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Yant, Ja, Kenneth L. Zjork, Deborah Rae  Zollers, Drigory Edward Zhak, Diborak Zellers, James E. Zimmer man, Caralys 

......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

HENDRIC	CKS County File 73K. 37
MALE Res	Date of Application
Medical Examination Report Dated 7/16/75	FEMALE Medical Examination Report Dated 7/16/23
Name of Physician John Ellett, Jr. ml.	Name of Physician John Ellott In Ind.
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False st	Name of Physician Jakes Clear, J. Ma.
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	tatement—Whoever procures the issuance of a license to marry by any false statement, representa-
Name First Middle Ast	FEMALE APPLICANT
Date of Birth Month Day Year	Name District Middle Middle Last
Place of Birth (State of foreign country)  Place of Birth (State of foreign country)	Date of Birth Month Day 9 Year 1997
Green castle Putnam Ind.	Place of Birth (State or foreign eduntry)
Residence Address Street or R. R. City County State	Residence Address Street or R. R., City County State
Previous Marital Status: Never Married Number of Previous Marriages.	Maiden Name if Different Chillisville
Last Marriage Ended By: Death Divorce Annulment 1971- Ma	
Color or Race White Negro Other (specify)	Previous Marital Status: Never Married   Number of Previous Marriages
Usual Occupation And and p	Last Marriage Ended By: Death Divorce Annulment 1971- Mong
Date of birth verified by: Birth Cert. Judicial Decree	Color or Race White Negro Other (specify)
D'Other (Specify) Sel Sing # 12 67 45 141	Usual Occupation Softal Jeacher - South Putra
1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  No Yes	Date of birth verified by: Birth Cert. Judicial Decree
2. Are you under guardianship as a person of unsound mind?	Dother (Specify) Salviers Lie # \$317-50-642
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?	1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?
If answer to 3 is "yes" has the cause of such condition been removed? No Yes	Of Unsound Mind?  No Yes
4. Are you afflicted with a transmissible disease?  No Yes   5. Are you related to the bride closer than second cousin?  No Yes	2. Are you under guardianship as a person of unsound mind? No Yes
6. Are you now under the influence of intoxicating liquor?  No  Yes	3. Are you afflicted with a transmissible disease? No Yes
8. Are you able to support a family?	4. Are you related to the groom closer than second cousin? No Yes
9. Are you likely to so continue?  Yes No	5. Are you now under the influence of intoxicating liquor? No Yes
(If yes, answer questions a, b, c)  (a) List their full names, ages and addresses	6. Are you now under the influence of a narcotic drug?  7. Full name of father 3. 110 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(a) List their ruli names, ages and addresses  Name  Age  Address	7. Full name of father Add Lagree Clark  Residence of father (if degeased so state) SE + Sill scattle S
	Occupation of father SCALAL STATE OF Race of father
	Birthplace of father (State or foreign country)
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother all Mills William
(c) Are you complying with any court order or orders issued for their support?	Residence of mother (if deceased so state) R. H. Hill schalle In
11. Full name of father Margh Speciation Jarker	Occupation of mother School Telesting Bace of mother Willet
Residence of father (if deceased to state)	Birthplace of mother (State or foreign country) State Challe In
Occupation of father Alle Control Right Race of father Alle Control Right Race of father Control Race of father	State of Indiana,
Birthplace of father (State or foreign country) Mills (full fill fill fill fill fill fill fill	County of HENDRICKS II depose and state the information given in this application is true and correct.
Residence of mother (if deceased so state).	Signed Maryoul L. Clark
Occupation of mother Additional Race of mother Addition	New Address R. R. Stillswille III.
Birthplace of mother (State or foreign country)	Subscribed and sworn to before me this 2 4 day of 444 19.5
State of Indiana,  County of	All In Marrier warmers
County of HENDRICKS in this application is true and correct.  Signed Accorded to Farker	Clerk HENDRICKS Circuit Court
New Address P.P. Salleviller And	CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this 24 day of 1414, 1975.	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
(Sline D) SAMMY Clerk HENDRICKS Circuit Court	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR CHARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
igns, state facts which render the consent of the other parent unnecessary	
a market benefits	State of Indiana,
tate of Indiana,	County of
ounty ofHENDRICKS	SignedFather
Signed	Signed
Signed	Subscribed and sworn to before me thisday of, 19,
day of	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
HENDRICKS County Court Court	
authorizes and directs the issuance of a	
RETURN OF MARRIAGE LICENSE.	AND MARRIAGE CERTIFICATE sissued by the clerk of the HENDRICKS Circuit Court
Indiana dated the	
Tickers A. Parkers and	marjerie I. Clark
e it further remembered, the following marriage certificate was filed in my office	ce, to-wit:
Buy Swihart her	reby certify that on the 23 day of July,
e thousand nine hundred and 75 at	
ate of Indiana, Groom Sechard & Sarker of	Quesnam County, State of Indiana.
d, Bride Marjorie L. Clark of	
re by me united in marriage as authorized by a marriage license issued for tha unty.	가게 되었다면 내가 하는 사람이 있는데 가게 되었다면 하는데 하는데 하는데 하는데 하는데 하는데 함께 하는데 되었다.
ted this 25 day of July, 1975.	Signed Ray L Swihart
	icial Designation Minister
ed and recorded in accordance with the laws of the State of Indiana this	29 day of July , 19 75
	aned Glen m. Harley Clerk

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No	346
File	37
7	-24-75
	Date of Application

.....Clerk

Circuit Court

...HENDRICKS..

