indpls, IN

Subscribed and sworn to before me this 26 day of June, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Marcia Middle D. Last Hannell
Date of Birth: Month October Day 4 Year 1957
Place of Birth (State or foreign country) Nashville, Tennessee
Residence Address: Street or R. R. RR 1 Box 334 City Clayton County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #141-57-63200

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Lawrence Hannell
   Residence of father (if deceased so state) Clayton, Ind.
   Occupation of father Demolition Worker Race of father W.
   Birthplace of father (State or foreign country) Croydon, Ind.
8. Full maiden name of mother Norma Jean McCrary
   Residence of mother (if deceased so state) Clayton, Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Colorado

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Marcia D. Hannell
New Address 1150 E. 28th Street Indpls IN

Subscribed and sworn to before me this 26 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed x Norma Hannell Mother
Subscribed and sworn to before me this 26 day of June, 19 7
Glen M. Harvey Cle

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, th... and file... HENDRICKS County Court by written order issued..... in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 2 day of July, 19 75, authorizing the joining together as husband and wife George S. Adams and Marcia D. Hannell.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William Fisher hereby certify that on the 3 day of July at Indianapolis, County of Marion, one thousand nine hundred and 75 of Marion County, State of Indiana, State of Indiana, Groom George S. Adams of Hendricks County, State of Indiana, and, Bride Marcia D. Hannell of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3 day of July, 19 75. Signed William Fisher
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of August, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 289
File Bk 36
June 26, 1975 Date of Application

MALE
Medical Examination Report Dated 6-2-75
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated 6-2-75
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 George Middle S. Last Adams
Date of Birth: Month October Day 30 Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 328 W. Lincoln City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Glass Work.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Chester Anthony Adams
    Residence of father (if deceased so state) Danville, Ind.
    Occupation of father Salesman Race of father W.
    Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Peggy Lou Cassidy
    Residence of mother (if deceased so state) Fairfield, Conn.
    Occupation of mother Glass Installer Race of mother W.
    Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed George S. Adams
New Address 328 W. Lincoln Danville Ind
Subscribed and sworn to before me this 26 day of June, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Marcia Middle D. Last Hannell
Date of Birth: Month October Day 4 Year 1957
Place of Birth (State or foreign country) Nashville, Tennessee
Residence Address: Street or R. R. RR 1 Box 334 City Clayton County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #141-57-63200

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Lawrence Hannell
   Residence of father (if deceased so state) Clayton, Ind.
   Occupation of father Sandblaster Worker Race of father W.
   Birthplace of father (State or foreign country) Croydon, Ind.
8. Full maiden name of mother Norma Jean McCrary
   Residence of mother (if deceased so state) Clayton, Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Colorado

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Marcia D. Hannell
New Address 1150 E. 28th Street Indpls IN
Subscribed and sworn to before me this 26 day of June, 1975
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

I, George L Hannell, hereby give my consent for my daughter, Marcia Darlene Hannell to marry George Stephen Adams.

George L Hannell

Subscribed and sworn to before me this 28th day of June 1975

Susan McKay
Notary Public

Marion Co Ind
Comm Exp 10-20-75

COMPLETE IF

HENDRICKS County Court by written ...
in ... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ... of Indiana dated the 2 day of July, 19 75, authorizing the joining together as husband and wife George S. Adams and Marcia D. Hannell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William Fisher hereby certify that on the 3 day of July at Indianapolis, County of Marion, one thousand nine hundred and 75 of Marion County, State of Indiana, State of Indiana, Groom George S. Adams of Hendricks County, State of Indiana, and, Bride Marcia D. Hannell of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3 day of July, 19 75. Signed William Fisher
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of August, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

546

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 290
File Bk 36
June 27, 1975
Date of Application

MALE
Medical Examination Report Dated 6-6-75
Name of Physician M. D. Seamahorn

FEMALE
Medical Examination Report Dated 6-6-75
Name of Physician M. D. 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 James Middle Albert Last Layles II

Date of Birth: Month November Day 25 Year 1955

Place of Birth (State or foreign country) Beech Grove, Indiana

Residence Address: Street or R. R. 227 Joan Ave. City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Machine Operator

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their 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 Albert Layles, Jr.
    Residence of father (if deceased so state) Brownsburg, Ind.
    Occupation of father Skilled Tradesman Race of father W.
    Birthplace of father (State or foreign country) Frankfort, Ind.
12. Full maiden name of mother Betty Pauline Miller
    Residence of mother (if deceased so state) Brownsburg, Ind.
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Frankfort, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✗ James Albert Layles II
New Address Brownsburg

Subscribed and sworn to before me this 27 day of June, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Jessie Middle Ann Last Wynkoop

Date of Birth: Month December Day 11 Year 1957

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address: R R 1 Street or R. R. Pittsboro City Hendricks County Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Unemployed

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) #113-57-105488

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Carl Aubrey Wynkoop
   Residence of father (if deceased so state) Pittsboro, Ind.
   Occupation of father Retired Race of father W.
   Birthplace of father (State or foreign country) Hendricks Co., Ind.
8. Full maiden name of mother Cora Malone Sigmund
   Residence of mother (if deceased so state) Pittsboro, Ind.
   Occupation of mother Nurses Aid Race of mother W.
   Birthplace of mother (State or foreign country) Vigo Co., Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✗ Jessie Wynkoop
New Address Brownsburg

Subscribed and sworn to before me this 27 day of June, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed ✗ Emma Lou Wynkoop Mother
Subscribed and sworn to before me this 27 day of June, 1975.
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 1st day of July, 1975, authorizing the joining together as husband and wife James Albert Layles II and Jessie Ann Wynkoop
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, S. Howard Davidson hereby certify that on the 5th day of July, one thousand nine hundred and 75 at Brownsburg, County of Hendricks State of Indiana, Groom James Albert Layles II of Hendricks County, State of Indiana and, Bride Jessie Ann Wyncoop of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 5th day of July, 1975.

Signed S. Howard Davidson
Official Designation Minister, Calvary United Methodist

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of July, 1975.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 290
File Bk 36
June 27, 1975
Date of Application

MALE
Medical Examination Report Dated 6-6-75
Name of Physician M. D. Seamabon

FEMALE
Medical Examination Report Dated 6-6-75
Name of Physician M. D. Seamabon

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Albert Last Rayles II

Date of Birth: Month November Day 25 Year 1955

Place of Birth (State or foreign country) Beech Grove Indiana

Residence Address 227 Jan Ave. Street or R. R. City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Machine Operator

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name | Age | Address

    (b) Are you supporting or contributing to their 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 Albert Rayles
    Residence of father (if deceased so state) Brownsburg, Ind.
    Occupation of father Skilled Tradesman Race of father W.
    Birthplace of father (State or foreign country) Frankfort, Ind.
12. Full maiden name of mother Betty Pauline Milleg
    Residence of mother (if deceased so state) Brownsburg, Ind.
    Occupa
    Birthpl
    State of In
    County of

Subscribed
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State of In
County of.

Subscribed

FEMALE APPLICANT

Name: First Jessie Middle Ann Last Wynkoop

Date of Birth: Month December Day 11 Year 1957

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address R R 1 Street or R. R. Pittsboro City Hendricks County Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Unemployed

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) #113-57-105488

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Carl Aubrey Wynkoop
   Residence of father (if deceased so state) Pittsboro, Ind.
   Occupation of father Retired Race of father W.
   Birthplace of father (State or foreign country) Hendricks Co, Ind.
8. Full maiden name of mother Esma Madine Sigmund
   Residence of mother (if deceased so state) Pittsboro, Ind.
   Occupation of mother Nurses Aid Race of mother W.
   Birthplace of mother (State or foreign country) Vigo Co, Ind.

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Jessie Wynkoop

I, Carl Wynkoop, hereby give my consent for my Daughter, Jessie Ann Wynkoop to marry James A. Rayles II.

Carl A Wynkoops

subscribed and sworn to before me this 28 day of June 19 75

Notary Public

My Commission expires Jan 6 1977

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of July, 1975, authorizing the joining together as husband and wife James Albert Rayles II and Jessie Ann Wynkoop

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, S. Howard Davidson hereby certify that on the 5th day of July, one thousand nine hundred and 75 at Brownsburg, County of Hendricks State of Indiana, Groom James Albert Rayles II of Hendricks County, State of Indiana and, Bride Jessie Ann Wyncoop of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5th day of July, 1975.

Signed S. Howard Davidson
Official Designation Minister, Calvary United Methodist

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of July, 1975.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

547

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. #291

File

6-27-75
Date of Application

MALE
Medical Examination Report Dated 6-24-75
Name of Physician Edw. J. Bloemker

FEMALE
Medical Examination Report Dated 6-24-75
Name of Physician Edw. J. Bloemker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 E. Last Trivett

Date of Birth: Month Dec. Day 18 Year 1927

Place of Birth (State or foreign country) Pulaski Co. Kentucky

Residence Address: Street or R. R. RR #1 Box 224A City Clayton County Hendricks State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1975 Hend.

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Welder

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 37527

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one 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 Allan Trivett	14	1628 Summerset Indpls.

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Dan Trivett
    Residence of father (if deceased so state) Deceased
    Occupation of father ____ Race of father ____
    Birthplace of father (State or foreign country) Beach Creek N. Carolina
12. Full maiden name of mother Stella Ann Whitis
    Residence of mother (if deceased so state) deceased
    Occupation of mother ____ Race of mother ____
    Birthplace of mother (State or foreign country) Pulaski Co. Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William E Trivett

New Address 1211 27 E Kelly

Subscribed and sworn to before me this 27 day of June 1975.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ____

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____.

____ Clerk

FEMALE APPLICANT

Name: First Peggy Middle L. Last Martin

Date of Birth: Month Dec Day 12 Year 1930

Place of Birth (State or foreign country) Marion Co.

Residence Address: Street or R. R. 1211 E. Kelly City Indpls. County ____ State Ind.

Maiden Name if Different Jones

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1975 Marion

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation ——

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-30-057345

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 F. Jones
   Residence of father (if deceased so state) 2101 E Garfield Dr Indpls.
   Occupation of father Retired Race of father ____
   Birthplace of father (State or foreign country) Bloomington, Ind
8. Full maiden name of mother Olive Underwood
   Residence of mother (if deceased so state) 2101 E Garfield
   Occupation of mother Housewife Race of mother ____
   Birthplace of mother (State or foreign country) Marion Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Peggy Martin

New Address 1211 E. Kelly St.

Subscribed and sworn to before me this 27 day of June 1975

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ____

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____.

____ 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 Circuit Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ____ of Indiana dated the 27 day of July, 1975, authorizing the joining together as husband and wife Williams E. Trivett and Peggy L. Martin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Johnny Ray Arnold hereby certify that on the 3rd day of July, one thousand nine hundred and 75 at 1751 Walker Ave, County of Marion, State of Indiana, Groom William Earl Trivett of Hendricks County, State of Indiana, and, Bride Peggy Lou Martin 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 3rd day of July, 1975. Signed Johnny Ray Arnold

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of July, 1975.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

548

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. #292
File BK. 36
June 27, 1975
Date of Application

MALE
Medical Examination Report Dated 6/25/75
Name of Physician M.D. Seamahorn

FEMALE
Medical Examination Report Dated 6/25/75
Name of Physician M. D. 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 Wayne Middle A. Last Curnutt
Date of Birth: Month 10 Day 24 Year 1956
Place of Birth (State or foreign country) Lebanon Boone Co. In.
Residence Address: Street or R. R. RR#1 BOX 116B City Pittsboro County In. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Cook
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Wood Wayne Curnutt
    Residence of father (if deceased so state) RR#1, Pittsboro, In.
    Occupation of father Computer Technician Race of father White
    Birthplace of father (State or foreign country) Whitestown, In.
12. Full maiden name of mother Mary Jane Rees
    Residence of mother (if deceased so state) RR#1 Pittsboro, In.
    Occupation of mother Homemaker Race of mother White
    Birthplace of mother (State or foreign country) Pittsboro, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Wayne A. Curnutt
New Address 61C Port Sylvia Indianapolis Ind.
Subscribed and sworn to before me this 27 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
.....
.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Karen Middle A. Last Thompson
Date of Birth: Month Nov. Day 18 Year 1955
Place of Birth (State or foreign country) Lebanon Boone Co. In.
Residence Address: Street or R. R. 220 N. Meridian City Pittsboro County In. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Order desk Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Ray Carl Thompson
   Residence of father (if deceased so state) Deceased
   Occupation of father..... Race of father.....
   Birthplace of father (State or foreign country) Pittsboro, In.
8. Full maiden name of mother Evaline Lee Bennett
   Residence of mother (if deceased so state) R. Mr. Pittsboro, In.
   Occupation of mother Homemaker Race of mother White
   Birthplace of mother (State or foreign country) Pittsboro, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karen A. Thompson
New Address 61 Port Sylvia Indianapolis Ind.
Subscribed and sworn to before me this 27 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
.....
.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* July, 19 75, *authorizing the joining together as husband and wife* Wayne Allen Curnutt *and* Karen Ann Thompson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William Charles Mc Graw *hereby certify that on the* 4 *day of* July, *one thousand nine hundred and* 75 *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* Wayne Allen Curnutt *of* Hendricks *County, State of* Indiana *and, Bride* Karen 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.*
Dated this 5 *day of* July, 19 75.

Signed William Charles Mc Graw
Official Designation Minister, Pittsboro Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* July, 19 75.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

549

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 293

File

June 30, 1975
Date of Application

MALE
Medical Examination Report Dated 6-27-75
Name of Physician John H. Mashlet M.D.

FEMALE
Medical Examination Report Dated 6-27-75
Name of Physician John H. Mashlet M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Billy Middle H. Last Webster

Date of Birth: Month 8 Day 19 Year 32

Place of Birth (State or foreign country) Clinton, Tennessee

Residence Address: Street or R. R. Rt 2 Box 654 City Plainfield County State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1-73

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Painting Contractor

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Dr. License # 414-40-9872-09

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one 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 Sherman Webster	18	Indianapolis
Lisa Webster	14	"
Daniel	11	"

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Archibald Sherman Webster
    Residence of father (if deceased so state) deceased
    Occupation of father Race of father wh
    Birthplace of father (State or foreign country) Tennessee
12. Full maiden name of mother Minnie M. Sylvia
    Residence of mother (if deceased so state) Clinton, Tenn.
    Occupation of mother Cook Race of mother wh
    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 Billy H. Webster
New Address Rt 2 Box 654 Plainfield Ind.

Subscribed and sworn to before me this 30 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Nella Middle Mae Last Sims

Date of Birth: Month 9 Day 19 Year 35

Place of Birth (State or foreign country) Danville, Ind.

Residence Address: Street or R. R. Rt 2 City Plainfield State Ind.

Maiden Name if Different Nella Mae Gipson

Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 11-73

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Housewife

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Monroe Gibson
   Residence of father (if deceased so state) deceased
   Occupation of father Race of father wh
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Alpha Mae Webb
   Residence of mother (if deceased so state) Indianapolis, Ind.
   Occupation of mother Race of mother wh
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nella Mae Gipson
New Address Rt 2 Plainfield Ind.

Subscribed and sworn to before me this 30 day of June 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in ..... HENDRICKS ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court, 19* 75, *authorizing the joining together as husband and wife of Indiana dated the* 4 *day of* July *and* Nella Mae Sims Billy H. Webster *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Marley A. Lasiter *hereby certify that on the* 3rd *day of* July, *at* Greenwood, *County of* Johnson, *County, State of* Indiana, *one thousand nine hundred and* 75, *State of Indiana, Groom* Billy H. Webster *of* Hendricks *County, State of* Indiana, *and, Bride* Nella Mae Sims *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 4th *day of* July, *19* 75. *Signed* M. A. Lasiter
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 21st *day of* July, 19 75
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

550

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 294

File

June 30 1975
Date of Application

MALE
Medical Examination Report Dated 6-23-75
Name of Physician Dr. W. A. Boyce

FEMALE
Medical Examination Report Dated 6-24-75
Name of Physician Carl L. Hendricks M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Rocky Middle Lee Last Reynolds

Date of Birth: Month 7 Day 15 Year 56

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. 4119 Sky Points Rd. City Indianapolis County State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Navy

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Everett S. Reynolds
    Residence of father (if deceased so state) Indianapolis, Ind.
    Occupation of father Barber Race of father wh
    Birthplace of father (State or foreign country) W. Virginia
12. Full maiden name of mother Velma Marie Bell
    Residence of mother (if deceased so state) Indianapolis, Ind
    Occupation of mother Tire Plate Clerk Race of mother wh
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rocky Lee Reynolds
New Address Margate, Florida

Subscribed and sworn to before me this 3 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of } ss:

Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

FEMALE APPLICANT

Name: First Donna Middle Louise Last Masterson

Date of Birth: Month 7 Day 31 Year 58

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. P.O. Box 128, City Clayton County Hendricks State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation None

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Larry Lynn Masterson
   Residence of father (if deceased so state) Clayton, Ind.
   Occupation of father Grocer Race of father wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Elizabeth Louise Barr
   Residence of mother (if deceased so state) Clayton, Ind
   Occupation of mother Bus driver Race of mother wh
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna Masterson
New Address Margate, Florida

Subscribed and sworn to before me this 30 day of June, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Larry Lynn Masterson Father
Signed Elizabeth Masterson Mother
Subscribed and sworn to before me this 30 day of June, 1975
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 Aug 2 3 days Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* July, 19 75, *authorizing the joining together as husband and wife* Rocky Lee Reynolds *and* Donna Louise Masterson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glenn D. Ramsey, Jr. *hereby certify that on the* 5th *day of* July, *one thousand nine hundred and* 75 *at* Clayton, *County of* Hendricks, *State of Indiana, Groom* Rocky Lee Reynolds *of* Hendricks *County, State of* Indiana *and, Bride* Donna Louise Masterson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5th *day of* July, 19 75.

Signed Glenn D. Ramsey
Official Designation Presbyterian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* July, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

V551

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 295
File Book 36
June 30, 1975 Date of Application

MALE
Medical Examination Report Dated 6-13-75
Name of Physician Ernest G. Kunz, M.D.

FEMALE
Medical Examination Report Dated 6-10
Name of Physician George Klutsinaty M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mitchell Middle Ray Last Olinger
Date of Birth: Month March Day 7 Year 1952
Place of Birth (State or foreign country): Terre Haute Vigo Co. Ind. (City)
Residence Address: Street or R. R. 300 Hickerwood Dr., apt E3 City Newport News County State Va.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Engineer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Cert # 113-52 022846
☑ Other (Specify): Birth Reg. Nat'l Office Vital Statistics

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Raymond Olinger
    Residence of father (if deceased so state) 3401 Wash Ave
    Occupation of father Lab. Techn. Terre Haute Ind. Race of father W.
    Birthplace of father (State or foreign country) Clinton, Ind.
12. Full maiden name of mother Treva D. Daniels
    Residence of mother (if deceased so state) 3401 Wash Ave
    Occupation of mother Beautician Race of mother W
    Birthplace of mother (State or foreign country) Scottsbluff Neb.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Mitchell R. Olinger
New Address 300 Hickerwood Dr. apt E3 Newport News Va.
Subscribed and sworn to before me this 30 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Mary Middle Paulina Last Rodriguez
Date of Birth: Month Aug Day 15 Year 1953
Place of Birth (State or foreign country): Beech Grove, Marion Co. Ind.
Residence Address: Street or R. R. 4 Magnolia Ct. City Brownsburg County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Teacher
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Cert # 113-53 064601
☐ Other (Specify) Ind. St. Bd. of Health

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father John Rodriguez
   Residence of father (if deceased so state) Deceased
   Occupation of father U.S. Army Race of father W.
   Birthplace of father (State or foreign country) Kansas
8. Full maiden name of mother Mary Jane Harperau
   Residence of mother (if deceased so state) 4 Magnolia Ct. Brownsburg
   Occupation of mother Adm. asst. Race of mother W
   Birthplace of mother (State or foreign country) Dell City, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Mary P. Rodriguez
New Address .....
Subscribed and sworn to before me this 30 day of June, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in ..... HENDRICKS ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 4 day of July, 19 75, authorizing the joining together as husband and wife Mitchell Ray Olinger and Mary P. Rodriguez

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry D. Nash hereby certify that on the 5 day of July, at Brownsburg, County of Hendricks one thousand nine hundred and 75, State of Indiana, Groom Mitchell Ray Olinger of Hendricks County, State of Indiana, and, Bride Mary P. Rodriguez of Hendricks County, State of Virginia, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5 day of July, 19 75. Signed Jerry D. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of July, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

552

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 296

File

July 1, 1975
Date of Application

MALE
Medical Examination Report Dated 6-30-75
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-30-75
Name of Physician Eric D. Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle Arthur Last Angelico

Date of Birth: Month 4 Day 27 Year 46

Place of Birth (State or foreign country) Alexandria, Virginia

Residence Address: Street or R. R. 355 Fir St. City Ormond Beach County Volusia State Florida

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Real Estate Salesman

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Arthur Alfred Angelico
    Residence of father (if deceased so state) Grafton, Virginia
    Occupation of father Dentist Race of father wh
    Birthplace of father (State or foreign country) New York
12. Full maiden name of mother Alice Louise Purtz
    Residence of mother (if deceased so state) Grafton, Virginia
    Occupation of mother Housewife Race of mother wh
    Birthplace of mother (State or foreign country) Wyoming

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard A. Angelico

New Address 355 Fir St., Ormond Bd. Florida

Subscribed and sworn to before me this 5 day of July, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Ollie Middle Elaine Last Eden

Date of Birth: Month 5 Day 13 Year 53

Place of Birth (State or foreign country) Shelbyville, Indiana

Residence Address: Street or R. R. Rt. 2 Box 435 City Plainfield County Hendricks State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Secretary

Date of birth verified by: ☑ Birth Cert. ☑ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Bernice James Eden
   Residence of father (if deceased so state) Plainfield, Ind.
   Occupation of father Mechanic Race of father wh
   Birthplace of father (State or foreign country) Tennessee
8. Full maiden name of mother Jan Louise Martin
   Residence of mother (if deceased so state) Plainfield, Ind.
   Occupation of mother Housewife Race of mother wh
   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 O. Elaine Eden

New Address 355 Fir Street, Ormond Beach, Fla. 32074

Subscribed and sworn to before me this 1 day of July, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1 *day of* July, 19 75, *authorizing the joining together as husband and wife* Richard Arthur Angelico *and* Ollie Elaine Eden

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Seal O. Younce *hereby certify that on the* 5 *day of* July, *one thousand nine hundred and* 75 *at* Avon Christian Church, *County of* Hendricks, *State of Indiana, Groom* Richard Arthur Angelico *of* Volusia *County, State of* Florida *and, Bride* Ollie Elaine Eden *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5 *day of* July, 19 75.

Signed Seal O. Younce

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* July, 19 75.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

553

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 297
File 36
July 2, 1975 Date of Application

MALE
Medical Examination Report Dated 6-27-75
Name of Physician A. M. Scudder

FEMALE
Medical Examination Report Dated 6-27-75
Name of Physician A. M. Scudder

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle L. Last Roark, Jr.
Date of Birth: Month April Day 22 Year 1947
Place of Birth (State or foreign country) Lebanon
Residence Address: Street or R. R. Box 343 City Pittsboro County Boone State Indiana
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student Ind. State U.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Wilkom Memorial Hospital
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 Laurence Roark
    Residence of father (if deceased so state) Linton, Ind.
    Occupation of father Supplies Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Lavina Wills
    Residence of mother (if deceased so state) Linton, Ind.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John L. Roark Jr
New Address 103 S. SMITH ST PITTSBORO, IND.

Subscribed and sworn to before me this 2 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Barbara Middle L. Last Morgan
Date of Birth: Month October Day 10 Year 1952
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. Box 343 City Pittsboro County Marion State Indiana
Maiden Name if Different 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 Elementary Teacher
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Bureau of Vital Sta. 110702
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Robert Morgan
   Residence of father (if deceased so state) Pittsboro, Ind.
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Michigan
8. Full maiden name of mother Billie Joan Cochow
   Residence of mother (if deceased so state) Pittsboro, Ind.
   Occupation of mother Clerk Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara A. Morgan
New Address P.O. Box 343, Pittsboro, Ind.

Subscribed and sworn to before me this 2 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in ..... HENDRICKS ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 7th day of July, 19 75, authorizing the joining together as husband and wife John L. Roark, Jr. and Barbara L. Morgan

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edwin S. Roark hereby certify that on the 12 day of July, County of Boone, at New Brunswick, County, State of Indiana, one thousand nine hundred and 75 of Hendricks, County, State of Indiana, State of Indiana, Groom, John L. Roark, Jr. of Hendricks, County, State of Indiana, and, Bride, Barbara L. Morgan of Hendricks, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of July, 19 75. Signed Edwin S. Roark
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of July, 19 75
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

554

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 298
File BK. 36
July 2, 1975
Date of Application

MALE
Medical Examination Report Dated 6/23/75
Name of Physician James Black, Md.

FEMALE
Medical Examination Report Dated 6/23/75
Name of Physician James Black, Md.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Larry Middle L. Last Luper

Date of Birth: Month August Day 27 Year 1952

Place of Birth (State or foreign country) Lebanon Boone Ind.

Residence Address: 542 Enderly Apt. 6 Brownsburg In
Street or R. R. City County State

Previous Marital Status: Never Married ☐ Number of Previous Marriages one

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Boone Co. 3/74

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Collins Olds - Part Dept.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service # 12 6 52 182

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert A. Luper
    Residence of father (if deceased so state) R.R.#1, Kirkland In
    Occupation of father Self-Employed Race of father White
    Birthplace of father (State or foreign country) Lebanon Ind.
12. Full maiden name of mother Vinnie Mable Lest
    Residence of mother (if deceased so state) R.R.#1 Kirkland In
    Occupation of mother P.R. Milkey Race of mother White
    Birthplace of mother (State or foreign country) Boone Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry L. Luper
New Address 542 Enderly, Brownsburg Ind.
Subscribed and sworn to before me this 2 day of July, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Kathryn Middle M. Last Cameron

Date of Birth: Month July Day 12 Year 1957

Place of Birth (State or foreign country) Ind. Marion Ind.

Residence Address: R.R.#1 Box 196A, Pittsboro In.
Street or R. R. City County State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Student

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-52-060392

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James M. Cameron
   Residence of father (if deceased so state) Brownsburg, Ind.
   Occupation of father Self-Employed Race of father White
   Birthplace of father (State or foreign country) Kentucky Barter
8. Full maiden name of mother Bettina P. Cooper
   Residence of mother (if deceased so state) Pittsboro, Ind.
   Occupation of mother Homemaker Race of mother White
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathryn M. Cameron
New Address 542 Enderly, Brownsburg
Subscribed and sworn to before me this 2 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

parents divorced - children in mothers custody.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed Bettina Cooper Mother
Subscribed and sworn to before me this 2 day of July, 1975
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 7 day of July, 19 75, authorizing the joining together as husband and wife Larry L. Luper and Kathryn M. Cameron

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Raymond H. Duff hereby certify that on the 12 day of July, one thousand nine hundred and 75 at Mechanicsburg, County of Boone, State of Indiana, Groom Larry L. Luper of Hendricks County, State of Indiana, and, Bride Kathryn M. Cameron of Hendricks County, State of Indiana, were by me united 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 July, 19 75.

Signed Raymond H. Duff
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of August, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

555

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 299
File 36
July 2, 1975 Date of Application

MALE
Medical Examination Report Dated 6-30-75
Name of Physician James Black

FEMALE
Medical Examination Report Dated 6-30-75
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle A. Last Schreier
Date of Birth: Month September Day 25 Year 1953
Place of Birth (State or foreign country) Juneau Alaska
Residence Address: Street or R. R. RR3 Bx 106 City Brownsburg County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Navy
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Draft Registration

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 Paul Schreier
    Residence of father (if deceased so state) RR3, Brownsburg, Ind.
    Occupation of father Air Traffic Controller Race of father W
    Birthplace of father (State or foreign country) Wisconsin
12. Full maiden name of mother Irene Katherine Watson
    Residence of mother (if deceased so state) RR3 Brownsburg, Ind.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert A. Schreier
New Address
Subscribed and sworn to before me this 2 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

FEMALE APPLICANT

Name: First Jeanne Middle M. Last Guillaume
Date of Birth: Month May Day 10 Year 1953
PLACE: Indianapolis
Place of Birth (State or foreign country) DATE: Indiana
Residence Address: Street or R. R. RR 2 Bx 176H City Brownsburg County Hendricks State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Voter Registration #1247

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James Bruce Guillaume
   Residence of father (if deceased so state) 8247 N. Ritter, Indpls., Ind.
   Occupation of father Teacher Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Jeanne Roberta Dalfe
   Residence of mother (if deceased so state) RR2 Brownsburg, Ind.
   Occupation of mother Nurse Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jeanne M. Guillaume
New Address
Subscribed and sworn to before me this 2 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the and filed
HENDRICKS County Court by written order issued
in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the State of Indiana dated the 7 day of July, 19 75, authorizing the joining together as husband and wife Robert A. Schreier and Jeanne M. Guillaume

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John V. Long, Minister to Youth hereby certify that on the 12 day of July, 19 75, at Brownsburg, County of Hendricks, State of Indiana, one thousand nine hundred and 75 Robert A. Schreier of Hendricks County, State of Indiana, and, Bride Jeanne M. Guillaume of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of July, 19 75.

Signed John V. Long
Official Designation Minister to Youth

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of July, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

556

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 308
File BK 36
July 2, 1975
Date of Application

MALE
Medical Examination Report Dated 7/2/75
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 7/2/75
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle A. Last Stalnaker
Date of Birth: Month Dec. Day 21 Year 1951
Place of Birth (State or foreign country): Plainfield Union New Jersey
Residence Address: Street or R. R. Westtown, City Pa. 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: Teacher -
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Registration # 13 220 5 / 94

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address
.....
.....
.....
(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Armand Carl Stalnaker
Residence of father (if deceased so state) Brentwood, Mo.
Occupation of father Insurance Co. Race of father White
Birthplace of father (State or foreign country) Weston W. Virginia
12. Full maiden name of mother Rachel Jay Pickett
Residence of mother (if deceased so state) Brentwood, Mo.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Toronto, Canada

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Thomas A. Stalnaker
New Address Westtown School, Westtown, Pa. 19395
Subscribed and sworn to before me this 2 day of July, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
.....
.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Rebecca Middle B. Last Gibson
Date of Birth: Month July Day 22 Year 1952
Place of Birth (State or foreign country): Anchorage Alaska
Residence Address: R.R. 4 Box 313, Street or R. R. Morrisville, City In. 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: Administrative Assistant.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) # 150-52-003335

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Brainerd Gibson
Residence of father (if deceased so state) Bethel, Alaska
Occupation of father Educator Race of father White
Birthplace of father (State or foreign country) Afton, Wyoming
8. Full maiden name of mother Harriet Kustrea Walrod
Residence of mother (if deceased so state) Morrisville, In.
Occupation of mother School Teacher Race of mother White
Birthplace of mother (State or foreign country) Indpls. In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Rebecca B. Gibson
New Address Westtown School, Westtown, PA
Subscribed and sworn to before me this 2 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
.....
.....
.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued..... and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 75, *authorizing the joining together as husband and wife* Thomas A. Stalnaker and Rebecca B. Gibson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Carolyn Kellum hereby certify that on the 12th day of July, one thousand nine hundred and 75 at Plainfield, County of Hendricks, State of Indiana, Groom Thomas A. Stalnaker of St. Louis County, State of Missouri, and, Bride Rebecca Beryl Gibson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of July, 19 75.

Signed Carolyn Kellum
Official Designation Presiding Clerk Plnfld Meeting of Friends

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of July, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

557

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 301
File 36
July 3, 1975
Date of Application

MALE
Medical Examination Report Dated 6-26-75
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-27-75
Name of Physician R. E. Riehl

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 E. Last Kulke
Date of Birth: Month August Day 17 Year 1943
Place of Birth (State or foreign country) Buchgrove
Residence Address: 2414 Bruland Street or R. R. Indianapolis City Marion Co. County Indiana State
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Journeyman Printing Pressman
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Voter Reg. 3839
☑ Other (Specify) Draft Registration # 12-202-43-124

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name | Age | Address

(b) Are you supporting or contributing to their 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 Raul Kulke, Sr.
Residence of father (if deceased so state) Deceased
Occupation of father ____ Race of father W.
Birthplace of father (State or foreign country) Indianapolis Ind.
12. Full maiden name of mother Norma Jean Harden
Residence of mother (if deceased so state) 612 Bridgeport Rd., Ind., Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Harold E Kulke
New Address 2414 BRULAND DR INDPLS IND 46234
Subscribed and sworn to before me this 3 day of July, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ____

State of Indiana, County of HENDRICKS } ss:
Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
____ Clerk

FEMALE APPLICANT

Name: First Myra Middle L. Last Moore
Date of Birth: Month February Day 6 Year 1943
Place of Birth (State or foreign country)
Residence Address: 9236 Wendell Circle Street or R. R. Louisville City Jefferson County Ky. State
Maiden Name if Different: Myra L. Miller
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Waitress
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Baptismal Record

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Austin V. Miller
Residence of father (if deceased so state) 417 S. Front, Jeffersonville, Ind.
Occupation of father Sales Representative Race of father W.
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Marguerite N. Meriweather
Residence of mother (if deceased so state) 417 S. Front St. Jeffersonville, Indiana
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Myra L Moore
New Address 2414 Bruland Dr Indpls Ind.
Subscribed and sworn to before me this 3 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ____

State of Indiana, County of HENDRICKS } ss:
Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ and filed in ____ HENDRICKS ____ County ____ Court by written order issued ____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ____ of Indiana dated the 3 day of July, 19 75, authorizing the joining together as husband and wife Harold E. Kulke and Myra L. Moore

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ernest G. Pluppel hereby certify that on the 19 day of July, 19 75, at Indianapolis County of Marion, one thousand nine hundred and 75 State of Indiana, Groom Harold E. Kulke of Hendricks County, State of Indiana and, Bride Myra L. Moore of Jefferson County, State of Kentucky were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19 day of July, 19 75. Signed Ernest G. Pluppel
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of July, 19 75.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

558

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 302
File BK 36
July 3, 1975
Date of Application

MALE
Medical Examination Report Dated 6/30/75
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 6/30/75
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle Alan Last Cooper
Date of Birth: Month July Day 30 Year 1956
Place of Birth (State or foreign country) Ft Benjamin Harrison Marion In.
Residence Address: Street or R. R. RR 2 Bx 455 City Clayton County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Welder Carbide
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 2243

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Leroy Edward Cooper
Residence of father (if deceased so state) RR 2 Bx 455, Clayton
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Lois Jane Cunningham
Residence of mother (if deceased so state) RR # 2 Clayton, In
Occupation of mother Central State Hosp Race of mother White
Birthplace of mother (State or foreign country) Ind Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark Alan Cooper
New Address 327½ Eastern Ave. Plfd.
Subscribed and sworn to before me this 3 day of July, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

FEMALE APPLICANT

Name: First Leslie Middle Lee Last Monday
Date of Birth: Month January Day 5 Year 1957
Place of Birth (State or foreign country) Indianapolis Marion In.
Residence Address: Street or R. R. RR # 1 Bx 214 City Lyd. County Hen. State In.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Public Service Co.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 129

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Lester Lee Monday Deceased
Residence of father (if deceased so state)
Occupation of father Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Virginia Lee Blount
Residence of mother (if deceased so state) R.R. # 6, Lyd. In.
Occupation of mother Mill Creek School Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Leslie Lee Monday
New Address 327½ Eastern Ave. Plainfield, In
Subscribed and sworn to before me this 3 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 75, *authorizing the joining together as husband and wife* Mark Alan Cooper *and* Leslie Lee Monday

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R. Kent Allen *hereby certify that on the* 12 *day of* July, *one thousand nine hundred and* 75 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Mark Alan Cooper *of* Hendricks *County, State of* Indiana, *and, Bride* Leslie Lee Monday *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12th *day of* July, 19 75.