ENDR	ICKS	Count

MATE	Medical Examination Report Dated		
MALE Medical Examination Report Dated 7-14-75	The Contract of the same		
12.1	Name of Physician 226		
Name of Physician School 7 Communication of the Com	statement—Whoever procures the issuance of a license to marry by any false statement, representa-		
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	FEMALE APPLICANT		
MALE APPLICANT	Middle Last		
Name First A Middle Last	Name First Hagemier		
Data of Riveh Gallet Dev Year	Date of Birth Month 26 1956		
Date of Birth Month Day Year 1956	Place of Birth (State or foreign country)		
Place of Birth State or foreign country)	Bedford D. D. City County State		
Residence Address Street or R. R. City County State	Residence Address Street of R. R. Indeanagolis Gendricks Ind.		
3539 Church, Indianapales, Mariow Ind.	Maiden Name if Different		
Previous Marital Status: Never Married M Number of Previous Marriages	Number of Pravious Marriages		
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married Number of Previous Marriages.		
A Trans	Last Marriage Ended By: Death Divorce Annulment		
Color or Race White Negro Other (specify)	White B Negro Other (specify)		
Usual Occupation Grogeree Stock Bay	Color or Race White Negro Other (specify)		
Date of birth verified by: Birth Cert.   Judicial Decree # 482	Usual Occupation Secretary		
Other (Specify)	Date of birth verified by: Birth Cert. Judicial Decree Denn Memorial		
1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile?  Yes	Other (Specify)		
Of Unsound Mind?  2. Are you under guardianship as a person of unsound mind?  No Yes \( \) Yes \( \)	1. Are you now or have you been adjudged, diagnosed or considered as:		
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?	An Imbecile?		
If answer to 3 is "yes" has the cause of such condition been removed? No Yes	Of Unsound Mind?		
4. Are you afflicted with a transmissible disease?  No — Yes —	2. Are you under guardianship as a person of unsound mind? No 📑 Yes 🗌		
5. Are you related to the bride closer than second cousin?  6. Are you now under the influence of intoxicating liquor?  No Yes	3. Are you afflicted with a transmissible disease? No 2 Yes		
7. Are you now under the influence of a narcotic drug?	4. Are you related to the groom closer than second cousin? No L Yes		
8. Are you able to support a family?  9. Are you likely to so continue?  Yes Are you likely to so continue?	5. Are you now under the influence of intoxicating liquor? No Yes		
9. Are you likely to so continue?  10. Do you have minor children from one or more former marriages?  Yes  No  Yes	6. Are you now under the influence of a parcotic drug? . No Yes		
(If yes, answer questions a, b, c) (a) List their full names, ages and addresses	7. Full name of father Sabert L. Hogemeer		
Name Age Address	Residence of father (if deceased so state) Comby, Ind		
	Occupation of father truck drives Race of father 24.		
	Birthplace of father (State or foreign country) Musseum		
	B + Touch		
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother Detty Michan		
(c) Are you complying with any court order or orders issued for their support?  Yes \( \subseteq \text{No} \subseteq \)	Residence of mother (if deceased so state) 30 43 Legabeth, Sulple, Ind.		
11. Full name of father Albert Sile Siled	Occupation of mother Clerk typest Race of mother 21		
Residence of father (if deceased so state) North Caralina	Birthplace of mother (State or foreign country).		
Occupation of father Mestaurant owner. Race of father 21			
Birthplace of father (State or foreign country)	State of Indiana, I depose and state the information given		
12. Full maiden name of mother Sarah lum Harrison	County of		
Residence of mother (if deceased so state) 3539 Church, Opls Sud	Signed Denda Nagemier		
Occupation of mother Cashill Race of mother Of	New Address 3805 Benneth Laply Lu		
Birthplace of mother (State or foreign country) Indiana	Subscribed and		
State of Indiana,  County of HENDRICKS  ss: I depose and state the information given in this application is true and correct.	910		
Signed Robert Lee Road Or	Min Manuey Gerk HENDRICKS Circuit Court		
New Address 3805 Bennatt malls	CONSENT OF PARENTS, PARENT OR GUARDIAN		
Subscribed and sworn to before me this 2 4 day of 1975			
Glerk HENDRICKS Circuit Court	We, the parents, of this applicant hereby give consent for this marriage. If only one parent		
CONSENT OF PARENTS, PARENT OR GUARDIAN	signs, state facts which render the consent of the other parent unnecessary		
We, the parents, of this applicant hereby give consent for this marriage. If only one parent			
signs, state facts which render the consent of the other parent unnecessary			
	State of Indiana,		
State of Indiana,	County ofHENDRICKS		
County of HENDRICKS 88:	- CAJIMA		
Signed	Signed Father		
Signed	Signed		
day of	Subscribed and sworn to before me this		
Clerk	Subscribed and sworn to before me thisday of19		
COMPLETE IF MARRIAGE LICENSE ISSUED BY COMPLETE OF MARRIAGE LICENSE ISSUED BY COMPLETE DESCRIPTION BY COMPLETE OF MARRIAGE LICENSE ISSUED BY COMPLETE DESCRIPTION BY COMPLETE DES	Clerk		
HENDRICKS County	T. A marriage license having been refused to the above named parties, the urt by written order issued		
in	urt by written order issued		
and directs the issuance of	f a marriage license to the above and filed		
RETURN OF MARRIAGE LIGHT	named parties.		
of Indiana dated the 29	se issued by the clerk of the		
Resert Reel any of felly	19 75 Circuit Court		
the following marriage certificate and film as	nd Kein of the joining together as husband and wife		
1, Schriber	nd Kind Hageniles  fice, to-wit:  wereby certify that and he served to the served to t		
one thousand nine hundred and 75	nereby certify that on the Second		
State of Indiana, Groom Japlest Lee Geed or	thereby certify that on the Second day of August		
were by me united in marriage as authorized by a marriage is	Lindricks County, State of Indiana		
Dated this Second	hat purpose by the Clerk of the County, State of Indiana,		
day of Gueguest	hat purpose by the Clerk of the Circuit Court of HENDRICKS		
, 19.2.9	Signed Hollant Q		
Filed and recorded in accordance with the laws	Official Designation		
the taws of the State of Indiana this	fifth minister minister		
Filed and recorded in accordance with the laws of the State of Indiana this	Signed Glen m WI disasest 10 75		
	The state of the s		

hunband and wife

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

No	347
File	BK. 31
	July 25 1924
-	Date of Application

HENDRICKS County Fally 25 1975			
MALE M/2 2/2 =	Date of Application FEMALE		
Medical Examination Report Dated 1/23/75	Medical Examination Report Dated 7/23/25		
Name of Physician Hlenn Baker	Name of Physician Henry Baker		
ALL QUESTIONS MUST BE ANSWERED. Chapter 126. Indiana Acts 1905 prescribes "False sta	atement—Whoever procures the issuance of a license to marry by any false statement, representa-		
tion of precense shall be lined in any sum not exceeding five hundred dollars (\$500.00)".	Control of Annaha and many and and record for all to A to the professional and an experience the fundamental and an experience of the first of the f		
Name First Middle // Last	Name First Middle Last		
By affer In Ward	Name First J. Middle Beard		
Date of Birth Month Day Year 46	Date of Birth Month Month Day Year 1951		
Place of Birth (State of foreign country)	Place of Birth (State or foreign country)		
Residence Address Street or R. R. City County State	Residence Address Street of R. R. City County State		
- 120 Maple Jane, Drownsburg In.	Maiden Name if Different Ct. Brawnstury In		
Previous Marital Status: Never Married   Number of Previous Marriages	A second		
Last Marriage Ended By: Death Divorce Annulment 1910 News	Previous Marital Status: Never Married   Number of Previous Marriages		
Color or Race White Negro Other (specify)	Last Marriage Ended By: Death Divorce Annulment 1974 Alex		
Usual Occupation Assistant man fund market	Colored December 19 (Nove 19 Other 19 Colored 19 Colore		
Date of birth verified by: Birth Cert.   Judicial Decree	Color or Race White Negro Other (specify)		
Other (Specify) # 11661	Usual Occupation Leller - New J. Co. B.K. and Jra		
1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Yes	Date of birth verified by: Description Decree		
Of Unsound Mind?  2. Are you under guardianship as a person of unsound mind?  No  Yes  Yes	Other (Specify)		
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?	1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Yes		
If answer to 3 is "yes" has the cause of such condition been removed? No Yes	Of Unsound Mind?		
4. Are you afflicted with a transmissible disease?  No Yes   5. Are you related to the bride closer than second cousin?  No Yes	2. Are you under guardianship as a person of unsound mind? No 🔼 Yes 🗌		
6. Are you now under the influence of intoxicating liquor?	3. Are you afflicted with a transmissible disease? No ✓ Yes ☐		
7. Are you now under the influence of a narcotic drug?  8. Are you able to support a family?  Yes \( \sum_{\text{No}} \sum_{\text{Ves}} \sum_{\text{Ves}} \sum_{\text{No}} \sum_{\text{Ves}} \sum_{\text{No}} \sum_{\text{Ves}} \sum_{\text{No}} \sum_{\text{Ves}} \sum_{\text{Ves}} \sum_{\text{Ves}} \sum_{\text{No}} \sum_{\text{Ves}} \sum_{V	4. Are you related to the groom closer than second cousin? No 🔁 Yes 🗆		
9. Are you likely to so continue?	5. Are you now under the influence of intoxicating liquor? No - Yes -		
10. Do you have minor children from one or more former marriages? No \(\subseteq\) Yes \(\subseteq\) (If yes, answer questions a, b, c)	6. Are you now under the influence of a narcotic drug?  No Yes		
(a) List their full names, ages and addresses	7. Full name of father Man August 1		
mark & Home & Sommer Level	Residence of father (if deceased so state)		
Janes Company	Occupation of father		
SAN ANTINON	Birthplace of father (State or foreign country)		
(b) Are you supporting or contributing to their support?  Yes, No	8. Full maiden name of mother the Campana Acc		
(c) Are you complying with any court order or orders issued for their support?	Residence of mother (if deceased so state)		
11. Full name of father AU LOUNE HARDER	Occupation of mother Add Shall for Race of mother Add Shall		
Residence of father (if deceased so state)	Birthplace of mother (State or foreign country)		
Occupation of father Man Milliant Trace of father of father of the father of	State of Indiana, I depose and state the information given		
Birthplace of father (State or foreign country) Mulliparty 12. Full maiden name of mother. Result m. Morrical	County of HENDRICKS ss: in this application is true and correct.		
Residence of mother (if deceased so state) Brownstellis San	Signed Plancy of Geard		
Occupation of mother Affilial Race of mother White	New Address 730 made Jane Brownsher		
Birthplace of mother (State or foreign country)	Subscribed and sworn to before me this 25 day of 444, 19		
State of Indiana,   Sa: I depose and state the information given	the m day		
County of HENDRICKS in this application is frue and correct.	Clerk HENDKICKS Circuit Court		
Signed Saulty Property	CONSENT OF PARENTS, PARENT OR GUARDIAN		
New Address 1990 Collins 1990	We, the parents, of this applicant hereby give consent for this marriage. If only one parent		
Subscribed and sworn to before me this day of 19.	signs, state facts which render the consent of the other parent unnecessary		
CONSENT OF PARENTS, PARENT OR GUARDIAN			
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	and the comment of the control of th		
signs, state facts which render the consent of the other parent unnecessary	the state of the s		
Sile Sell 16 About	State of Indiana,  State of Indiana,  State of Indiana,  State of Indiana,		
State of Indiana,	County of HENDRICKS		
County of HENDRICKS	SignedFather		
Signed Father Signed Mother	SignedMother		
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of		
Clerk	Clerk		
COMDIETE IE MADDIACE LICENSE ISSUED DU COND.	T. A marriage ligares having have refused to the light		
	T. A marriage license having been refused to the above named parties, the surt by written order issued and filed		
in Clike Africe authorizes and directs the issuance of			
	E AND MARRIAGE CERTIFICATE use issued by the clerk of the HENDRICKS Circuit Court		
	, 19.75, authorizing the joining together as husband and wife		
Bradley on gaines of a	nd Marcy & Black		
Be it further remembered, the following marriage certificate was filed in my o	ffice, to-wit:		
	hereby certify that on the 26 day of July		
one thousand nine hundred and 75	at Gittsbara , County of Kendricks		
State of Indiana, Groom Bradley Mark Names			
and, Bride nancy to Beard of			
were by me united in marriage as authorized by a marriage license issued for County.			
Dated this 28 day of July , 19 72	Signed Twilleam Charles me Grave		
	Official Designation Minester, Christian Church		
Filed and recorded in accordance with the laws of the State of Indiana this			
r neu una recorded in accordance with the laws of the State of Indiana this	Signed Glen M. Farvey Clerk		

...HENDRICKS...