Signed R. Kent Allen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* July, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 303
File Bk 36
July 7 1975
Date of Application

MALE
Medical Examination Report Dated 6-23-75
Name of Physician Richard J. Lakin

FEMALE
Medical Examination Report Dated 6-25-75
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 John Middle Edward Last Wade
Date of Birth: Month May Day 19 Year 1955
Place of Birth (State or foreign country) Spaulding, Ohio
Residence Address: Street or R. R. 5005 Buffalo Ct. City Ft. Wayne County Allen State Ind.
Previous 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) # 134-55-561913

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Darrell Eugene Wade
    Residence of father (if deceased so state) Montpelier, Ohio
    Occupation of father Construction Race of father W.
    Birthplace of father (State or foreign country) Montpelier, Ohio
12. Full maiden name of mother Velma May Montgomery
    Residence of mother (if deceased so state) Montpelier, Ohio
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Montpelier, Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x John E Wade
New Address Apt. 7, Scheidler Apts / Muncie, Ind.
Subscribed and sworn to before me this 7 day of July, 19 75.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Karen Middle Kay Last Ausman
Date of Birth: Month August Day 24 Year 1955
Place of Birth (State or foreign country) Linton, Indiana
Residence Address: Street or R. R. 30 Elder Dr. City Plainfield County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 43500 Hospital No.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Ethridge Ausman
   Residence of father (if deceased so state) Plainfield, Ind.
   Occupation of father Public Servant Race of father W.
   Birthplace of father (State or foreign country) Alamo, Tennessee
8. Full maiden name of mother Margaret Joan Floyd
   Residence of mother (if deceased so state) Plainfield, Ind.
   Occupation of mother Secretary Race of mother W.
   Birthplace of mother (State or foreign country) Grant Co, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Karen K. Ausman
New Address Apt. 7 Scheidler Apts. / Muncie, Ind.
Subscribed and sworn to before me this 7 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 1 day of July, 19 75, authorizing the joining together as husband and wife John Edward Wade and Karen Kay Ausman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ron Hallock hereby certify that on the 30 day of August, at Plainfield, County of Hendricks, one thousand nine hundred and 75, State of Indiana, County, State of Indiana, State of Indiana, Groom John Edward Wade of Allen, and, Bride Karen Kay Ausman of Hendricks, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of August, 19 75. Signed Ron Hallock
Official Designation Minister - Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of September, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

560

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 304

File

July 7, 1975
Date of Application

MALE
Medical Examination Report Dated 6-23-75
Name of Physician Norman C. Whitney D.O.

FEMALE
Medical Examination Report Dated 6-23-75
Name of Physician Norman C. Whitney D.O.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin Middle Dean Last Blaschke

Date of Birth: Month 2 Day 22 Year 38

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. Rt 4 Box 256 City Mooresville County Morgan State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation None

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Charles Robert Blaschke
    Residence of father (if deceased so state) Camby, Ind.
    Occupation of father Truck Driver Race of father Wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Phyllis Jo Sims
    Residence of mother (if deceased so state) Camby
    Occupation of mother None Race of mother Wh
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kevin D Blaschke
New Address Mooresville Ind.

Subscribed and sworn to before me this 7 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
.....
.....

State of Indiana, County of HENDRICKS } ss:

Signed Chas. Blaschke Jr. Father
Signed Phyllis Blaschke Mother
Subscribed and sworn to before me this 7 day of July, 19 75
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Sherry Middle Darlene Last Mayes

Date of Birth: Month 1 Day 23 Year 58

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. Rt 4 Box 256 City Mooresville County Morgan State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation None

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Bobby Lee Mayes
   Residence of father (if deceased so state) Mooresville, Ind.
   Occupation of father Chrysler Race of father Wh
   Birthplace of father (State or foreign country) Tennessee
8. Full maiden name of mother Mattie Nadean Hulsey
   Residence of mother (if deceased so state) Mooresville, Ind.
   Occupation of mother Beautician Race of mother Wh
   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 Sherry D Mayes
New Address Mooresville Ind.

Subscribed and sworn to before me this 7 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
.....
.....
.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed Mrs. Bobby L Mayes Mother
Subscribed and sworn to before me this 7 day of July, 19 75
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* July, 19 75, *authorizing the joining together as husband and wife* Kevin Dean Blaschke *and* Sherry Darlene Mayes

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Ralph C. Wade *hereby certify that on the* 14 *day of* July, *one thousand nine hundred and* 75 *at* Mooresville, *County of* Hendricks, *State of Indiana, Groom* Kevin Dean Blaschke *of* Hendricks *County, State of* Indiana *and, Bride* Sherry Darlene Mayes *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14 *day of* July, 19 75.

Signed Rev. Ralph C. Wade
Official Designation Pastor Friendswood Baptist Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* July, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

560

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 304

File

July 7, 1975
Date of Application

MALE
Medical Examination Report Dated 6-23-75
Name of Physician Norman L. Whitney D.O.

FEMALE
Medical Examination Report Dated 6-23-75
Name of Physician Norman L. Whitney D.O.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin Middle Dean Last Blaschke

Date of Birth: Month 2 Day 22 Year 58

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. Rt 4 Box 256 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 None

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a 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 questic
    (a) List their full nar
    Name
    .....
    .....
    .....
    (b) Are you support
    (c) Are you complyi
    their support?
11. Full name of fathe
    Residence of fathe
    Occupation of fat
    Birthplace of fat
12. Full maiden nam
    Residence of mot
    Occupation of mo
    Birthplace of mot

State of Indiana,
County of.....

Nev

Subscribed and swor
4 Glen

CONSENT OF PAR
We, the parents, of t
signs, state facts wh
.....
.....
State of Indiana,
County of.....
Sig
Sig
Subscribed and sworn

COMPLETE IF
HEND
in.....

FEMALE APPLICANT

Name: First Sherry Middle Darlene Last Mayes

Date of Birth: Month 1 Day 23 Year 58

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. Rt 4 Box 256 City Mooresville County Morgan State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation None

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
   ... the influence of a narcotic drug? No ☑ Yes ☐

July 3, 1975

I Bobby Mayes, do hereby give my permission to my daughter, Sherry, to apply for marriage license with Kevin Blaschke.

Bobby Mayes

Notary: Wanda Hendricks
5-1-77

Be It Remembered, there was filed in my office a marriage license issued by the Clerk of the ... Circuit Court of Indiana dated the 11 day of July, 1975, authorizing the joining together as husband and wife Kevin Dean Blaschke and Sherry Darlene Mayes

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Ralph C. Wade hereby certify that on the 14 day of July, one thousand nine hundred and 75 at Mooresville, County of Hendricks, State of Indiana, Groom Kevin Dean Blaschke of Hendricks County, State of Indiana, and, Bride Sherry Darlene Mayes of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of July, 1975.

Signed Rev. Ralph C. Wade
Official Designation Pastor Brinkswood Baptist Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of July, 1975.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 305
File Book 36
July 7, 1975
Date of Application

MALE
Medical Examination Report Dated 7-5-75
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 7-5-75
Name of Physician A. N. Scudder, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Luther Middle Everet Last Ray

Date of Birth: Month Oct. Day 10 Year 1936

Place of Birth (State or foreign country): Worthington Greene Co. Ind.

Residence Address: Street or R. R. 307 E. Wall St. City Advance County Boone State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Jan 14, 1975 Boone Co

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation: Maintenance Supervisor - Motor Speedway Supt.

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 113-30-046474

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Rocky Lee Ray	15	307 E Wall St. Advance
David Allen Ray	14	" "
Diana Sue Ray	13	" "

    (b) Are you supporting or contributing to their support? Yes ☒ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father George Owen Ray
    Residence of father (if deceased so state) Worthington, Ind.
    Occupation of father Labor Race of father W.
    Birthplace of father (State or foreign country) Worthington Ind
12. Full maiden name of mother Millie Louanza Hayden
    Residence of mother (if deceased so state) Worthington, Ind.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Worthington Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Luther E. Ray
New Address R. R. 2, Box 153, Plainfield

Subscribed and sworn to before me this 7 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

State of Indiana, County of ..... } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Jaunita Middle Lucille Last Jones

Date of Birth: Month Nov. Day 10 Year 1936

Place of Birth (State or foreign country): Indianapolis, Marion Co. Ind.

Residence Address: Street or R. R. R.R. 2 Box 153, City Plainfield County Hend. Co. State Ind.

Maiden Name if Different Jaunita Lucille Bragg

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Putnam Co. June 6, 1975

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Meat Wrapper. Monty Super Market

Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree Cut #113.

☐ Other (Specify) Ind Bd of Health 36-047705

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Frank Grant Bragg
   Residence of father (if deceased so state) Deceased
   Occupation of father Railroader Race of father W
   Birthplace of father (State or foreign country) La Junta Co. Colo.
8. Full maiden name of mother Lucy Ann Lawson
   Residence of mother (if deceased so state) Anderson, Ind.
   Occupation of mother Homemaker Race of mother W
   Birthplace of mother (State or foreign country) Anderson Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jaunita L Jones
New Address R. R. 2, Box 153, Plainfield

Subscribed and sworn to before me this 7 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in ..... HENDRICKS ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 11 day of July, 1975, authorizing the joining together as husband and wife Luther Everet Ray and Juanita Lucille Jones

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John D. Lee hereby certify that on the 11th day of July, 1975, at Rockville, County of Parke, one thousand nine hundred and 75 State of Indiana, Groom Luther Everet Ray of Boone County, State of Indiana, and, Bride Juanita Lucille Jones of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11th day of July, 1975.

Signed John D. Lee
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of July, 1975

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

562

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 306

File

July 7, 1975
Date of Application

MALE
Medical Examination Report Dated 6-30-75
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-30-75
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 Randy Middle Lee Last Mann

Date of Birth: Month 12 Day 5 Year 56

Place of Birth (State or foreign country) Franklin, Indiana

Residence Address: Street or R. R. 9825 W. Washington City Indianapolis County Ind. State

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Hardware Salesman

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father James Robert Mann
    Residence of father (if deceased so state) Danville, Ind.
    Occupation of father Salesman Race of father wh
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Joan Thurston
    Residence of mother (if deceased so state) Danville, Ind.
    Occupation of mother Hobart Race of mother wh
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Randy Lee Mann
New Address 9825 W. Washington St. Indpls. Ind.

Subscribed and sworn to before me this 7 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of } ss:

Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

FEMALE APPLICANT

Name: First Cathy Middle Lenore Last Mitchell

Date of Birth: Month 4 Day 24 Year 58

Place of Birth (State or foreign country) Huron Pennsylvania

Residence Address: Street or R. R. Rt 2 Box 152 City Plainfield County Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation None

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father William Nelson Mitchell
   Residence of father (if deceased so state) Plainfield, Ind.
   Occupation of father Bottima Farm Race of father wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Joanne Lenore Sloey
   Residence of mother (if deceased so state) Plainfield, Ind
   Occupation of mother Housewife Race of mother wh
   Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cathy Lenore Mitchell
New Address 9825 W. Washington St. Indpls. Ind.

Subscribed and sworn to before me this 7 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father
Signed Joanne L. Mitchell Mother
Subscribed and sworn to before me this 7 day of July, 19 75
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11 day of July, 19 75, authorizing the joining together as husband and wife Randy Lee Mann and Cathy Lenore Mitchell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Paul W. Ragsdale hereby certify that on the 12 day of July, one thousand nine hundred and 75 at Center Friends Church County of Hendricks State of Indiana, Groom Randy Lee Mann of Hendricks County, State of Indiana, and, Bride Cathy Lenore Mitchell of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of July, 19 75.

Signed Paul W. Ragsdale
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of July, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

562

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 306

File

July 7, 1975
Date of Application

MALE
Medical Examination Report Dated 6-30-75
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-30-75
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 Randy Middle Lee Last Mann

Date of Birth: Month 12 Day 5 Year 56

Place of Birth (State or foreign country) Franklin, Indiana

Residence Address: Street or R. R. 9825 W. Washington City Indianapolis County Ind. State

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Hardware Salesman

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father James Robert Mann
    Residence of father (if deceased so state) Danville, Ind.
    Occupation of father Salesman Race of father wh
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Dora M. Thurston

FEMALE APPLICANT

Name: First Cathy Middle Lenore Last Mitchell

Date of Birth: Month 4 Day 24 Year 58

Place of Birth (State or foreign country) Tipton Pennsylvania

Residence Address: Street or R. R. Rt 2 Box 152 City Plainfield County Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation None

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father William Nelson Mitchell
   Residence of father (if deceased so state) Plainfield, Ind.
   Occupation of father Bottima Farm Race of father wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Joanne Lenore Sloey
   Residence of mother (if deceased so state) Plainfield, Ind
   Occupation of mother Housewife Race of mother wh
   Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

tchell
Ondpls. Ind.
, 19 75
Circuit Court

only one parent

Father
Mother
, 19 75

Glen M. Harvey
Clerk

I, William N Mitchell, hereby give my consent for my daughter, Cathy Lenore Mitchell to marry Randy Lee Mann.

William N Mitchell

Subscribed and sworn to before me this 10 day of July 1975

Beulah Adams
Notary Public

12-11-76
State of Indiana, Hendricks County.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* July, 19 75, *authorizing the joining together as husband and wife* Randy Lee Mann *and* Cathy Lenore Mitchell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Saul W. Ragsdale hereby certify that on the 12 day of July, one thousand nine hundred and 75 at Center Friends Church County of Hendricks State of Indiana, Groom Randy Lee Mann of Hendricks County, State of Indiana and, Bride Cathy Lenore Mitchell of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of July, 19 75.

Signed Saul W. Ragsdale
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of July, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 307

HENDRICKS County

File

July 7 1975
Date of Application

MALE
Medical Examination Report Dated 6-30-75
Name of Physician Carl L. Heinlein, M.D.

FEMALE
Medical Examination Report Dated 6-30-75
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 Edgar Middle Lee Last Adams

Date of Birth: Month 3 Day 20 Year 58

Place of Birth (State or foreign country): Indianapolis, Indiana

Residence Address: Street or R. R. Rt. 1 City Stilesville County Ind. State

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Gas Attendant

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: James Arthur Adams
    Residence of father (if deceased so state): Margate, Florida
    Occupation of father: Construction Race of father: wh
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Glendora Muriel Smith
    Residence of mother (if deceased so state): Stilesville, Ind.
    Occupation of mother: Librarian Race of mother: wh
    Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Edgar Lee Adams
New Address: Stilesville

Subscribed and sworn to before me this 7 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary: Mother has custody

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed: Glendora M. Adams Mother

Subscribed and sworn to before me this 7 day of July, 19 75
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Deborah Middle Gale Last Faulkner

Date of Birth: Month 12 Day 2 Year 58

Place of Birth (State or foreign country): Mt. Clemens, Michigan

Residence Address: Street or R. R. Rt. 1 City Clayton County Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: None

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father: James Elmer Faulkner
   Residence of father (if deceased so state): Clay City, Kentucky
   Occupation of father: Construction Race of father: wh
   Birthplace of father (State or foreign country): Kentucky
8. Full maiden name of mother: Ethel Arlene Townsend
   Residence of mother (if deceased so state): Deceased
   Occupation of mother..... Race of mother: wh
   Birthplace of mother (State or foreign country): Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Deborah Gale Faulkner
New Address: Stilesville

Subscribed and sworn to before me this 7 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE 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 days Consent waived and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7 day of July, 19 75, authorizing the joining together as husband and wife Edgar Lee Adams and Deborah Gail Faulkner

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Floyd Neal hereby certify that on the 10 day of July one thousand nine hundred and 75 at Martinsville, County of Morgan, State of Indiana, Groom Edgar Lee Adams of Morgan County, State of Indiana and, Bride Deborah Gale Faulkner of Hendricks County, State of Indiana were by me united 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 July, 19 75. Signed Floyd Neal
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of July, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 307

File

July 7, 1975
Date of Application

MALE
Medical Examination Report Dated 6-30-75
Name of Physician Carl L. Heinlein, M.D.