Circuit Court

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

348 BK 37

Circuit Court

Indiana State Board of Health under Authority Chap. 126, Ind. Acts 1905  HENDRIG	MARRIAGE LICENSE  File  Jelly 25, 1925  CKS  County  Date of Application
	FEMALE Medical Examination Report Dated  7/23/25
MALE Medical Examination Report Dated 7/23/75	lactivity of
1 DIA : t: mA	Name of Physician
Name of Physician / Marcol C. Capacita	tatement—Whoever procures the issuance of a license to marry by any false statement, represent
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes False of the composition or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	FEMALE APPLICANT
MALE APPLICANT	Name First Middle Last
Name Referred Smiddle Pariants	Date of Birth Month Day Year 1952
ate of Birth Month Day Year	TORNE STATE C
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)  (Malliply Street or R.R. City County State
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
2832 Sauth E. County June La. Sundia	Maiden Name if Different
revious Marital Status: Never Married Number of Previous Marriages	Previous Marital Status: Never Married Number of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
olor or Race White Negro Other (specify)	
sual Occupation Platter-	Color or Race White Negro Other (specify)
ate of birth verified by: Birth Cert. Judicial Decree	Usual Occupation Andrews Williams
Other (Specify) State of the you now or have you been adjudged, diagnosed or considered as:	Bate of birth verified by: Birth Cert. Judicial Decree  Bate of birth verified by: Mantannery Co. Union Hage
An Imbecile?  Of Unsound Mind?	Other (Specify) Mantgamery & Unit Hard
2. Are you under guardianship as a person of unsound mind? No Yes Are you now or have you been within five (5) years an inmate of a county asylum or	1. Are you now or have you been adjudged, diagnosed of considered as.  No. Yes
home for indigent persons?  Yes   Ye	Of Unsound Mind?
. Are you afflicted with a transmissible disease?	2. Are you under guardianship as a person of unsound mind?
Are you now under the influence of intoxicating liquor?  No Yes Yes Yes	3. Are you afflicted with a transmissible disease?
Are you now under the influence of a narcotic drug?  No Yes No No	4. Are you related to the groom closer than second cousin?
Are you likely to so continue?	5. Are you now under the influence of intoxicating liquor?
. Do you have minor children from one or more former marriages?  No Yes (If yes, answer questions a, b, c)	6. Are you now under the influence of a narcotic drug?  7. Full name of father.
(a) List their full names, ages and addresses  Name  Age  Address	7. Full name of father (if deceased so state)
Name Age Address	Occupation of father (1) deceased so state)
	Birthplace of father (State or foreign country)
	8. Full maiden name of mother Worthy Bllen Se
(b) Are you supporting or contributing to their support?  (c) Are you complying with any court order or orders issued for their support?  Yes \( \sigma \) No \( \sigma \)	Residence of mother (if deceased so state). 278 S. Isale,
Full name of father Richard Guald Mughty	Occupation of mother Sight Clien Fallace of mother White
Residence of father (if deceased so state) Allenguand fre	Birthplace of mother (State or foreign country)
Occupation of father Platte Race of father White	
Birthplace of father (State or foreign country) Light 1	State of Indiana,  County of HENDRICKS as: I depose and state the information gives in this application is true and corre
Full maiden name of mother Colonia Allone Ott	M- 10 4m
Residence of mother (if deceased so state) Race of mother Will to	Signed AMC TOOL
Birthplace of mother (State or foreign country)	New Address & O.S. S. Caury Syle 100
ate of Indiana,	Subscribed and sworn to before me this. Aday of Hely 19.
of this application is true and correct.	Circuit Co
New Address 2832 Share College State	CONSENT OF PARENTS, PARENT OR GUARDIAN
bscribed and sworn to before me this day of	
Heat Markey Clerk HENDRICKS Circuit Court	We, the parents, of this applicant hereby give consent for this marriage. If only one pare
ONSENT OF PARENTS, PARENT OR GUARDIAN	signs, state facts which render the consent of the other parent unnecessary
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	
ns, state facts which render the consent of the other parent unnecessary	
ste of Indiana,	State of Indiana,
hendricks }ss:	County ofHENDRICKS
SignedFather	Signed Fath
oig ned	Signed Moth
scribed and sworn to before me this	Subscribed and sworn to before me thisday of19
MDI ETE LE MADDIAGE	
HENDRICKS HENDRICKS	T. A marriage license having been refused to the above named parties, the
County	T. A marriage license having been refused to the above named parties, the parties or the above named parties, the above named parties and file a marriage license to the above named
additionizes and directs the issuance of	f a marriage 1: and fil
Indiana dated the 30	E AND MARRIAGE CERTIFICATE  se issued by the clerk of the HENDRICKS Circuit Con
Archael & Saushte to	, 1975 guthanis HENDRICKS Circuit Con
the following marriage certificate was filed in my of	nd Parcel I forming together as husband and wi
1	
te of Indiana Comment	day of his week
d Bride / OMALA OD TO	f () A loss of the a BA
of me united in marriage as authorized by a	and the for
unty.  30 th	hat purpose by the Clerk of the Circuit Court of
ted this 30th day of July 19.75	hat purpose by the Clerk of the Circuit Court of HENDRICKS
, 19/	Signed P D
ed and recorded in accordance with the laws of the State of Indiana this	Signed Pro Paymond & Radio
The State of Indiana this	5 days Saster - Ist Baptist Church
	Signed Ilen M. Day august, 19 75

#### STATE OF

#### APPLICATION FOR I

Health under Authority Chap. 126, Ind. Acts 1905  APPLICATION FOR	MARRIAGE LICENSE
HENDRI	File
MALE	Date of Application
Medical Examination Report Dated July 22 75	FEMALE Medical Examination Report Dated 7-22-70
Name of Physician Carl & Heinlien	Name of Physician Carl & Jolein Peri)
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "Felse	statement—Whoever procures the issuance of a license to marry by any false statement, representa-
MALE APPLICANT	Whoever procures the issuance of a license to marry by any false statement, representa-
Name First Middle O Last	FEMALE APPLICANT
Date of Birth Month Pulway Clark	Name (melia Loil Shallens)
Place of Birth (State or foreign country)	Date of Birth Month Day Year
Indianapolis Ind.	Place of Birth (State or foreign country)
Lesidence Address  Street or R. R.  City  County  State	Residence Address Street of R. R. City County State
revious Marital Status: Never Married W Number of Previous Marriages	Maiden Name if Different Sane, Fleta, Sand.
ast Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married Number of Previous Marriages
olor or Race White Negro Other (specify)	
1 Kind of	Last Marriage Ended By: Death Divorce Annulment
ate of birth verified by: Birth Cert.  Judicial Decree	Color or Race White Negro Other (specify)
Other (Specify) # 113 - 55-064834	Usual Occupation Wental assistant
1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Yes	Date of birth verified by: Birth Cert.  Judicial Decree
Of Unsound Mind?  No Ves   Are you under guardianship as a person of unsound mind?  Yes	Other (Specify) 13198
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?  Yes □  Yes □	1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?
If answer to 3 is "yes" has the cause of such condition been removed? No Yes	Of Unsound Mind?
Are you related to the bride closer than second cousin?	2. Are you under guardianship as a person of unsound mind? No Yes
Are you now under the influence of intoxicating liquor?  No Yes	3. Are you afflicted with a transmissible disease? No 🗗 Yes 🗆
. Are you able to support a family?	4. Are you related to the groom closer than second cousin? No Ves
. Are you likely to so continue?  . Do you have minor children from one or more former marriages?  No Yes	5. Are you now under the influence of intoxicating liquor? No Ves
(If yes, answer questions a, b, c) (a) List their full names, ages and addresses	6. Are you now under the influence of a narcotic drug?  7. Full name of father heligo Kale Shawur
Name Age Address	Residence of father (if deceased so state)
	Occupation of father Associatt Race of father
	Birthplace of father (State or foreign country) Bloomington
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother Carolyn, Hose Callahas
(c) Are you complying with any court order or orders issued for their support?  Yes No	Residence of mother (if deceased so state) Same
Full name of father Momas Jose Clark	Occupation of mother Jousewell Race of mother
Residence of father (if deceased so state)	Birthplace of mother (State or foreign country) Bloomington
Occupation of father self Completed Race of father	State of Indiana,
Birthplace of father (State or foreign country)	County of HENDRICKS I depose and state the information given in this application is true and correct.
Full maiden name of mother Castala Tell Foliage Residence of mother (if deceased so state)	Signed Amelia Shil Spanner
Occupation of mother Race of mother.	
Birthplace of mother (State or foreign country)	New Address
te of Indiana, ss: I depose and state the information given	MI. on all
in this application is true and correct.	Clerk HENDRICKS Circuit Court
Signed New Address.	CONSENT OF PARENTS, PARENT OR GUARDIAN
scribed and sworn to before, me this 25 day of Quely 1972.	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
llen M. Harvey Clerk HENDRICKS Circuit Court	signs, state facts which render the consent of the other parent unnecessary
NSENT OF PARENTS, PARENT OR GUARDIAN	
the parents, of this applicant hereby give consent for this marriage. If only one parent	
s, state facts which render the consent of the other parent unnecessary	
e of Indiana,	State of Indiana, County ofHENDRICKS
aty ofHENDRICKS	
SignedFather	
SignedMother	Signed
cribed and sworn to before me thisday of	Subscribed and sworn to before me this
	Clerk
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	C. A marriage license having been refused to the above named parties, the
HENDRICKS County Cou	ert 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
	e issued by the clerk of the HENDRICKS Circuit Court
ndiana dated the 12 day of luguet	, 19 72, authorizing the joining together as husband and wife
t further remembered, the following marriage certificate was filed in my of	d amelia Gael Shawver
H. Orval moore he	ereby certify that on the land day of legist,
thousand nine hundred and 75	Clainfield, County of Hendricks
e of Indiana, Groom paniel pewar Enhance of	f Hendricks County, State of Indiana
	Hendricks County, State of Indiana,
by me united in marriage as authorized by a marriage license issued for the	at purpose by the Clerk of the Circuit Court of
d this 16 day of august , 1975	. 41 Dens man
	Signed H. Crwal Moore ficial Designation Minister
	MILD VI AND VI LAND VI

Signed Glen M. Harvey

HENDRICKS ..

Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

County

File\_ Date of Application

FEMALE
Medical Examination Report Dated\_ MALE

HENDRICKS

Medical Examination Report Dated 7-92-75	)	Name of Physician	ric D. Clark	
Name of Physician Grico W. Clark		Whener procures the issuance	of a license to marry by any	false statement, representa-
Name of Physician ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	5 prescribes "False stars (\$500.00)".	atement—Whoever products	EMALE APPLICANT	
MALE APPLICANT		First O	Middle	Pl Last
me Figst Middle	Mast	Name fhylles	2 Theren	Year
te of Birth Month Day	Year Q42	Date of Birth	4 13	1942
ce of Birth (State or foreign country)	942	Place of Birth (State or foreign cog	va)	
dence Address Street or R. R. Gity County	State	Residence Address Street	or R. K.	County State
821 Winding Brook D	ndpls, Aid	Maiden Name if Different	and Type	Ona.
vious Marital Status: Never Married D Number of Previous Marria			arried Number of Previous	Marriagna
Marriage Ended By: Death Divorce Annulment	marion)	Previous Marital Status: Never M	arried Number of Freevious	1075
r or Race White Negro Other (specify)	77,0000	Last Marriage Ended By:	Death Divorce Annula	ment 1 yelend
0 1	1.10-41.	, Color or Race White	Negro Other (specify)	AND THE PERSON NAMED OF THE PERSON OF THE PE
of birth verified by: A Birth Cert. D Judicial Decree # 18	o Bottlings	0.000		
	-4203	Usual Occupation	Cert.  Judicial Decree	Wasania.
Are you now or have you been adjudged, diagnosed or considered as: An Imbecile?	No Yes 🗆	14 back of birth	Cert. □ Judicial Decree  42-08-0052	04. alberta C
Of Unsound Mind?  Are you under guardianship as a person of unsound mind?	No Yes \( \)	Other (Specify)	djudged, diagnosed or considere	d as:
Are you now or have you been within five (5) years an inmate of a	county asylum or	An Imbecile?		No P Yes
nome for indigent persons?  If answer to 3 is "yes" has the cause of such condition been removed?	No Yes No Yes	Of Unsound Mind?		No 🕞 Yes 🗌
Are you afflicted with a transmissible disease?	No Yes	2. Are you under guardianship as	a person of unsound mind?	No PYes
Are you related to the bride closer than second cousin?  Are you now under the influence of intoxicating liquor?	No Yes \( \bigcap \) Yes \( \bigcap \)	3. Are you afflicted with a transmi	issible disease !	No 🗗 Yes 🗌
are you now under the influence of a narcotic drug?	No P Yes	4. Are you related to the groom cl	oser than second cousin?	No PYes 🗆
Are you able to support a family?  Are you likely to so continue?	Yes No No	5. Are you now under the influence	e of intoxicating liquor?	No 🕡 Yes 🗆
Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)	No 🗆 Yes 🗗	6. Are you now under the influence	e of a narcotic drug?	No 🕞 Yes 🗆
(a) List their full names, ages and addresses		7. Full name of father	Red Late & VIV	
Name Age Address		Residence of father (if deceased	so state)	
Con C JANOON Destal	b Ondella	Occupation of father	Race	of father
33 x 1/0100	C Saupes.	Birthplace of father (State or f	oreign country)	
Are you supporting or contributing to their support?	Yes No 🗆	8. Full maiden name of mother.	Jane Phyllis	2 Klas
Are you complying with any court order or orders issued for their support?	Yes No 🗆	Residence of mother (if decease	ed so state) 1722 Tyles	wthorner
full name of father Marry a Johnson	· <del>····</del>	Occupation of mother Mac	weight prace	of mother
Residence of father (if deceased so state) 45.3 York 7 Decupation of father LCL W. Race of fathe	Haugh	Birthplace of mother (State or f	oreign country) Cano	edas
Occupation of father (State or foreign country) Race of fathe	r	State of Indiana,	)	
Full maiden name of mother Senal De Mutt	tau	County of HENDRICKS	as: I depose and s	tate the information given ation is true and correct.
Residence of mother (if deceased so state) 453 D. Thesaga		8:	86 00.51	RIO
Occupation of mother Housewife Race of mother	r	Signed	12 11	2000
Birthplace of mother (State or foreign country) Martins Sur	ry Ohio	New Address.		are payie
of Indiana,  I depose and state the in this application is in this application in the state of t	information given	Subscribed and sworn to before me t	his day of	July 18 79
	true and correct.	sun In you	Clerk HENDRIC	KS Circuit Court
New Address 4/3 Winkary	0000	CONCENT OF TAXABLE		
cribed and sworn to before me this 25 day of July	n - pega	CONSENT OF PARENTS, PAREN		
len M. Therry ClerkHENDRICKS	, 19.70.	We, the parents, of this applicant	hereby give consent for this mr	arriage. If only one parent
	Circuit Court	signs, state facts which render the	consent of the other parent u	nnecessary
NSENT OF PARENTS, PARENT OR GUARDIAN the parents, of this applicant hereby give consent for this marriage.	Y.C		14 - 14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
s, state facts which render the consent of the other parent unnecessar	If only one parent			
pued differensal	ry			
		State of Indiana,		
e of Indiana,		County ofHENDRICKS	88:	
nty of				
Signed	Father	Signed		Father
Signedday ofday ofday	Mother	Signed	***************************************	
day of		Subscribed and sworn to before me	this day of	
	Clerk			
MPLETE IF MARRIAGE LICENSE ISSUED BY OR HENDRICKS County	DER OF COUR	T. A marriage 1		Clerk
County County		ourt by written order	been refused to the above	e named parties, the
authorizes and dire	ects the issuance of	of a marriage license to the	***************************************	and filed
Manual Cated the day of	July		HENDRICKS	Circuit Court
it further remembered, the following marriage certificate		nd hylles The	ing the joining together	as husband and wife
				-
thousand nine hundred and 75	•	hereby certify that on the		1
a series of the man	m	and the second	_	quest,
Briae. S. Marie Ma		of mario	County, State of	Hendricks
by me united in marriage as authorized by a marriage li	icense :-	Nendricks	County, State of	Indiana
e by me united in marriage as authorized by a marriage lines.  ed this	l ssued for	that purpose by the Clerk of the	Circuit County, State of	Indiana,
The state of the s		7 2706	- VI VILL COUNT of	

Signed Sonny Hendricks

Signed Sonny Harvey

Signed Sten M. Harvey

Hendricks

Circuit ...Circuit Court

## STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

No. #351

MALE HENDRI	Date of Application
Medical Examination Report Dated 8-1-75	FEMALE Medical Estate 1
Name of Physician Iric W. Clark M. D.	Name of Physician Wassid & There and
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False	statement—Whoever procures the issuance of a license to marry by any false statement, represents
MALE APPLICANT	
Name First Middle O Last	Name First
Date of Birth Month Day Year	Rebecca Simm Calmany
Place of Birth (State or foreign country)	Month Day Year
Residence Address Street or R. R. Street	nace of Birth (State or foreign cognery)
18 1 2 Bex 65, Indianapolis, State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different Snouanapolis, and.
Last Marriage Ended By: Death Divorce Annulment Annulment	Previous Marital Status: Never Married Number of Previous Marriages
Color or Race White Negro Other (specify)	Last Marriago Foded Par
Usual Occupation U. S. March	Color or Page William Strong Annument
Date of birth verified by: Birth Cert. Judicial Decree	Color or Race White Negro Other (specify)
Other (Specify)	Usual Occupation Cashier.
Of Unsound Mind?	Date of birth verified by: Birth Cert.   Judicial Decree   Other (Specify)   # 54-655446
2. Are you under guardianship as a person of unsound mind?  No Yes No Yes No Yes home for indigent persons?	Other (Specify) 54-055446  1. Are you now or have you been adjudged, diagnosed or considered as:
If answer to 3 is "yes" has the cause of such condition been removed?	An Imbecile?
4. Are you afflicted with a transmissible disease?  No V Yes Very	Of Unsound Mind? No ☑ Yes □
6. Are you now under the influence of intoxicating liquor?	2. Are you under guardianship as a person of unsound mind? No Ves
7. Are you now under the influence of a narcotic drug?  No Yes   Yes	3. Are you afflicted with a transmissible disease?  No Yes   4. Are you related to the groom closer than second cousin?  No Yes   Yes
9. Are you likely to so continue?	5. Are you now under the influence of interioristic to
0. Do you have minor children from one or more former marriages? No Yes (If yes, answer questions a, b, c)	6. Are you now under the influence of a narcotic drug?  No Yes
(a) List their full names, ages and addresses	7. Full name of father Sidney Wayne Johnson
Name Age Address	Residence of father (if deceased so state) 2/5 W. St. Plfd.
	Occupation of father Myslus A Race of father
	Birthplace of father (State or foreign country) Nanvelle Ind.
(b) Are you supporting or contributing to their support?  (c) Are you complying with any court order or orders issued for their support?  Yes No	8. Full maiden name of mother Carolyn Sue Sym
their support?  1. Full name of father Annua Melassa Punc	Residence of mother (if deceased so state) 215 W. St. Flfd.  Occupation of mother School Bus Recent method
Residence of father (if deceased so state)	a take of mother
Occupation of father Apolica Many Race of father What	Birthplace of mother (State or foreign country) Indpls Sud.
Birthplace of father (State or foreign country)	State of Indiana,  County of
Residence of mother (if decreed to state)	the term with the below to be the control of the co
Residence of mother (if deceased so state)	Signed & Rebicas Synn Johnson
Birthplace of mother (State or foreign country)	New Address Delat Jakes N. T. a. Illenais
ate of Indiana,	Subscribed and sworn to before me this 95 day of July 1975
ounty of HENDRICKS in this application is true and correct.	Den M. Harvey Clerk HENDRICKS Circuit Court
New Address 2001 Labor Dale Hung	CONSENT OF PARENTS, PARENT OR GUARDIAN
New Address lot Jakos Ja	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
day of Mag., 19.75	
NSENT OF PARENTS, PARENT OR GUARDIAN	signs, state facts which render the consent of the other parent unnecessary
the parents, of this applicant hereby give consent for this marriage. If only one parent	
ns, state facts which render the consent of the other parent unnecessary	The south of the first of the section of the sectio
te of Indiana,	State of Indiana, County of
anty ofHENDRICKS	
SignedFather	Ol- 1
Signed Mother	Signed Mother Subscribed and sworn to before me this day of
scribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of
MDI ETTE III M. D. Clerk	Ulei A
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
HENDRICKS County Court	rt by written order issuedand filed
authorizes and directs the issuance of a	
RETURN OF MARRIAGE LICENSE A  Be It Remembered, there was filed in my office a marriage license	AND MARRIAGE CERTIFICATE sissued by the clerk of the HENDRICKS Circuit Court
Indiana dated the day of Use Indiana dated the day of Use Indiana dated the day of day of Use Indiana dated the day of day of Use Indiana dated the day of Use Indiana dated dated the day of Use Indiana dated	
Sour Hala Caina	Shear a Lumm Juhan
"Jurther remembered, the following marriage certificate was filed in my office	ce, to-wit:
	2:30 P.M. Country of Then drinks
	Hendricks County of Thendricks  County of Indiana
	Hendricks County, State of Indiana,
e by me united in magning and the that	at murnose bu the Clerk of the Circuit Court of HENDRICKS
nty.  ed this 3th day of Accust 1975.	, par poor og till district in the same of
d this day of Huguest, 19	Signed Wilson Adkins
	icial Designation Greacher
d and recorded in accordance with the laws of the State of Indiana this	7 the day of Hughest, 19.7.3.
Sig	gned Alla III Starvely Clerk
	HENDRICKS Cimerit Count

HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of Health under Authority

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

County

Date of Application

..... Circuit Court

Chap. 126, Ind. Acts 1905 HENDRICKS Medical Examination Report Dated MALE Name of Physician William 7-25-70 Medical Examination Report Dated\_ ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT Middle more Date of Birth Date of Birth Place of Birth (State Place of Birth (State Previous Marital Status: Never Married Number of Previous Marriages... Previous Marital Status: Never Married Number of Previous Marriages Death Divorce Annulment Death Divorce Annulment Last Marriage Ended By: Color or Race White Negro Other (specify)... White Negro Other (specify). Usual Occupation Yess aperator Color or Race Date of birth verified by: Birth Cert. Judicial Decree Other (Specify) # 55094779 Date of birth verified by: Birth Cert. Judicial Decree Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No Yes Other (Specify)... No Yes | Yes | Of Unsound Mind? 1. Are you now or have you been adjudged, diagnosed or considered as: 2. Are you under guardianship as a person of unsound mind? No Yes county asylum or No Yes 3. Are you now or have you been within five (5) years an inmate of a home for indigent persons? An Imbecile? Of Unsound Mind? Yes 🗌 No 🗌 If answer to 3 is "ves" has the cause of such condition been removed? Yes 🗌 2. Are you under guardianship as a person of unsound mind? No I 4. Are you afflicted with a transmissible disease? 5. Are you related to the bride closer than second cousin? No D Yes 🗌 3. Are you afflicted with a transmissible disease? No Yes 6. Are you now under the influence of intoxicating liquor? No Yes 4. Are you related to the groom closer than second cousin? 7. Are you now under the influence of a narcotic drug? No D Yes 🗌 Yes 🗌 No 🗆 8. Are you able to support a family? Yes D 5. Are you now under the influence of intoxicating liquor Yes No 🗆 9. Are you likely to so continue? 10. Do you have minor children from one or more former marriages? 6. Are you now under the influence of a narcotic No 🗌 Yes 🗌 (If yes, answer questions a, b, c) 7. Full name of father... (a) List their full names, ages and addresses Residence of father (if deceased so state) ..... Occupation of father. Birthplace of father (State or foreign country) ..... (b) Are you supporting or contributing to their support? Yes 🗌 No 🗆 No 🗌 Occupation of mother the declased Residence of father (if deceased so state). Birthplace of mother (State or foreign country). State of Indiana. Birthplace of father (State or foreign country) / Warlen I depose and state the information given in this application is true and correct. County of HENDRICKS 12. Full maiden name of mother dida Fay Residence of mother (if deceased so/state) 486 Birthplace of mother (State or foreign country) Andlanapoles Subscribed and sworn to before me this 25 I depose and state the information given in this application is true and correct. County of HENDRICKS Clerk HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN Subscribed and sworn to before me this..... 25 day of July We, the parents, of this applicant hereby give consent for this marriage. If only one parent Glen M. Harvey ClerkHENDRICKS signs, state facts which render the consent of the other parent unnecessary... CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana, State of Indiana, County of ..... HENDRICKS County of HENDRICKS Father Signed. Signed. Subscribed and sworn to before me this .... Subscribed and sworn to before me this ...., 19...... day of.... 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..... .....authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Be it further remembered, the following marriage certificate was filed in my office, to-wit: of Indiana dated the , 19.75, authorizing the joining together as husband and wife Pita Dail De Curry hereby certify that on the \_\_\_\_\_\_\_\_\_ one thousand nine hundred and 75 State of Indiana, Groom Havid B at Brownsburg and, Bride Rita Sail mc Curry County of Hindricks of Hendricks County, State of Indiana, day of August, 19.75 Filed and recorded in accordance with the laws of the State of Indiana this..... Official Designation Ordained Minister Signed Glen M. .....HENDRICKS..