FEMALE
Medical Examination Report Dated 6-30-75
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 Edgar Middle Lee Last Adams

Date of Birth: Month 3 Day 20 Year 58

Place of Birth (State or foreign country): Indianapolis Indiana

Residence Address: Street or R. R. Rt. 1 City Stilesville County Ind. State

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation: Gas attendant

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
   ...the influence of narcotic drug? No ☐ Yes ☐

FEMALE APPLICANT

Name: First Deborah Middle Gale Last Faulkner

Date of Birth: Month 12 Day 2 Year 58

Place of Birth (State or foreign country): Mt. Clemens Michigan

Residence Address: Street or R. R. Rt. 1 City Clayton County Indiana State

Maiden Name If Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation: None

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
   ...the influence of intoxicating liquor? No ☐ Yes ☐
   No ☐ Yes ☐

I (Father) Paul D. Pierce do here by give my consent

on this day the 10 of July nineteen hundred and seventy-five for

(daughter) Deborah G. Faulkner in marriage to Edgar L. Adams.

STATE OF INDIANA }
COUNTY OF MARION } ss

× (Father) Paul D. Pierce

Subscribed and sworn to before me this 3rd day of JULY 1975

Notary Public M. B. Smith

My Commission Expires SEPT 15th 1976

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed Glendora M. Adams Mother

Subscribed and sworn to before me this 7 day of July, 19 75

Glen M. Harvey Clerk

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19 .....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 3 days Consent Waived 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 7 day of July, 19 75, authorizing the joining together as husband and wife Edgar Lee Adams and Deborah Gail Faulkner

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Floyd Neal hereby certify that on the 10 day of July one thousand nine hundred and 75 at Martinsville, County of Morgan, State of Indiana, Groom Edgar Lee Adams of Morgan County, State of Indiana, and, Bride Deborah Gale Faulkner of Hendricks County, State of Indiana were by me united 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 July, 19 75. Signed Floyd Neal

Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of July, 19 75

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

564

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 308
File Bk 36
July 7 1975
Date of Application

MALE
Medical Examination Report Dated July 1, 1975
Name of Physician Robert Kuba

FEMALE
Medical Examination Report Dated 6-27-75
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 Nile Middle Edward Last Abbuhl II
Date of Birth: Month December Day 8 Year 1952
Place of Birth (State or foreign country): Dennison, Ohio
Residence Address: Box 243 R#1 Street or R. R. Uhrichsville City Tuscarawas County Ohio State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Painting Foreman
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #88355

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Nile E. Abbuhl
    Residence of father (if deceased so state) Uhrichsville, Ohio
    Occupation of father Asst. Superintendent Race of father W.
    Birthplace of father (State or foreign country) Dennison, Ohio
12. Full maiden name of mother Janet Lee Cattis
    Residence of mother (if deceased so state) Uhrichsville, Ohio
    Occupation of mother Teachers Aide Race of mother W.
    Birthplace of mother (State or foreign country) Dennison

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Nile Edward Abbuhl II
New Address Same
Subscribed and sworn to before me this 11 day of July, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Nancy Middle Jo Last Allanson
Date of Birth: Month January Day 25 Year 1953
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: 328 W. Donnelly Street or R. R. Brownsburg City Hendricks County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Respiratory Therapist
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-53-012239

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Ernst Eugene Allanson
   Residence of father (if deceased so state) Brownsburg, Ind.
   Occupation of father Account Bio Chemist Race of father W.
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Rose Anne Schneider
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Occupation of mother Secretary Race of mother W.
   Birthplace of mother (State or foreign country) Texas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Nancy Jo Allanson
New Address Uhrichsville, Ohio
Subscribed and sworn to before me this 7 day of July, 1975.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* July, 1975, *authorizing the joining together as husband and wife* Nile Edward Abbuhl II *and* Nancy Jo Allanson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Dennis L. Dodson *hereby certify that on the* 12 *day of* July, *one thousand nine hundred and* 75 *at* Corinth Church, *County of* Hendricks, *State of Indiana, Groom* Nile Edward Abbuhl II *of* County, State of Ohio *and, Bride* Nancy Jo Allanson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 11 *day of* July, 1975.

Signed Rev. Dennis L. Dodson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* July, 1975.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 309
File 36
July 7, 1975 Date of Application

MALE
Medical Examination Report Dated 7-7-75
Name of Physician Robert A. Strawbridge

FEMALE
Medical Examination Report Dated 7-7-75
Name of Physician Robert A. Strawbridge

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Stephen Middle M. Last Chasteen
Date of Birth: Month June Day 28 Year 1951
Place of Birth (State or foreign country) Shelbyville Indiana
Residence Address: Street or R. R. 224 Old North Salem Rd. City Danville County Hendricks State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Armed Services - Military Police
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Stephanie Michelle Chasteen	4	Greencastle Ind.

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Donald Chasteen
    Residence of father (if deceased so state) deceased
    Occupation of father ____ Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Irene Spears
    Residence of mother (if deceased so state) 244 old north salem Rd. Danville, Ind.
    Occupation of mother L. P. N. Race of mother W.
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Stephen M. Chasteen
New Address 411 Military Police Co. Ft. Hood, Tx.

Subscribed and sworn to before me this 7 day of July, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
____ Clerk

FEMALE APPLICANT

Name: First Marjory Middle Beth Last Musgrave
Date of Birth: Month March Day 9 Year 1950
Place of Birth (State or foreign country) Greencastle Putnam Co., Ind
Residence Address: Street or R. R. Rt. 1 Bx 35D City Danville County Hendricks Co. State Ind.
Maiden Name if Different Marjory Beth Sims
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 # 33794 13
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Carl Eugene Sims
   Residence of father (if deceased so state) Rt 1, Stilesville, Ind.
   Occupation of father Maintenance Race of father W.
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Donna Joleen Wallace
   Residence of mother (if deceased so state) Rt 1, Stilesville, Ind.
   Occupation of mother School Teacher Race of mother W.
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marjory B. Musgrave
New Address Ft. Hood, Texas

Subscribed and sworn to before me this 7th day of July, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
____ Clerk

COMPLETE IF MARRIAGE LICENSE 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 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 7 day of July, 1975, authorizing the joining together as husband and wife Stephen M. Chasteen and Marjory Beth Musgrave

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Malcolm R. Neier hereby certify that on the 8th day of July, 1975 at Coatesville, County of Hendricks, one thousand nine hundred and 75 at Fort Hood, Bell County, State of Texas, State of Indiana, Groom Stephen M. Chasteen of Hendricks County, State of Indiana, and, Bride Marjory Beth Musgrave of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8th day of July, 1975. Signed Malcolm R. Neier
Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of August, 1975
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

566

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 310
File BK # 36
July 7, 1975
Date of Application

MALE
Medical Examination Report Dated 7/7/75
Name of Physician Eric Clark, Md

FEMALE
Medical Examination Report Dated 7/7/75
Name of Physician Eric Clark Md.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle E. Last Walker

Date of Birth: Month 4 Day 16 Year 1951

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. R.R 2 Box 145 City Brlpls County Hen State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Accountant

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-51-027655

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Edgar C. Walker
    Residence of father (if deceased so state) 333 Lawndale Dr. Plfd.
    Occupation of father Machine Maintenance Race of father White
    Birthplace of father (State or foreign country) Pennsylvania
12. Full maiden name of mother Virginia Edmondson
    Residence of mother (if deceased so state) Lawndale Dr. Plfd. Ind.
    Occupation of mother State Board of Health Race of mother White
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary E Walker
New Address RR 2 Box 145 Brlpls Ind. 46231

Subscribed and sworn to before me this 7 day of July, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
.....
.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Holly Middle M. Last Cobb

Date of Birth: Month 12 Day 14 Year 1956

Place of Birth (State or foreign country) Indianapolis Marion Ind.

Residence Address: Street or R. R. 1942 Richardt City Brlpls 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 Homemaker

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 14625

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Edward Cobb
   Residence of father (if deceased so state) 1942 Richardt Brlpls.
   Occupation of father Data Processing Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Juanita Mae Middleton
   Residence of mother (if deceased so state) Richardt, Brlpls.
   Occupation of mother Homemaker Race of mother White
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Holly M Cobb
New Address RR 2 Box 145 Brlpls Ind. 46231

Subscribed and sworn to before me this 7 day of July, 1975
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
.....
.....
.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of July, 1975, authorizing the joining together as husband and wife Gary E. Walker and Holly M. Cobb

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Everett Barnard hereby certify that on the 12 day of July, one thousand nine hundred and 75 at Good Shepherd Baptist Church County of Morgan, State of Indiana, Groom Gary Edmondson Welker of Marion County, State of Indiana, and, Bride Holly Michelle Cobb 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 July, 1975.

Signed Everett Barnard
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of July, 1975.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 311
File Bk 36
July 7 1975
Date of Application

MALE
Medical Examination Report Dated 7-2-75
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated 7-2-75
Name of Physician L. H. Ellis

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Edward Middle Conrad Last Fulton
Date of Birth: Month Sept. Day 6 Year 1953
Place of Birth (State or foreign country) Jenkins, Kentucky
Residence Address: Street or R. R. RR #3 City Wellston County Jackson State Ohio
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Teacher
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service # 33-64-53-196

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Willard Fulton
    Residence of father (if deceased so state) Wellston, Ohio
    Occupation of father Farmer Race of father W.
    Birthplace of father (State or foreign country) Wellston, Ky.
12. Full maiden name of mother Joel Anne Taylor
    Residence of mother (if deceased so state) Wellston, Ohio
    Occupation of mother Store keeper Race of mother W.
    Birthplace of mother (State or foreign country) Neon, Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Edward Conrad Fulton
New Address R.R. 4 Jackson Ohio
Subscribed and sworn to before me this 7 day of July, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Barbara Middle Ann Last McGowan
Date of Birth: Month April Day 6 Year 1951
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. RR #1 City North Salem County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Teacher
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 3370

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Robert Lee McGowan
   Residence of father (if deceased so state) North Salem, Ind.
   Occupation of father Post Master Race of father W.
   Birthplace of father (State or foreign country) Indpls, Ind
8. Full maiden name of mother Margaret Jane Wessner
   Residence of mother (if deceased so state) North Salem, Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Barbara Ann McGowan
New Address R.R. #4 Jackson, Ohio
Subscribed and sworn to before me this 7 day of July, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed ..... HENDRICKS ..... County ..... Court by written order issued ..... in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11 day of July, 19 75, authorizing the joining together as husband and wife Edward Conrad Fulton and Barbara Ann McGowan

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Frank Bunn hereby certify that on the 19 day of July at North Salem, County of Hendricks one thousand nine hundred and 75 State of Indiana, Groom Edward Conrad Fulton of Jackson County, State of Ohio and, Bride Barbara Ann McGowan of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of July, 19 75. Signed Frank Bunn
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of July, 19 75
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 312
File Book 36
July 7, 1975
Date of Application

MALE
Medical Examination Report Dated 6-25-75
Name of Physician R. L. Veach, M.D.

FEMALE
Medical Examination Report Dated 6-23-75
Name of Physician R. L. Veach, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First George Middle Wyseas Last Lantam
Date of Birth: Month Jan Day 2 Year 1950
Place of Birth (State or foreign country) Indianapolis Marion Co. Ind.
Residence Address: Street or R. R. 2204 Wanessa Dr. City Indpls. County Hend. Co. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 5/30/75 Hend. Co.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Coal Work
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 50-003926

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Kenneth Everett Lantam	3 yr.	2 Northridge Dr. Danville

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Everett Geo. Lantam
    Residence of father (if deceased so state) Bainbridge, Ind.
    Occupation of father Indpls. Ready Mix Race of father W.
    Birthplace of father (State or foreign country) Boone Co. Ind.
12. Full maiden name of mother Betty Jean Prickett
    Residence of mother (if deceased so state) Bainbridge Ind.
    Occupation of mother Putnam Co. Hosp. Race of mother W.
    Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed George U Lantam
New Address 2204 Wanessa Dr. Indpls.
Subscribed and sworn to before me this 7 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Joyce Middle Lynn Last Miller
Date of Birth: Month 11 Day 10 Year 1948
Place of Birth (State or foreign country) Martinsville, Morgan Co. Ind.
Residence Address: Street or R. R. 570 N. Cherry City Martinsville County Morgan State Ind.
Maiden Name if Different Weddle
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Morgan Co. 5/30/75
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Unempl.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Morgan Co. Mem. Hosp. 1639

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Ivorus Eugene Weddle
   Residence of father (if deceased so state) Deceased
   Occupation of father Chevrolet Race of father W
   Birthplace of father (State or foreign country) Morgan Co. Ind.
8. Full maiden name of mother Geneva Grayson
   Residence of mother (if deceased so state) 570 N. Cherry Martinsville
   Occupation of mother ..... Race of mother .....
   Birthplace of mother (State or foreign country) Martinsville

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Joyce L Miller
New Address .....
Subscribed and sworn to before me this 7 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11 *day of* July, 19 75, *authorizing the joining together as husband and wife* George Wyseas Lantam *and* Joyce Lynn Miller
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev G. W. Adams *hereby certify that on the* 12 th *day of* July, *one thousand nine hundred and* 75 *at* Martinsville, *County of* Morgan, *State of Indiana, Groom* George Ulysses Lanham *of* Hendricks *County, State of* Indiana *and, Bride* Joyce Lynn Miller *of* Morgan *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 12 th *day of* July, 19 75.

Signed G. W. Adams
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* July, 19 75.
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

569

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 313

File

July 8, 1975 Date of Application

MALE
Medical Examination Report Dated 6-30-75
Name of Physician Dr. Thomas Walker

FEMALE
Medical Examination Report Dated 6-30-75
Name of Physician Dr. Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kenny Middle Dale Last Brown

Date of Birth: Month 12 Day 8 Year 54

Place of Birth (State or foreign country) Tucson Arizona

Residence Address: Street or R. R. Orchard P.R. Box 85 City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages .....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify) .....

Usual Occupation Asst Dept. Manager, K-Mart

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) .....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Floyd Brown
    Residence of father (if deceased so state) deceased
    Occupation of father ..... Race of father wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Edith Kathleen Woods
    Residence of mother (if deceased so state) Brownsburg, Ind
    Occupation of mother None Race of mother wh
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kenny Dale Brown

New Address 1136 Whitcomb Ave, Indpls.

Subscribed and sworn to before me this 8 day of July, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Deborah Middle Ann Last Strader

Date of Birth: Month 5 Day 5 Year 57

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. #6330 Ida St. City Indianapolis County ..... State Ind.

Maiden Name if Different .....

Previous Marital Status: Never Married ☑ Number of Previous Marriages .....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify) .....

Usual Occupation Secretary

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) .....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Cecil Strader
   Residence of father (if deceased so state) Indianapolis, Ind.
   Occupation of father Engineer Race of father wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Wilma Lucille Thompson
   Residence of mother (if deceased so state) deceased
   Occupation of mother ..... Race of mother wh
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deborah Ann Strader

New Address 1136 Whitcomb Ave, Indpls.

Subscribed and sworn to before me this 8 day of July, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... 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 12 day of July, 1975, authorizing the joining together as husband and wife Kenny Dale Brown and Deborah Ann Strader

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Bill L. Burbrink hereby certify that on the 12th day of July one thousand nine hundred and 75 at Hendricks, County of Indiana, State of Indiana, Groom Kenny D. Brown of Hendricks County, State of Indiana, and, Bride Deborah A. Strader 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.

Country Line Baptist Church

Dated this 12th day of July, 19 75. Signed Rev. Bill L. Burbrink

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of July, 19 75.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

570

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 314
File BK 36
July 8 1975
Date of Application

MALE
Medical Examination Report Dated 7/7/75
Name of Physician Eric Clark, Md

FEMALE
Medical Examination Report Dated 7/7/75
Name of Physician Eric Clark, Md.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle P. Last Coffin
Date of Birth: Month July Day 12 Year 1954
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. R.R. #4 Box 307B City Mooresville County Morgan State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation U. S. Navy
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 6922

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Alfred S. Coffin
Residence of father (if deceased so state) R.R. #4 Mooresville
Occupation of father Public Service Co. Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Marjorie Louise Pattie
Residence of mother (if deceased so state) R.R. #4 Mooresville
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed John P. Coffin
New Address R.R. #4 Box 307B Mooresville
Subscribed and sworn to before me this 8 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of ..... } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Concisa Middle R. Last Palamos
Date of Birth: Month April Day 9 Year 1954
Place of Birth (State or foreign country) Philippines Islands
Residence Address: Street or R. R. R.R. # 4 Box 307 B City Mooresville County Morgan State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Homemaker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Certificate of Baptism - Vol. 23 pg. 124

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Antonio Palamday
Residence of father (if deceased so state) Deceased
Occupation of father ..... Race of father .....
Birthplace of father (State or foreign country) Philippine Isl.
8. Full maiden name of mother Magdalena Ragas
Residence of mother (if deceased so state) Philippines
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Philippine Island

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Concesa R. Palamos
New Address R. R. # 4 Box 307 B Mooresville, Ind.
Subscribed and sworn to before me this 8 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 8 *day of* July, 19 75, *authorizing the joining together as husband and wife* John P. Coffin *and* Concesa R. Palamos

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Richard Zore *hereby certify that on the* 9 *day of* July, *one thousand nine hundred and* 75 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* John P. Coffin *of* Hendricks *County, State of* Indiana, *and, Bride* Concesa R. Palamos *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 8 *day of* July, 19 75.

Signed Rev. Richard Zore
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* July, 19 75.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

571

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 315

HENDRICKS County

File

July 8, 1975
Date of Application

MALE
Medical Examination Report Dated 6-24-75
Name of Physician L. Kourany, M.D.

FEMALE
Medical Examination Report Dated 6-24-75
Name of Physician M. 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: First John Middle Franklin Last Bain

Date of Birth: Month 2 Day 18 Year 54

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. Rt. 1 Box 116 City Camby County Hendricks State Indiana

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Construction Worker

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Harold Eugene Bain
    Residence of father (if deceased so state) Camby, Ind.
    Occupation of father Foreman Race of father wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Nancy Lou Plummer
    Residence of mother (if deceased so state) Camby, Ind.
    Occupation of mother Housewife Race of mother wh
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John F. Bain

New Address RR 1 Box 116 Camby, Ind 46113

Subscribed and sworn to before me this 8 day of July, 1975.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Valerie Middle Ann Last Smith

Date of Birth: Month 10 Day 18 Year 56

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 531 E. Co. Line Rd. City Mooresville County Morgan State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Waitress

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Cert #12104

☐ Other (Specify) Morgan Co. Dept. Public Health

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Mat Smith
   Residence of father (if deceased so state) Mooresville, Ind.
   Occupation of father Bus. Salesman Race of father Wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Rosetta Ann Steinbrook
   Residence of mother (if deceased so state) Mooresville, Ind.
   Occupation of mother Secretary Race of mother wh
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Valerie Smith

New Address RR 1, Box 116 Camby, Ind 46113

Subscribed and sworn to before me this 8 day of July, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....and filed in.....HENDRICKS.....County.....Court by written order issued.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of July, 19 75, authorizing the joining together as husband and wife John Franklin Bain and Valerie Ann Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Ralph G. Wade hereby certify that on the 19 day of July, one thousand nine hundred and 75, at Brownsburg, County of Marion, State of Indiana, Groom John Franklin Bain of Hendricks County, State of Indiana and, Bride Valerie Ann Smith of Morgan County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19 day of July, 19 75. Signed Rev. Ralph G. Wade

Official Designation Castor - Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of July, 19 75

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

572

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 319
File BK 36
July 11 1975
Date of Application

MALE
Medical Examination Report Dated 7/9/75
Name of Physician M.D. Samuelson, MD

FEMALE
Medical Examination Report Dated 7/9/75
Name of Physician M.D. Samuelson, MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Danny Middle E. Last New

Date of Birth: Month 9 Day 12 Year 1955

Place of Birth (State or foreign country): Methodist Hospital Indpls. In.

Residence Address: BK 533 Street or R. R. North City Salem County In. 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: Feed Mill

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Ss. Soun # 123 05 5444

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Willard E. New
    Residence of father (if deceased so state) North Salem, In.
    Occupation of father Maintenance Race of father White
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Ruth A. Neff
    Residence of mother (if deceased so state) North Salem, In.
    Occupation of mother Nurse P.O. Race of mother White
    Birthplace of mother (State or foreign country) Jamestown, In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Danny E. New
New Address RI Box 3
Subscribed and sworn to before me this 11 day of July 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____ 19 ____
____ Clerk

FEMALE APPLICANT

Name: First Delana Middle K. Last Goode

Date of Birth: Month November Day 7 Year 1957

Place of Birth (State or foreign country): Boone Co.

Residence Address: RR Street or R. R. 1 City Salem County In. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation: Unemployed

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-52-2679 76

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Thomas J. Goode
   Residence of father (if deceased so state) North Salem In.
   Occupation of father Self-Employed Race of father White
   Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Gladys M. Clark
   Residence of mother (if deceased so state) North Salem In.
   Occupation of mother Homemaker Race of mother White
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Delana K. Goode
New Address RI Box 3
Subscribed and sworn to before me this 11 day of July 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Thomas J. Goode Father
Signed Gladys M. Goode Mother
Subscribed and sworn to before me this 11 day of July 19 75
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 day issued 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 11 day of July 19 75, authorizing the joining together as husband and wife Danny E. New and Delana K. Goode

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mourer hereby certify that on the 11 day of July, one thousand nine hundred and 75 at Danville, County of Hendricks, State of Indiana, Groom Danny E. New of Hendricks County, State of Indiana, and, Bride Delana K. Goode of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of July, 19 75.

Signed John C. Mourer
Official Designation Judge, Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of July, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

573

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 320
File BK 36
July 11 1975
Date of Application

MALE
Medical Examination Report Dated 7/7/75
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 7/7/75
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 Dixon Last Smith
Date of Birth: Month July Day 8 Year 1950
Place of Birth (State or foreign country) Ft Wayne Wyp. Indpls. In
Residence Address: Street or R. R. 307 W. Charles City Muncie County Delaware State 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: Student - B.S.U.
Date of birth verified by: ☐ Birth Certs ☐ Judicial Decree
☐ Other (Specify) Soc. Sec. # 312 16 5018

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 Warburn Smith
    Residence of father (if deceased so state) Rising Sun, Ind.
    Occupation of father Field Eng. Race of father White
    Birthplace of father (State or foreign country) Trenton, N. J.
12. Full maiden name of mother Francis Dixon
    Residence of mother (if deceased so state) Rising Sun, In.
    Occupation of mother Homemaker Race of mother White
    Birthplace of mother (State or foreign country) Mt. Vernon, In

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William D Smith
New Address 307 W. Charles Muncie IN.
Subscribed and sworn to before me this 11 day of July, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Linda Middle Susan Last Lazier
Date of Birth: Month September Day 14 Year 1950
Place of Birth (State or foreign country) Mattoon Ill.
Residence Address: Street or R. R. 307½ W Main St. City Delphi County Carroll State In.
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages one Husband 1974
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Press Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # T921K

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Junior Lazier
   Residence of father (if deceased so state)
   Occupation of father Race of father White
   Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Margaret Edith Phipps
   Residence of mother (if deceased so state)
   Occupation of mother Race of mother White
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed linda susan lazier
New Address 307 W Charles Muncie, Ind.
Subscribed and sworn to before me this 11 day of July, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in ..... HENDRICKS ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of July August, 19 75, authorizing the joining together as husband and wife Linda Susan Lazier and William Dixon Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry M Wheeler hereby certify that on the 17 day of August, one thousand nine hundred and 75 at 2009 High Rising Sun, County of Ohio, State of Indiana, Groom William Dixon Smith of Hendricks County, State of Indiana, and, Bride Linda Susan Lazier of Ohio County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of August, 19 75. Signed Jerry M. Wheeler
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of August, 19 75.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

574

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 316
File #36
7-9-75
Date of Application

MALE
Medical Examination Report Dated 7-3-75
Name of Physician Wm. R. Wise

FEMALE
Medical Examination Report Dated 7-3-75
Name of Physician Wm. R. Wise

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle E. Last Selig
Date of Birth: Month June Day 9 Year 1957
Place of Birth (State or foreign country): Indianapolis
Residence Address: Street or R. R. R.R. 8, Bx 324 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: Landscaper
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree #6938
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ⊙ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert Lee Selig
    Residence of father (if deceased so state) RR 8, Indianapolis, Ind.
    Occupation of father Landscaper Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Carrel June Wright
    Residence of mother (if deceased so state) RR 8, Indianapolis, Ind.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Thomas Selig
New Address 892 Winding Brook E. Dr. Apt. H Indpls.
Subscribed and sworn to before me this 9 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Pamela Middle J. Last Barker
Date of Birth: Month June Day 14 Year 1958
Place of Birth (State or foreign country): Indianapolis
Residence Address: Street or R. R. 4026 Carwyn 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: Office Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree #7297
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Excel W. Barker
   Residence of father (if deceased so state) 4026 Carwyn, Indpls, Ind.
   Occupation of father Bus Driver Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Josephine Harvell
   Residence of mother (if deceased so state) 4026 Carwyn, Indpls, Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Alabama

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Pamela J. Barker
New Address 892 WINDING BROOK E. DR. APT. H INDPLS.
Subscribed and sworn to before me this 9 day of July, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Excel W Barker Father
Signed Josephine Barker Mother
Subscribed and sworn to before me this 9 day of July, 19 75
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* 14th *day of* July, 19 75, *authorizing the joining together as husband and wife* Thomas E. Selig *and* Pamela J. Barker

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Henry Shackley *hereby certify that on the* 2 *day of* August, *one thousand nine hundred and* 75 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Thomas E. Selig *of* Hendricks *County, State of* Indiana, *and, Bride* Pamela J Barker *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 2 *day of* August, 19 75.

Signed Henry Shackley
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* August, 19 75.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

575

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 317

HENDRICKS County

File BK. 36

Remarriage

July 10, 1975
Date of Application

MALE
Medical Examination Report Dated 7/9/75
Name of Physician James Black, MD

FEMALE
Medical Examination Report Dated 7/9/75
Name of Physician James Black, MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Caldwell Last Clark

Date of Birth: Month March Day 29 Year 1947

Place of Birth (State or foreign country) Indpls. Marion Ind.

Residence Address: Street or R. R. 2328 Norris City Indpls. County (West) State Indiana

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 Railroader

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 47-021379

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑ (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Erika Lynn Clark	3½	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 Howe Kirkland Clark Sr.
Residence of father (if deceased so state) Brownsburg Ind.
Occupation of father Unknown Race of father White
Birthplace of father (State or foreign country) Indianapolis Ind.
12. Full maiden name of mother Edna Tully
Residence of mother (if deceased so state) Brownsburg Ind.
Occupation of mother Sears, Roebuck & Co. Race of mother White
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 Michael Caldwell Clark
New Address 2328 Norris Dr. Indpls.

Subscribed and sworn to before me this 10 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Sharon Middle Lee Last Clark

Date of Birth: Month May Day 24 Year 1950

Place of Birth (State or foreign country) Lebanon Boone Co.

Residence Address: Street or R. R. 2802 Embassy City Kaw County Indpls State Ind.

Maiden Name if Different Dale

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 Secretary

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 50-029301

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James Allen Dale
Residence of father (if deceased so state) Brownsburg Ind.
Occupation of father Business Race of father White
Birthplace of father (State or foreign country) Baltimore Md.
8. Full maiden name of mother Arnetta Beverly Crouch
Residence of mother (if deceased so state) Melrose, Florida
Occupation of mother Unknown Race of mother White
Birthplace of mother (State or foreign country) Baltimore, Md.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon L. Clark
New Address 2328 Norris Dr. Indpls
Subscribed and sworn to before me this 10th day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in ..... HENDRICKS ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 15 day of July, 19..., authorizing the joining together as husband and wife Michael Caldwell Clark and Sharon Lee Clark

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mourer hereby certify that on the 18 day of July, County of Hendricks, one thousand nine hundred and 75 at Danville County, State of Indiana, State of Indiana, Groom Michael Caldwell Clark of Hendricks County, State of Indiana, and, Bride Sharon Lee Clark of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of July, 19 75. Signed John C. Mourer
Official Designation Judge, Hendricks County Court

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of July, 19 75
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

576

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 318
File BK. 36
July 10, 1975
Date of Application

MALE
Medical Examination Report Dated 7/9/75
Name of Physician Ronald Blankenbaker

FEMALE
Medical Examination Report Dated 7/9/75
Name of Physician Ronald Blankenbaker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First R. Middle Roger Last Zaring
Date of Birth: Month November Day 5 Year 1946
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R.R. 901A Ridgewood City Plainfield County Ha. State In.
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 Service Representative
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-46-0224??

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Jenna Suzanne Zaring	2	Lexington, 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 Edward R. Zaring
    Residence of father (if deceased so state) Indianapolis In.
    Occupation of father Unknown Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Catherine E. Matthews
    Residence of mother (if deceased so state) deceased
    Occupation of mother Race of mother
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed R. Roger Zaring
New Address 901 Ridgewood Plainfield

Subscribed and sworn to before me this 10 day of July, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Janie Middle L. Last Batty
Date of Birth: Month August Day 13 Year 1955
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R.R. RR #1 Box 712 City Brpla County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 8718

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Frederick Foster Batty
   Residence of father (if deceased so state) Indianapolis, In.
   Occupation of father Machinist Race of father White
   Birthplace of father (State or foreign country) Ohio
8. Full maiden name of mother Carolyn Helen Brown
   Residence of mother (if deceased so state) Indianapolis, In.
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janie L. Batty
New Address 901A Ridgewood Drive

Subscribed and sworn to before me this 10 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* July, 19 75, *authorizing the joining together as husband and wife* R. Roger Zaring *and* Janie L. Batty

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Sonny W. Hays *hereby certify that on the* 19 *day of* July, *one thousand nine hundred and* 75 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* R. Roger Zaring *of* Hendricks *County, State of* Indiana *and, Bride* Janie L. Batty *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19 *day of* July, 19 75.

Signed Sonny W. Hays
Official Designation Baptist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* July, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

577

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 321

File July 14, 1974 #36
Date of Application

MALE
Medical Examination Report Dated
Name of Physician Carl Heinlein

FEMALE
Medical Examination Report Dated
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 Garry Middle T. Last Herald
Date of Birth: Month May Day 14 Year 1954
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. 9633 Harmony Dr. City Indianapolis County Marion Co. State 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 Hendricks Co. Highway
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree 5734
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Leon Richard Herald Jr.
    Residence of father (if deceased so state) 9633 Harmony, Indpls., Ind.
    Occupation of father Allisons Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Bernice Leola Jensen
    Residence of mother (if deceased so state) 9633 Harmony, Indpls, Ind
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Garry R Herald
New Address RR 1 Box 411 Plainfield Ind.
Subscribed and sworn to before me this 14 day of July, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Debbie Middle K. Last Doran
Date of Birth: Month August Day 29 Year 1957
Place of Birth (State or foreign country) Beech Grove
Residence Address: Street or R. R. 1542 S. Belmont City Indianapolis County Marion Co. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Nurses Aid
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree C 2178
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Dennis K Doran
   Residence of father (if deceased so state) 1542 S. Belmont, Indpls., Ind.
   Occupation of father Machine Repair Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Phyllis C. Hills
   Residence of mother (if deceased so state) 1542 S. Belmont, Indpls., Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debbie K. Doran
New Address R R #1 Box 411 Plainfield, Ind.
Subscribed and sworn to before me this 14 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Dennis K Doran Sr. Father
Signed Phyllis C. Doran Mother
Subscribed and sworn to before me this 14 day of July, 19 75
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 18 day of July, 19..... authorizing the joining together as husband and wife Garry R Herald and Debbie K Doran

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Everett Barnett hereby certify that on the 25 day of July one thousand nine hundred and 75 at Good Shepard Baptist Church County of Morgan State of Indiana, Groom Garry Richard Herald of Marion County, State of Indiana, and, Bride Debra Kay Doran of Marion County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of July, 19 75. Signed Everett Barnard
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of July, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

578

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 322

File

July 14 1975
Date of Application

MALE
Medical Examination Report Dated 7-7-75
Name of Physician Herman H. Hill M.D.

FEMALE
Medical Examination Report Dated 7-7-75
Name of Physician John Elliott, Jr.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle Dennis Last Wilson

Date of Birth: Month B Day 17 Year 54

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. Box 3761 Luke A.F.B. City Phoenix County Arizona 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 Air Force

Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) Armed Forces I.D.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Derwood Eugene Wilson
    Residence of father (if deceased so state) Clinton, Ind.
    Occupation of father Crane Operator Race of father wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Virginia Lee Spears
    Residence of mother (if deceased so state) Clinton, Ind.
    Occupation of mother H.C. Hospital Race of mother wh
    Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Steven D. Wilson
New Address Box 146 Coatesville, Ind.
Subscribed and sworn to before me this 14 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Brenda Middle Lynn Last Lydick

Date of Birth: Month 8 Day 21 Year 57

Place of Birth (State or foreign country) Fairbanks, Alaska

Residence Address: Street or R. R. Box 146, City Coatesville, County Indiana State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Student

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Billy Eugene Lydick
   Residence of father (if deceased so state) Coatesville, Ind.
   Occupation of father Banker Race of father wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Lavae Patrick
   Residence of mother (if deceased so state) Coatesville, Ind
   Occupation of mother None Race of mother wh
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda L. Lydick
New Address Box 146 Coatesville, IN
Subscribed and sworn to before me this 14 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Billy E. Lydick Father
Signed Mother
Subscribed and sworn to before me this 14 day of July, 19 75
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* 18 *day of* July, 19 75, *authorizing the joining together as husband and wife* Steven Dennis Wilson *and* Brenda Lynn Lydick

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gary R. Kirchoff *hereby certify that on the* 19 *day of* July, *one thousand nine hundred and* 75 *at* Ona, *County of* Hendricks, *State of Indiana, Groom* Steven Dennis Wilson *of* Maricopa *County, State of* Arizona *and, Bride* Brenda Lynn Lydick *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19 *day of* July, 19 75.

Signed Gary R. Kirchoff
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* July, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

578

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 322

File

July 14 1975
Date of Application

MALE
Medical Examination Report Dated 7-7-75
Name of Physician Herman H. Hill M.D.

FEMALE
Medical Examination Report Dated 7-7-75
Name of Physician John Heath, Jr.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle Dennis Last Wilson

Date of Birth: Month 6 Day 17 Year 54

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. Box 3761 City Luke A.F.B. County Maricopa State Arizona

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Air Force

Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree

☐ Other (Specify) Armed Forces I.D.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support?

I, Mary Louise Lydick, hereby give my consent for my daughter, Brenda Lynn Lydick to marry Steven Dennis Wilson

Mary Louise Lydick

Subscribed and sworn to before me this 14th day of July 19 75

Ruth E. Owens
Notary Public

My Commission expires 12-1-75

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19___.
_____ Clerk

FEMALE APPLICANT

Name: First Brenda Middle Lynn Last Lydick

Date of Birth: Month 8 Day 31 Year 57

Place of Birth (State or foreign country) Fairbanks, Alaska

Residence Address: Street or R. R. Box 146 City Coatesville County Indiana State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Student

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Billy Eugene Lydick
   Residence of father (if deceased so state) Coatesville, Ind.
   Occupation of father Banker Race of father wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Louise Patrick
   Residence of mother (if deceased so state) Coatesville, Ind
   Occupation of mother wh
   Birthplace of mother (State or foreign country) Indiana

the information given is true and correct.

Lydick
Ville, IN
July, 19 75
CKS Circuit Court

. If only one parent
ary

State of Indiana, County of HENDRICKS } ss:

Signed Billy E. Lydick Father
Signed _____ Mother
Subscribed and sworn to before me this 14 day of July, 19 75
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 18 day of July, 19 75, authorizing the joining together as husband and wife Steven Dennis Wilson and Brenda Lynn Lydick

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gary R. Kirchoff hereby certify that on the 19 day of July, one thousand nine hundred and 75 at Mo, County of Hendricks, State of Indiana, Groom Steven Dennis Wilson of Maricopa County, State of Arizona and, Bride Brenda Lynn Lydick of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19 day of July, 19 75.

Signed Gary R. Kirchoff
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of July, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 323

File

July 15 1975
Date of Application

MALE
Medical Examination Report Dated 6-14-75
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-14-75
Name of Physician Eric D. Clark.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald Middle Alan Last Reynolds

Date of Birth: Month Aug Day 20 Year 1943

Place of Birth (State or foreign country) Bedford Ind.

Residence Address: Street or R. R. R R #2 City Mitchell County Ind. State

Previous Marital Status: Never Married ☐ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation U. S. Postal Clerk

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License #1307-46-1209-06

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐ (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 Franklin Reynolds Jr.
Residence of father (if deceased so state) R #2 Mitchell, Ind.
Occupation of father Foreman Race of father.....
Birthplace of father (State or foreign country) Bono Twp Ind.
12. Full maiden name of mother Marie Gayle Black
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother.....
Birthplace of mother (State or foreign country) Bono Twp Ind.

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald Alan Reynolds
New Address 1009 Brookside Lane

Subscribed and sworn to before me this 15 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana,
County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Diana Middle Lee Last Strange

Date of Birth: Month March Day 19 Year 1946

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 1009 Brookside Lane City Zfld County Hend. State Ind.

Maiden Name if Different Lange

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1975 Hend.

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Housewife

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License #1313-46-6762

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Carleton Burt Lange
Residence of father (if deceased so state) 1915 N Moreland, Ind.
Occupation of father Allison Race of father.....
Birthplace of father (State or foreign country) Indianapolis, Ind.
8. Full maiden name of mother Idamay Groff
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother.....
Birthplace of mother (State or foreign country) Indianapolis

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diana Lee Strange
New Address 1009 Brookside Lane

Subscribed and sworn to before me this 15 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana,
County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of July, 19 75, authorizing the joining together as husband and wife Ronald Alan Reynolds and Diana Lee Strange

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R. Kent Allen hereby certify that on the 8 day of August one thousand nine hundred and 75 at Plainfield, Hendricks County, State of Indiana, State of Indiana, Groom Ronald Alan Reynolds of Hendricks County, State of Indiana, and, Bride Diana Lee Strange of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8 day of August, 19 75. Signed R. Kent Allen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of August, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

580

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 324
File BK. 36
July 15, 1975
Date of Application

MALE
Medical Examination Report Dated 7/9/75
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated 7/9/75
Name of Physician James Black, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jerry Middle Dean Last Sutherlin
Date of Birth: Month July Day 24 Year 1947
Place of Birth (State or foreign country) Robertson Co. Hospital, Ky.
Residence Address: Street or R. R. P.O. Box 151, City Lizton, County, State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Dec. '74
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Deputy Sheriff
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☑ Other (Specify) Soc. Sec. # 312 67 47 109

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Michael Dean Sutherlin	6	Greencastle, In.
Darrel Bradley Sutherlin	3	"
Jeannie Lee Sutherlin	1 3/12 mos.	Lizton In.

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Maynard Eugene Sutherlin
    Residence of father (if deceased so state) Greencastle, In.
    Occupation of father Mechanic Race of father White
    Birthplace of father (State or foreign country) Putnam Co., In.
12. Full maiden name of mother Kathryn Marie Jenkins
    Residence of mother (if deceased so state) ~~Putnam~~ Stilesville, In.
    Occupation of mother Homemaker Race of mother White
    Birthplace of mother (State or foreign country) Putnam Co., In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerry Dean Sutherlin
New Address P.O. Box 151 Lizton, Ind. 46149

Subscribed and sworn to before me this 15 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Rita Middle Jane Last Wolfe
Date of Birth: Month January Day 27 Year 1955
Place of Birth (State or foreign country) Robinson Boone Co. Ill.
Residence Address: Street or R. R. RR #1 Box 282, City Pittsboro, County, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Sales Lady
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Witness Mem. Hosp. Lebanon, Ind.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Harold Verne Wolfe
   Residence of father (if deceased so state) R.R. #1, Pittsboro, In.
   Occupation of father Farmer Race of father W.
   Birthplace of father (State or foreign country) Hendricks Co.
8. Full maiden name of mother Myrtle Ruth Clark
   Residence of mother (if deceased so state) R.R. #1, Pittsboro, In.
   Occupation of mother Homemaker Race of mother White
   Birthplace of mother (State or foreign country) Hendricks Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rita Jane Wolfe
New Address P.O. Box 151, Lizton, In.

Subscribed and sworn to before me this 15 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of July, 1975, authorizing the joining together as husband and wife Jerry Dean Sutherlin and Rita Jane Wolfe

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen A. Clarkson hereby certify that on the 20 day of July, one thousand nine hundred and 75 at Pittsboro, County of Hendricks, State of Indiana, Groom Jerry Dean Sutherlin of Hendricks County, State of Indiana, and, Bride Rita Jane Wolfe of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19th day of July, 1975.

Signed Glen A. Clarkson
Official Designation Pastor, U.M.C.

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of July, 1975.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

581

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 325
File #36
7-15-75 Date of Application

MALE
Medical Examination Report Dated 7-8-75
Name of Physician Thomas H. Black III

FEMALE
Medical Examination Report Dated 7-8-75
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 Larry Middle — Last Nauman
Date of Birth: Month February Day 9 Year 1954
Place of Birth (State or foreign country) Oakland City California
Residence Address: Street or R. R. Box 24 City Gillmore County Putnam 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 Factory Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Discharge Certificate 311-58-9654

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Stacy Lea Nauman	2	R#1 Greencastle, Ind.

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Lawrence Nauman
    Residence of father (if deceased so state) Box 24, Gillmore, Ind.
    Occupation of father Truck Driver Race of father W.
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Madeline Alexander
    Residence of mother (if deceased so state) Box 24, Gillmore, Ind.
    Occupation of mother Factory Worker Race of mother W.
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry D Nauman
New Address 702 E. Seminary St. Greencastle Ind
Subscribed and sworn to before me this 15 day of July, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Tina Middle — Last Goodpaster
Date of Birth: Month March Day 20 Year 1959
Place of Birth (State or foreign country) Greencastle Putnam Co. Ind.
Residence Address: Street or R. R. R.R. #2 City Coatesville County Hendricks Co. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Hospital #58783
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Wendell Goodpaster
   Residence of father (if deceased so state) R#2 Coatesville, Ind.
   Occupation of father Farmer Race of father W.
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Evelyn Hudson
   Residence of mother (if deceased so state) R#2 Coatesville, Ind
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tina Goodpaster
New Address 702 E. Seminary St. Greencastle Ind.
Subscribed and sworn to before me this 15 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Wendell Goodpaster Father
Signed Evelyn Goodpaster Mother
Subscribed and sworn to before me this 15 day of July, 19 75.
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 ..... Court by written order issued 3 day Waiver + Age and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

HENDRICKS County

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ....., 19 75, authorizing the joining together as husband and wife of Indiana dated the 15 day of July and Tina Goodpaster Larry Nauman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Roy L. Swihart hereby certify that on the 6 day of August, at Greencastle, County of Putnam, one thousand nine hundred and 75 State of Indiana, Groom Larry D. Nauman of Putnam County, State of Indiana, and, Bride Tina L Goodpaster of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6 day of August, 19 75. Signed Roy L. Swihart
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of August, 19 75.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

582

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 326
File BK 36
July 15, 1975
Date of Application

MALE
Medical Examination Report Dated 6/28/75
Name of Physician Donna J. Meade

FEMALE
Medical Examination Report Dated 6/28/75
Name of Physician Donna J. Meade

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Alva Middle Grismore III Last
Date of Birth: Month June Day 29 Year 1954
Place of Birth (State or foreign country)
Residence Address: 5032 Brandywine Dr. Street or R. R. Indpls. City Marion County In. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Factory Worker
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Louisville 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 Robert Lee Dean Orr
    Residence of father (if deceased so state) Brownsburg Ind.
    Occupation of father Construction Race of father White
    Birthplace of father (State or foreign country) Louisville Ky
12. Full maiden name of mother Shirley Ann Taff
    Residence of mother (if deceased so state) Brownsburg In.
    Occupation of mother Housemaker Race of mother White
    Birthplace of mother (State or foreign country) Louisville Ky.

Note: Female Applicant

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Alva Grismore III
New Address 5032 Brandywine Dr
Subscribed and sworn to before me this 15 day of July, 19 75.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Theresa Middle Lee Last Orr
Date of Birth: Month February Day 22 Year 1955
Place of Birth (State or foreign country) Louisville Ky.
Residence Address: R.R #3 Box 727B Street or R. R. Brownsburg City Hendricks County In. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 172-54-046551

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Alva Grismore Jr. (Note: male)
   Residence of father (if deceased so state) Indpls. In.
   Occupation of father Factory Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Margaret Louise Pickens
   Residence of mother (if deceased so state) Indpls. Ind.
   Occupation of mother Housemaker Race of mother White
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Theresa Lee Orr
New Address 5032 Brandywine Dr.
Subscribed and sworn to before me this 15 day of July, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21 *day of* July, 19 75, *authorizing the joining together as husband and wife* Alva Grismore III *and* Theresa Lee Orr

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gerald T. Penn hereby certify that on the 25 day of July, one thousand nine hundred and 75 at Brownsburg, County of Hendricks, State of Indiana, Groom Alva Grismore III of Marion County, State of Indiana, and, Bride Theresa Lee Orr of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of July, 19 75.

Signed Gerald T. Penn
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* July, 19 75.

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

Form 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

7-15-75 Date of Application

MALE
Medical Examination Report Dated 7-14-75
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 7-14-75
Name of Physician James Black M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Brent Last Lucas

Date of Birth: Month 7 Day 12 Year 48

Place of Birth (State or foreign country) Terre Haute, Ind.

Residence Address: Street or R. R. 207 Rockshire Rd. City Indianapolis County State

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Designer

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Franklin Lucas
    Residence of father (if deceased so state) Terre Haute, In.
    Occupation of father Railroader Race of father wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Helen Marie Tucker
    Residence of mother (if deceased so state) Terre Haute, Ind
    Occupation of mother None Race of mother wh
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James B Lucas

New Address 12 W. College, Brownsburg, Ind

Subscribed and sworn to before me this 15 day of July, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sharon Middle Louise Last Hobson

Date of Birth: Month 8 Day 14 Year 46

Place of Birth (State or foreign country) Peoria Illinois

Residence Address: Street or R. R. 12 W. College City Brownsburg County Ind. State

Maiden Name if Different Sharon Louise Lindsay

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Teacher

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Benjamin S. Lindsay
   Residence of father (if deceased so state) Brownsburg, Ind
   Occupation of father Retired Race of father wh
   Birthplace of father (State or foreign country) Maryland
8. Full maiden name of mother Alice Vita Allen
   Residence of mother (if deceased so state) deceased
   Occupation of mother ..... Race of mother wh
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon L. Hobson

New Address 12 W College Brownsburg Ind

Subscribed and sworn to before me this 15 day of July, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... Court of ..... HENDRICKS ..... County ..... and filed in ..... 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 22 day of July, 19 75, authorizing the joining together as husband and wife James Brent Lucas and Sharon Louise Hobson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash hereby certify that on the 25 day of July, ~~State~~ Hendricks County, State of Indiana, at Brownsburg one thousand nine hundred and 75 County, State of Indiana, State of Indiana, Groom James Brent Lucas of Marion County, State of Indiana, and, Bride Sharon Louise Hobson of Hendricks HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of July, 19 75. Signed Jerry R. Nash Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of July, 19 75 Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

584

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 328
File 36
7-16-75
Date of Application

MALE
Medical Examination Report Dated 7-10-75
Name of Physician Glen H. Baker

FEMALE
Medical Examination Report Dated 7-10-75
Name of Physician Glen H. 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 Fred Middle — Last Hallett Jr.
Date of Birth: Month February Day 5 Year 1950
Place of Birth (State or foreign country): Lebanon Boone Co. Indiana
Residence Address: Street or R. R. R.#2 Bx 134A City Brownsburg County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Engineer
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Witham Memorial Hospital
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Stanley Hallett
    Residence of father (if deceased so state) 412 Schwalt St. Brownsburg, Ind.
    Occupation of father Eli Lilly Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Edith Ann Ballard
    Residence of mother (if deceased so state) 412 School St. Brownsburg, Ind.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Fred L. Hallett Jr.
New Address RR#2 Bx 134A, Brownsburg
Subscribed and sworn to before me this 16 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Cynthia Middle — Last Sharpe
Date of Birth: Month February Day 6 Year 1954
Place of Birth (State or foreign country): Anderson Madison Co. Ind.
Residence Address: Street or R. R. 618 Saratoga City Brownsburg County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Zoning Technician
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree St. John's Hospital
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Cecil Howard Sharpe
   Residence of father (if deceased so state) 618 Saratoga Brownsburg, Ind.
   Occupation of father Adesions Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Dorothy Jean Wehrs
   Residence of mother (if deceased so state) 618 Saratoga Brownsburg, Ind
   Occupation of mother Public Library Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cynthia A. Sharpe
New Address R.R.#2 Box 134A Brownsburg
Subscribed and sworn to before me this 16 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* July, 1975, *authorizing the joining together as husband and wife* Fred Hallett, Jr. *and* Cynthia Sharpe
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, S. Howard Davidson *hereby certify that on the* 2nd *day of* August, *one thousand nine hundred and* 75 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Fred L. Hallett, Jr. *of* Hendricks *County, State of* Indiana *and, Bride* Cynthia Anne Sharpe *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 2nd *day of* August, 19 75.

Signed S. Howard Davidson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* Aug., 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 329
File 36
7-16-75 Date of Application

MALE
Medical Examination Report Dated 7/11/75
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 7/11/75
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 Clarence Middle R. Last Daniels
Date of Birth: Month September Day 8 Year 1944
Place of Birth (State or foreign country) Clinton
Residence Address: Street or R. R. R.R. 5 Box 550 B City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Vermillion 1970
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Mechanic + Farmer
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 229

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name | Age | Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Ivan Curtis Daniels
Residence of father (if deceased so state) Vermillion Co.
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Vermillion Co.
12. Full maiden name of mother Fern Ruby Jones
Residence of mother (if deceased so state) deceased
Occupation of mother Race of mother
Birthplace of mother (State or foreign country) Vigo, Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Clarence R Daniels
New Address RR # 5 Box 550 B Plainfield Ind.

Subscribed and sworn to before me this 16 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Nina Middle M. Last Price
Date of Birth: Month December Day 25 Year 1948
Place of Birth (State or foreign country) Plainfield
Residence Address: Street or R. R. R.R. 5 Box 550 City Plainfield County Hend. State Ind.
Maiden Name if Different Ervin
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1967 W Virginia
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Homemaker
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Bk. B-2 pg. 89

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Orland Grace
Residence of father (if deceased so state) London, Ky.
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Verlie Venice Weaver
Residence of mother (if deceased so state) London, Ky.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nina M. Price
New Address R.R. 5, Box 550 B Plainfield Ind.

Subscribed and sworn to before me this 16 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... 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 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 16 day of July, 19 75, authorizing the joining together as husband and wife Clarence R. Daniels and Nina M. Price

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Kenneth E. Vetters hereby certify that on the 17th day of July, 19 75 at Coatesville, County of Hendricks, State of Indiana, one thousand nine hundred and 75 State of Indiana, Groom Clarence R. Daniels of Hendricks County, State of Indiana, and, Bride Nina M. Price of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17 day of July, 19 75. Signed Rev. Kenneth E. Vetters
Official Designation Pastor, Barlett Chapel U.M.C.

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of July, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

586

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 330

File

July 17, 1975
Date of Application

MALE
Medical Examination Report Dated 6-28-75
Name of Physician Elmer Koch, M.D.

FEMALE
Medical Examination Report Dated 6-28-75
Name of Physician Elmer Koch, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jordan Middle Eugene Last Ware

Date of Birth: Month 7 Day 22 Year 52

Place of Birth (State or foreign country) Beech Grove, Ind.

Residence Address: Street or R. R. 209 N. Warman City Indianapolis County Marion State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation 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 Jordan Eugene Ware
    Residence of father (if deceased so state) Deceased
    Occupation of father Race of father wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Barbara Jo Vanzant Stafford
    Residence of mother (if deceased so state) Nashville, Ind.
    Occupation of mother Inv. Co. Race of mother wh
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jordan Eugene Ware
New Address 209 N. Warman Indpls, Ind 46222

Subscribed and sworn to before me this 17 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

FEMALE APPLICANT

Name: First Pamela Middle Sue Last Marston

Date of Birth: Month 10 Day 5 Year 54

Place of Birth (State or foreign country) San Bernardino, California

Residence Address: Street or R. R. 5 Edgewood Dr. City Danville County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Nurse Aid

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Russell Lee Marston
   Residence of father (if deceased so state) Danville, Ind.
   Occupation of father Supervisor Race of father wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Carolyn Mae Hatch
   Residence of mother (if deceased so state) Danville, Ind.
   Occupation of mother Girls School Race of mother wh
   Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Pamela Sue Marston
New Address 209 N Warman Indpls Ind

Subscribed and sworn to before me this 17 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 21 *day of* July, 19 75, *authorizing the joining together as husband and wife* Jordan Eugene Ware *and* Pamela Sue Marston

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William W. Mc Dermet III *hereby certify that on the* 26 *day of* July, *one thousand nine hundred and* 75 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Jordan Eugene Ware *of* Marion *County, State of* Indiana, *and, Bride* Pamela Sue Marston *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21st *day of* July, 19 75.

Signed Rev. William W. Mc Dermet III
Official Designation Senior Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* July, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

587

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 331

HENDRICKS County

File

July 17, 1975
Date of Application

MALE
Medical Examination Report Dated 7-16-75
Name of Physician David Hadley M.D.

FEMALE
Medical Examination Report Dated 7-16-75
Name of Physician David Hadley M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jack Middle Bell Last Koester

Date of Birth: Month 8 Day 10 Year 49

Place of Birth (State or foreign country): Sheffield, Iowa

Residence Address: Street or R. R. 9880 W. 10th 15-6 City Indianapolis County State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation: Cinematographer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Raymond Harold Koester
    Residence of father (if deceased so state) Jacksonville, Fla.
    Occupation of father Management Sales Race of father wh
    Birthplace of father (State or foreign country) Iowa
12. Full maiden name of mother Bertha Margret Bell
    Residence of mother (if deceased so state) Jacksonville, Fla.
    Occupation of mother None Race of mother wh
    Birthplace of mother (State or foreign country) Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jack B. Koester
New Address 9880 W. 10th #15-6, Indianapolis, Ind.

Subscribed and sworn to before me this 17 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Robin Middle Lynette Last Smith

Date of Birth: Month 7 Day 19 Year 52

Place of Birth (State or foreign country) Hoxie Kansas

Residence Address: Street or R. R. 9880 W. 10th St. 15-6 City Indianapolis County State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation: Correctional Officer - Girls School

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Dr. License # S312-60-0518

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Johnny Smith
   Residence of father (if deceased so state) Camby, Ind
   Occupation of father Air Traffic Control Sp. Race of father wh
   Birthplace of father (State or foreign country) Kansas
8. Full maiden name of mother Marlene JoAnn Barnes
   Residence of mother (if deceased so state) Camby, Ind
   Occupation of mother None Race of mother wh
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robin Lynette Smith
New Address 9880 W. 10th 15-6, Indpls. Ind.

Subscribed and sworn to before me this 17 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in ..... HENDRICKS ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of July, 19 75, authorizing the joining together as husband and wife Jack Bell Koester and Robin Lynette Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mims Roberts hereby certify that on the 26 day of July, at Camby, County of Marion, one thousand nine hundred and 75 State of Indiana, Groom Jack Bell Koester of Marion County, State of Indiana, and, Bride Robin Lynette Smith of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of July, 19 75. Signed Mims Roberts
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of July, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

588

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 332

File

July 18, 1975
Date of Application

MALE
Medical Examination Report Dated 7-17-75
Name of Physician O. Kourany M.D

FEMALE
Medical Examination Report Dated 7-17-75
Name of Physician O. 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: First William Middle J. Last Curtis

Date of Birth: Month 5 Day 5 Year 1954

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 560 Tucker St. City Plfd. County State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Excavating Eng

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 04166

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Buford Ray Curtis
    Residence of father (if deceased so state) Same
    Occupation of father Ret Bell Telephone Race of father
    Birthplace of father (State or foreign country) Indianapolis
12. Full maiden name of mother Dorothy Catherine Faulkner
    Residence of mother (if deceased so state) Same
    Occupation of mother Projected Sounds Race of mother
    Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William J. Curtis
New Address 1430 S. Kiel Ave Indpls.

Subscribed and sworn to before me this 18 day of July, 19 75.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Linda Middle L. Last Newlin

Date of Birth: Month 10 Day 26 Year 1954

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. R #3 Box 40 City Plfd. County State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Medical Asst

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 11697

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Murray Newlin
   Residence of father (if deceased so state) Same
   Occupation of father Machinist Race of father
   Birthplace of father (State or foreign country) Plainfield
8. Full maiden name of mother Ethel Mae Adams
   Residence of mother (if deceased so state) Same
   Occupation of mother Public Service Race of mother
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda L. Newlin
New Address 1430 S. Kiel Ave. Indpls.

Subscribed and sworn to before me this 18 day of July, 19 75.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23 *day of* July, 19 75, *authorizing the joining together as husband and wife* William J. Curtis *and* Linda L. Newlin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Don Hallock *hereby certify that on the* 9 *day of* August, *one thousand nine hundred and* 75 *at* Plainfield Christian Church *County of* Hendricks, *State of Indiana, Groom* William J. Curtis *of* Hendricks *County, State of* Indiana, *and, Bride* Linda L. Newlin *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 9 *day of* August, 19 75.

Signed Don Hallock
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* August, 19 75.

Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

589

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 333
File BK 36
July 18 1975 Date of Application

MALE
Medical Examination Report Dated 7/14/75
Name of Physician James Black, Md.

FEMALE
Medical Examination Report Dated 7/14/75
Name of Physician James Black, Md.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle T. Last Leppard
Date of Birth: Month December Day 1 Year 1950
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. 121 Pamela Pkwy City Brownsburg County Marion State 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 Fork Lift (F.M.C.)
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-50-090014

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Todd M. Leppard
Residence of father (if deceased so state) Brownsburg In.
Occupation of father Brick Layer Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Kathleen Howell
Residence of mother (if deceased so state) Brownsburg In.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James T Leppard
New Address 121 Pamela Pkwy Brownsburg
Subscribed and sworn to before me this 18 day of July, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Charlotte Middle Marie Last Williams
Date of Birth: Month August Day 5 Year 1952
Place of Birth (State or foreign country) In Indianapolis In.
Residence Address: Street or R. R. 1222 S. Madison City Lebanon County State In.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Payroll + Personnel Mgr.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 7899

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James Riley Williams
Residence of father (if deceased so state) Unknown
Occupation of father Unknown Race of father
Birthplace of father (State or foreign country) Unknown
8. Full maiden name of mother Mildred Dare
Residence of mother (if deceased so state) Lebanon, In.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Arkansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charlotte M. Williams
New Address 121 Pamela Pkwy Brownsburg
Subscribed and sworn to before me this 18 day of July, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed in ..... HENDRICKS ..... County ..... Court by written order issued ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 22 day of July, 19 75, authorizing the joining together as husband and wife James T. Leppard and Charlotte Marie Williams

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Carol Thompson hereby certify that on the 22 day of August, one thousand nine hundred and 75 at Clinton, County of Frankfort, State of Indiana, Groom James Leppard of Hendricks County, State of Indiana, and, Bride Charlotte Williams of Boone County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22 day of August, 19 75. Signed Rev. Carol Thompson
Official Designation Pastor, Apostolic Gospel Chapel

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of August, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

590

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 334

File

July 18 1975
Date of Application

MALE
Medical Examination Report Dated 7-16-75
Name of Physician Eric Clark M.D.

FEMALE
Medical Examination Report Dated 7-16-75
Name of Physician Eric 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 Daniel Middle Lee Last Steele

Date of Birth: Month 10 Day 12 Year 50

Place of Birth (State or foreign country) Montgomery W. Virginia

Residence Address: Street or R. R. 314 W Elcom Way Blvd. City Indianapolis 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 Dispatcher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service Card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert Lee Steele
    Residence of father (if deceased so state) deceased
    Occupation of father..... Race of father wh
    Birthplace of father (State or foreign country) W. Virginia
12. Full maiden name of mother Mary Dow Hudnall
    Residence of mother (if deceased so state) Muncie, Ind.
    Occupation of mother None Race of mother wh
    Birthplace of mother (State or foreign country) W. Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Daniel L. Steele
New Address 1013 Valley View Dr. Apt #4 Plainfield, Ind

Subscribed and sworn to before me this 18 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Darlene Middle Last Cornelius

Date of Birth: Month 6 Day 27 Year 52

Place of Birth (State or foreign country) Albertville Alabama

Residence Address: Street or R. R. 785 Mackey Rd. City Danville County Ind State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Processor-Blue Cross

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dr. License # A 204-60-7977

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Burrson Cornelius
   Residence of father (if deceased so state) Bellerville, Ind
   Occupation of father Sheet Metal Worker Race of father wh
   Birthplace of father (State or foreign country) Alabama
8. Full maiden name of mother Clara Deane Harris
   Residence of mother (if deceased so state) Bellerville, Ind.
   Occupation of mother Housewife Race of mother wh
   Birthplace of mother (State or foreign country) Alabama

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Darlene Cornelius
New Address 1013 Valley View Dr. Apt 4 Plainfield

Subscribed and sworn to before me this 18 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1975, *authorizing the joining together as husband and wife* Daniel Lee Steele *and* Darlene Cornelius

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Norman L. Weaver *hereby certify that on the* 2nd *day of* August, *one thousand nine hundred and* 75 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Daniel Lee Steele *of* Marion *County, State of* Indiana *and, Bride* Darlene Cornelius *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 2nd *day of* August, 1975.

Signed Norman L. Weaver
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* August, 1975.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

591

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 335

HENDRICKS County

File

July 18, 1975 Date of Application

MALE
Medical Examination Report Dated 7-17-75
Name of Physician James Black

FEMALE
Medical Examination Report Dated 7-17-75
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jim Middle Last Gutzwiller

Date of Birth: Month April Day 30 Year 1945

Place of Birth (State or foreign country) Detroit, Mich.

Residence Address: Street or R. R. R.R. 1 City Pittsboro County Hend. State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation System Anal.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selec Serv. 11 195 45 145

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☑ Yes ☐
Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Burnes Todd	4	Indpls. Ind.
James Walter	2	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 William F. Gutzwiller
Residence of father (if deceased so state) Springfield, Del.
Occupation of father Gulf Employee Race of father W
Birthplace of father (State or foreign country) Ill
12. Full maiden name of mother Meta Shuck
Residence of mother (if deceased so state) Ill.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Jam J Gutzwiller

New Address

Subscribed and sworn to before me this 18 day of July, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Phyllis Middle Last Scott

Date of Birth: Month Dec. Day 29 Year 1948

Place of Birth (State or foreign country) Indpl., Ind.

Residence Address: Street or R. R. R.R. 1 City Pittsboro County Hend. State Ind.

Maiden Name if Different Alexander

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) 12210

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☑ Yes ☐
Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Clinton Alexander
Residence of father (if deceased so state) Pittsboro, Ind.
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Ill.
8. Full maiden name of mother Mary Frances Shaw
Residence of mother (if deceased so state) Pittsboro, Ind.
Occupation of mother housewife Race of mother W
Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Phyllis J Scott

New Address

Subscribed and sworn to before me this 18 day of July, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the and filed
HENDRICKS County Court by written order issued
in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25 day of July, 19 75, authorizing the joining together as husband and wife Jim Gutzwiller and Phyllis Scott

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Dennis L. Dodson hereby certify that on the 25 day of July, County of Hendricks one thousand nine hundred and 75 at Corinth County, State of Indiana, State of Indiana, Groom Jim Gutzwiller of Hendricks County, State of Indiana, and, Bride Phyllis Scott of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of July, 19 75. Signed Rev. Dennis L. Dodson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of July, 19 75

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

592

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 336

File

July 21 1975
Date of Application

MALE
Medical Examination Report Dated July 14, 1975
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated July 14, 1975
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 Darrel Middle Paul Last Mosier

Date of Birth: Month Oct Day 11 Year 1952

Place of Birth (State or foreign country) Mooresville, Ind.

Residence Address: Street or R. R. R R #1 Box 121 City Clayton 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 Heavy Equipment

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-52-104877

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 Anderson Mosier
    Residence of father (if deceased so state) Same
    Occupation of father Same Race of father
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Martha Jan Cordsay
    Residence of mother (if deceased so state) Same
    Occupation of mother Factory Race of mother
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Harrel Paul Mosier
New Address R.R.1 Box 352 Clayton, Ind.
Subscribed and sworn to before me this 21 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

FEMALE APPLICANT

Name: First Faye Middle Ellen Last Hampton

Date of Birth: Month June Day 13 Year 1955

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. R R #1 Box 351 City Clayton County Ind State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Student

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-55-046768

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Morris Andrew Hampton
   Residence of father (if deceased so state) Same
   Occupation of father Farmer Race of father
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Marjorie Louise McCollum
   Residence of mother (if deceased so state) Same
   Occupation of mother School Sec. Race of mother
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Faye Ellen Hampton
New Address RR #1 Box 352 Clayton, Ind
Subscribed and sworn to before me this 21 day of July, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25 day of July, 19 75, authorizing the joining together as husband and wife Darrel Paul Moore and Faye Ellen Hampton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald E. Gabbard hereby certify that on the 26 day of July, one thousand nine hundred and 75 at Plainfield, County of Hendricks, State of Indiana, Groom Harrel Paul Mosier of Hendricks County, State of Indiana, and, Bride Faye Ellen Hampton of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of July, 19 75.

Signed Donald E. Gabbard
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of Aug., 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

593

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 337
File Bk 36
July 21 1975
Date of Application

MALE
Medical Examination Report Dated 7-18-75
Name of Physician M. O. Seamahorn

FEMALE
Medical Examination Report Dated 7-18-75
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 Thomas Middle S. Last Yearwood
Date of Birth: Month May Day 20 Year 1958
Place of Birth (State or foreign country) Lebanon Indiana
Residence Address: Street or R. R. 218 N Grant City Brownsburg County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation 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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☐ No ☑
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Gordon Jefferson Yearwood
    Residence of father (if deceased so state) Brownsburg, Ind.
    Occupation of father Indiana Gas Co. Race of father W.
    Birthplace of father (State or foreign country) Georgia
12. Full maiden name of mother Mary Annabel Cole
    Residence of mother (if deceased so state) Brownsburg, Ind.
    Occupation of mother Secretary Race of mother W.
    Birthplace of mother (State or foreign country) Rockmart, Georgia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Thomas S Yearwood
New Address RR 2 Box 512 Indpls Ind 46231
Subscribed and sworn to before me this 21 day of July, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Waived By Judge Father
Signed Waived By Judge Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Sharon Middle L. Last Casmann
Date of Birth: Month July Day 29 Year 1956
Place of Birth (State or foreign country) Beech Grove IN
Residence Address: Street or R. R. RR-2 Box 512 City Indpls County Hendricks State IN
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Counter Worker Dairy Queen
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Everson Casmann
   Residence of father (if deceased so state) Indpls, Ind.
   Occupation of father Laborer Race of father W
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Nellie Louise Graves
   Residence of mother (if deceased so state) Indpls, Ind.
   Occupation of mother Secretary Race of mother W
   Birthplace of mother (State or foreign country) Lebanon, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Sharon L Casmann
New Address RR 2 Box 512 Indpls IN 46231
Subscribed and sworn to before me this 21 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Harold E Casmann Father
Signed Nellie Casmann Mother
Subscribed and sworn to before me this 21 day of July, 19 75
Glen M Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3 day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of July, 19 75, authorizing the joining together as husband and wife Thomas S Yearwood and Sharon L Casmann

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dr. Frank L. Kerner hereby certify that on the 21 day of July one thousand nine hundred and 75 at Indianapolis, County of Marion, State of Indiana, State of Indiana, Groom Thomas S Yearwood of Hendricks County, State of Indiana, and, Bride Sharon L Casmann of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of July, 19 75. Signed Dr Frank L Kerner
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of July, 19 75
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 338

File

July 21, 1975
Date of Application

MALE
Medical Examination Report Dated 7-21-75
Name of Physician David B. Haggard M.D.

FEMALE
Medical Examination Report Dated 7-21-75
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 Giesman

Date of Birth: Month Sept Day 10 Year 1953

Place of Birth (State or foreign country) Pittsburgh Penn.

Residence Address: Street or R. R. 2707 Cobden St. City Pittsburgh County State Penn.

Previous 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) # 17368-

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Lawrence William Giesman
    Residence of father (if deceased so state) Same
    Occupation of father Truck Driver Race of father .....
    Birthplace of father (State or foreign country) Pittsburgh Penn
12. Full maiden name of mother Lois Mae Watkins
    Residence of mother (if deceased so state) Same
    Occupation of mother Demonstrator Race of mother .....
    Birthplace of mother (State or foreign country) Pittsburgh, Penn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X William Lee Giesman
New Address 3301 S. Washington Apt. 104 Denver, Colorado 80110

Subscribed and sworn to before me this 21 day of July, 1975.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Mary Middle Jo Last Inhausen

Date of Birth: Month Feb Day 28 Year 1955

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. RR #2 Box 187 City Clayton County, Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation —

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 2139

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Eugene Inhausen
   Residence of father (if deceased so state) Same
   Occupation of father Electrician Race of father .....
   Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Zoe ~~Ellen~~ Eileen Smith
   Residence of mother (if deceased so state) Same
   Occupation of mother Clerk Race of mother .....
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Mary Jo Inhausen
New Address 3301 S. Washington Apt 104 Denver CO 80110

Subscribed and sworn to before me this 21 day of July, 19 75
Glen M. Harvey, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 25 *day of* July, 19 75, *authorizing the joining together as husband and wife* William Lee Giesman *and* Mary Jo Inhausen

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald S. Wallace *hereby certify that on the* 26 *day of* July, *one thousand nine hundred and* 75 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* William Lee Giesman *of* Hendricks *County, State of* Indiana *and, Bride* Mary Jo Inhausen *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 25 *day of* July, 19 75.

Signed Donald S. Wallace
Official Designation Pastor, Calvary Baptist Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* July, 19 75.

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

595

Form 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

July 22, 1975 Date of Application

MALE
Medical Examination Report Dated 7-21-75
Name of Physician Joseph C. Kurlin M.D.

FEMALE
Medical Examination Report Dated 7-21-75
Name of Physician Joseph C. Kurlin M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Grady Middle Lynn Last Mitchell

Date of Birth: Month 1 Day 20 Year 51

Place of Birth (State or foreign country) Huntsville, Alabama

Residence Address: Street or R. R. Rt. 1 City Danville County Hendricks State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Maintenance Man

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Dr. License # S421-76-4087

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Riley Jefferson Mitchell
    Residence of father (if deceased so state) deceased
    Occupation of father ____ Race of father wh
    Birthplace of father (State or foreign country) Alabama
12. Full maiden name of mother Brockie Brock
    Residence of mother (if deceased so state) deceased
    Occupation of mother ____ Race of mother wh
    Birthplace of mother (State or foreign country) Alabama

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Grady L. Mitchell

New Address 518 Enderly Dr. Brownsburg

Subscribed and sworn to before me this 22 day of July, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk

FEMALE APPLICANT

Name: First Mary Middle Ellen Last Lanham

Date of Birth: Month 6 Day 2 Year 53

Place of Birth (State or foreign country) West Baden, Indiana

Residence Address: 2 Northridge Dr. Street or R. R. Danville City Hendricks County Ind. State

Maiden Name if Different Mary Ellen Gilbert

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 Nurse Aid

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Dr. License # S314-56-6721

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Hudson Gilbert
   Residence of father (If deceased so state) deceased
   Occupation of father ____ Race of father wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Nina Eleanor Wells
   Residence of mother (if deceased so state) Danville, Ind.
   Occupation of mother Nursing Home Race of mother wh
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Ellen Lanham

New Address 518 Enderly Dr. Brownsburg

Subscribed and sworn to before me this 22 day of July, 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____

____ Clerk

COMPLETE IF MARRIAGE LICENSE 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 ____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 19 75, authorizing the joining together as husband and wife Grady Lynn Mitchell and Mary Ellen Lanham

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mourer hereby certify that on the 25 day of July, one thousand nine hundred and 75 at Danville, County of Hendricks, State of Indiana, Groom Grady Lynn Mitchell of Hendricks County, State of Indiana, and, Bride Mary Ellen Lanham of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of July, 19 75 Signed John C. Mourer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of July, 19 75

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

596

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 340

File

July 22, 1975
Date of Application

MALE
Medical Examination Report Dated 7-16-75
Name of Physician Steven Steinkeler, M.D.

FEMALE
Medical Examination Report Dated 7-16-75
Name of Physician Steven Steinkeler, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle Dee Last Haase

Date of Birth: Month 9 Day 26 Year 55

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 222 S. Maple St. City Pittsboro County Ind State

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Teller

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Dee Haase
    Residence of father (if deceased so state) Pittsboro, Ind.
    Occupation of father Machinist Race of father wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dorothy Anne Quick
    Residence of mother (if deceased so state) Pittsboro, Ind.
    Occupation of mother None Race of mother wh
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas Dee Haase
New Address 2843 Mussman Dr. Indpls.

Subscribed and sworn to before me this 22 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Marla Middle Dee Last Heath

Date of Birth: Month 4 Day 9 Year 57

Place of Birth (State or foreign country) Winchester, Indiana

Residence Address: Street or R. R. 2843 Mussman Dr. City Indianapolis County Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation None

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Randolph County Book # 9 p 48

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Russell Heath
   Residence of father (if deceased so state) Anderson, Ind.
   Occupation of father Delco Remy Race of father Wh
   Birthplace of father (State or foreign country).....
8. Full maiden name of mother Carolyn Sue Cook
   Residence of mother (if deceased so state) Indianapolis, Ind
   Occupation of mother Manager Race of mother wh
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marla Dee Heath
New Address 2843 Mussman Dr. Indpls.

Subscribed and sworn to before me this 22 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 19 75, authorizing the joining together as husband and wife Thomas Dee Haase and Marla Dee Heath

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Rex Collins hereby certify that on the 3 day of August, one thousand nine hundred and 75 at Indianapolis, County of Marion, State of Indiana, Groom Thomas Dee Haase of Hendricks County, State of Indiana, and, Bride Marla Dee Heath 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 3 day of August, 19 75.

Signed Rev. Rex Collins
Official Designation Evangelical Christian

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of August, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

597

Form 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

July 22, 1975 Date of Application

MALE
Medical Examination Report Dated 7-22-75
Name of Physician Eric Clark, M.D.

FEMALE
Medical Examination Report Dated 7-21-75
Name of Physician Eric 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 Melvin Middle Leon Last Arney

Date of Birth: Month 4 Day 14 Year 30

Place of Birth (State or foreign country): Terre Haute Indiana

Residence Address: 333 S. Green Street or R. R. Brownsburg City Hendricks County Ind. State

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation: Regional Auditor Sun Oil

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one 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 Kay Arney	17	Terre Haute, 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 Joseph O. Arney
    Residence of father (if deceased so state) deceased
    Occupation of father ____ Race of father wh
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Iola Elizabeth Dalzell
    Residence of mother (if deceased so state) Terre Haute, Ind
    Occupation of mother None Race of mother wh
    Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed M. L. Arney
New Address RR #1, Clayton Ind.

Subscribed and sworn to before me this 23 day of July, 19 75.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____.
____ Clerk

FEMALE APPLICANT

Name: First Marian Middle Law Last Edwards

Date of Birth: Month 9 Day 17 Year 37

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Rt. 1 Street or R. R. Clayton City Hendricks County Indiana State

Maiden Name if Different Marian Law Burris

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: Account Clerk

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Jesse Ray Burris
   Residence of father (if deceased so state) Carterburg, Ind.
   Occupation of father Disabled Race of father wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Dorothy Marie Shockley
   Residence of mother (if deceased so state) Carterburg, Ind.
   Occupation of mother Nursing Home Race of mother wh
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marian L Edwards
New Address RR #1 Clayton, Ind.

Subscribed and sworn to before me this 23 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____.
____ Clerk

COMPLETE IF MARRIAGE LICENSE 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 a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of July, 19 75, authorizing the joining together as husband and wife Melvin Leon Arney and Marian Law Edwards

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, O. Gerald Trigg hereby certify that on the 26 day of July, one thousand nine hundred and 75, at Greencastle, Putnam County, State of Indiana, State of Indiana, Groom Melvin L. Arney of Hendricks County, State of Indiana, and, Bride Marian Law Edwards of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of July, 19 75. Signed O. Gerald Trigg
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of July, 19 75
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

598

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 342
File BK. 36
July 23, 1975
Date of Application

MALE
Medical Examination Report Dated 7/18/75
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 7/18/75
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle L. Last Mc Hugh
Date of Birth: Month March Day 30 Year 1951
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. R.R. #2 Box 405, City Plainfield, County Marion, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Meat Cutter
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 3119

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Mc Hugh
    Residence of father (if deceased so state) RR #2 Plainfield, In.
    Occupation of father Mechanic Operator Race of father White
    Birthplace of father (State or foreign country) Indianapolis, In
12. Full maiden name of mother Irene Mae Miller
    Residence of mother (if deceased so state) RR #2 Plainfield In.
    Occupation of mother Washington Twp. Race of mother White
    Birthplace of mother (State or foreign country) P.B.X Operator

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Timothy L Mc Hugh
New Address 1851 Norfolk, Speedway In.
Subscribed and sworn to before me this 23 day of July, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Cynthia Middle L. Last Roberson
Date of Birth: Month January Day 29 Year 1957
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. 6045 Melbourne Rd. City Delphi County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Jules Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 1108

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Marshal Roberson
   Residence of father (if deceased so state) Melbourne Rd, Delphi In
   Occupation of father Salesman Race of father White
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Alice Marilyn Shepard
   Residence of mother (if deceased so state) deceased
   Occupation of mother ..... Race of mother .....
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cynthia L Roberson
New Address 1851 Norfolk Speedway, Ind.
Subscribed and sworn to before me this 23 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of August, 19 75, authorizing the joining together as husband and wife Timothy L. Mc Hugh and Cynthia L. Roberson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Charles Noll hereby certify that on the 9 day of August, one thousand nine hundred and 75 at Brownsburg, County of Hendricks, State of Indiana, Groom Timothy L. Mc Hugh of Hendricks County, State of Indiana, and, Bride Cynthia L Roberson of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of August, 19 75

Signed Rev. Charles Noll
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of August, 19 75

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

599

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 343

HENDRICKS County

File BK 36

Remarriage

July 23 1975
Date of Application

MALE
Medical Examination Report Dated 6/27/75
Name of Physician Martin J. Garfield

FEMALE
Medical Examination Report Dated 6/27/75
Name of Physician Martin J. Garfield

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Eugene Last Lewis
Date of Birth: Month April Day 17 Year 1954
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. R.R. #1 Box 288A City Clayton County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Hend. 1975
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Mechanic
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Soc. Sec. # 316562224

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Lewis
    Residence of father (if deceased so state) Clayton, Ind.
    Occupation of father Body Mech Race of father White
    Birthplace of father (State or foreign country) Poplar Bluff Mo.
12. Full maiden name of mother Mary Polley
    Residence of mother (if deceased so state) Clayton Ind.
    Occupation of mother Housemaker Race of mother White
    Birthplace of mother (State or foreign country) Poplar Bluff Mo.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David E Lewis
New Address RI Box 288A Clayton, Ind 46118
Subscribed and sworn to before me this 23 day of July, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Bonnie Middle Maureen Last Lewis
Date of Birth: Month July Day 12 Year 1954
Place of Birth (State or foreign country) Lake Charles Louisiana
Residence Address: Street or R. R. R.R. #1 Box 288A City Clayton County Hendricks State Ind.
Maiden Name if Different Bell
Previous Marital Status: Never Married ☐ Number of Previous Marriages twice
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Hend. 1975
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Asst. Way Store
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 317-54-0256 42

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Henry Sidney Bell
   Residence of father (if deceased so state) Washington (State)
   Occupation of father Lumberman Race of father White
   Birthplace of father (State or foreign country) Oklahoma
8. Full maiden name of mother Madisie Pearl Mason
   Residence of mother (if deceased so state) Illinois
   Occupation of mother Nursing Home Race of mother White
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bonnie M Lewis
New Address RI Box 288A Clayton
Subscribed and sworn to before me this 23 day of July, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the....., 19 75, authorizing the joining together as husband and wife of Indiana dated the 23 day of July and David Eugene Lewis and Bonnie Maureen Lewis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Maurer hereby certify that on the 22 day of September, one thousand nine hundred and 75 at Danville, County of Hendricks, State of Indiana, Groom David Eugene Lewis of Hendricks County, State of Indiana, and, Bride Bonnie Maureen Lewis of Hendricks County, State of HENDRICKS County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

Dated this 22 day of September, 19 75. Signed John C. Maurer
Official Designation Judge, Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of September, 19 75. Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

600

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 344
File BK. 36
July 24, 1975
Date of Application

MALE
Medical Examination Report Dated 7/9/75
Name of Physician Fred R. Brooks MD

FEMALE
Medical Examination Report Dated 7/9/75
Name of Physician Fred R. Brooks MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Randall Middle Jay Last Cunningham
Date of Birth: Month August Day 30 Year 1956
Place of Birth (State or foreign country): Indianapolis Marion Ind.
Residence Address: Street or R.R. RR #2 Box 176 R City Brownsburg County In 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: Radio Stock - Mgr. Trainee
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 56-079000

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their 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 N. Cunningham
    Residence of father (if deceased so state) Whiteland, Ind.
    Occupation of father Masonry Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Martha J. Schirer
    Residence of mother (if deceased so state) RR 2 Brownsburg
    Occupation of mother Sandor Bro. Race of mother White
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Randall J Cunningham
New Address Forest Hills
Subscribed and sworn to before me this 24 day of July, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ....

State of Indiana, County of HENDRICKS } ss:
Signed ....Father
Signed ....Mother
Subscribed and sworn to before me this ....day of ...., 19....
....Clerk

FEMALE APPLICANT

Name: First Marie Middle Dawn Last Roby
Date of Birth: Month November Day 3 Year 1956
Place of Birth (State or foreign country): Indianapolis Marion Ind.
Residence Address: Street or R.R. RR 2 Box 60B City Brownsburg County In State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages ....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify) ....
Usual Occupation: Sales Clerk - Blocks
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-56-099266

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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. Roby
   Residence of father (if deceased so state) Indianapolis In.
   Occupation of father Wire Cable Assembler Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Barbara J. Boston
   Residence of mother (if deceased so state) RR 2, Brownsburg In.
   Occupation of mother J C Penney Race of mother White
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marie Dawn Roby
New Address Forest Hills
Subscribed and sworn to before me this 24 day of July, 19 75
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ....

State of Indiana, County of HENDRICKS } ss:
Signed ....Father
Signed ....Mother
Subscribed and sworn to before me this ....day of ...., 19....
....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ....and filed in ....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29 day of July, 19 75, authorizing the joining together as husband and wife Randall Jay Cunningham and Marie Dawn Roby
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Charles Noll hereby certify that on the 2 day of August, one thousand nine hundred and 75 at Brownsburg, County of Hendricks, State of Indiana, Groom Randall Jay Cunningham of Hendricks County, State of Indiana, and, Bride Marie Dawn Roby of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 29 day of July, 19 75.

Signed Rev. Charles Noll
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of August, 19 75.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court