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE Chap. 126, Ind. Acts 1905 HENDRICKS County Date of Application MALE FEMALE Medical Examination Report Dated\_ Medical Examination Report Dated Name of Physician. Name of Physician\_ ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905

Name First Middle Last	FEMALE APPLICANT
Date of Birth March (aune) tinchus	Name First Middle Last
2 Year 5-2	Date of Birth Month Day Year
Place of Birth State or foreign country)	Place of Birth (State or foreign country) 52
Residence Address Street or R. R. City County	- Crawfordmille Andi
Rt 1 Bex 86, North Solars State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married Number of Previous Marriage.	Maiden Name if Different
Previous Marital Status: Never Married Number of Previous Marriages	Marden Name it Different
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married Number of Previous Marriages
Color or Race White Negro Other (specify)	Last Marriage Ended By: Death Divorce Annulment
Usual Occupation Magnitimence	Color or Race White Negro Other (specify)
Date of birth verified by: Birth Cert.  Udicial Decree	Color or Race White Negro Other (specify)
Other (Specify)	Usual Occupation (pak's hilber)
1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?	Date of birth verified by: Birth Cert.   Judicial Decree
Of Unsound Mind?  No V Yes No V Yes	
2. Are you under guardianship as a person of unsound mind?	Other (Specify)  1. Are you now or have you been adjudged, diagnosed or considered as:
3. Are you now or have you been within five (5) years an inmate of a county asylum or No ✓ Yes ✓ Yes	An Imhasila?
If answer to 3 is "yes" has the cause of such condition been removed?	Of Unsound Mind?
4. Are you related to the bride closer than example 1.	No L Yes
6 Are you pow under the influence of it.	2. Are you under guardianship as a person of unsound mind? No Yes
7. Are you now under the influence of a perestic day of	3. Are you afflicted with a transmissible disease?
8. Are you able to support a family?  Yes Yes Yes No	4. Are you related to the groom closer than second cousin?
9. Are you likely to so continue?	5. Are you now under the influence of interfacts to
0. Do you have minor children from one or more former marriages? No Yes (If yes, answer questions a. b. c)	C Are you want and a classic control of the control
(a) List their full names, ages and addresses	1/ 09
Name Age Address	7. Full name of father Harry H Ambliques
Audress	Residence of father (if deceased so state)
	Occupation of father What Race of father What
	Birthplace of father (State or foreign country)
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother Bitter Q. Robinson
(c) Are you complying with any court order or orders issued for	
their support?	Residence of mother (if deceased so state)
Full name of father Addition to all places Inches and	Occupation of mother Andres & Clarks Race of mother Wh
Residence of father (if deceased so state) Tatthe Salemy, Ind.	Birthplace of mother (State or foreign country) Indiana
Occupation of father Home Juntur Race of father whi	or mother (State of foreign country)
Birthplace of father (State or foreign country)	State of Indiana,
4 11: 52 11:1	County of HENDRICKS ss: I depose and state the information give in this application is true and correct in this application is true and correct in this application.
Full maiden name of mother Addle Marie Hiland	20 11
Residence of mother (if deceased so state)	Signed Diana dankam
Occupation of mother / One Race of mother Wh	New Address R.R. 2 Roachdale and.
Birthplace of mother (State or foreign country) andiana	20 21
ate of Indiana	Subscribed and sworn to before me this day of 197
ss: I depose and state the information given in this application is true and correct.	Glew M. Harvey Clerk HENDRICKS Circuit Cou
Signed Jarry W. Finchum	
New Address B R D Roachdale Ind	CONSENT OF PARENTS, PARENT OR GUARDIAN
southed and seed on the seed of the seed o	The state of the s
pscribed and sworn to before me this. 28 day of July 19.75	We, the parents, of this applicant hereby give consent for this marriage. If only one paren
Clerk HENDRICKS Circuit Court	signs, state facts which render the consent of the other parent unnecessary
NSENT OF PARENTS, PARENT OR GUARDIAN	
the parents, of this applicant hereby give consent for this marriage. If only one parent	Kremer upon activi del supropostat eller in a manager per del constitución de la constitu
ns, state facts which render the consent of the other parent unnecessary	
partity and occording	
	Chata of Talliana
	State of Indiana,
e of Indiana,	County of HENDRICKS
nty ofHENDRICKS	SignedFather
SignedFather	Section 1. The second section 1. The second section 1. The second section 1.
Signed	Signed
cribed and sworn to before me thisday of, 19, 19	Subscribed and sworn to before me thisday of
Clerk	
Clerk	Clerk
MPLETE IF MARRIAGE LICENSE ISSUED BY OPDER OF COURT	. A marriage license having been refused to the above named parties, the
HENDRICKS	. A marriage incense having been refused to the above named parties, the
	rt by written order issued Say wawes and filed
authorizes and directs the issuance of	a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
	e issued by the clerk of the HENDRICKS Circuit Court
ndiana dated the 28 day of July	1 1 1 1 1 1 1 1 M I A A A A A A A A A A A A A A A A A A
ndiana dated the 28 day of July an	a heava Lee Lanham
indiana dated the 28 day of July and the full of the fallowing marriage certificate was filed in my off	ice, to-wit:
ndiana dated the 28 day of July and try of the following marriage certificate was filed in my off the following marriage	
ndiana dated the 28 day of Ully and trugther remembered, the fallowing marriage certificate was filed in my off thousand nine hundred and 75	ereby certify that on the st day of leaguest, that on the state of leaguest, county of sutname,
ndiana dated the 28 day of Ully and tarther remembered, the fallowing marriage certificate was filed in my off thousand nine hundred and 75	ereby certify that on the standay of August,
indiana dated the 28 day of Mills and the further remembered, the following marriage certificate was filed in my off thousand nine hundred and 75 at e of Indiana, Groom Sarry wayne Finchum of	reby certify that on the st day of luggest,  the Sankelale, County of Sutnam,  for Hendricks County, State of Indiana
Indiana dated the 28 day of Mills and the further remembered, the following marriage certificate was filed in my off thousand nine hundred and 75 at e of Indiana, Groom Sazzy wayne Finchesm of	rece, to-wit:  ereby certify that on the st day of buggest  that a chalale , County of Sutname  Stendarches County, State of Indiana  utnam County, State of Indiana

Official Designation Sastar

Filed and recorded in accordance with the laws of the State of Indiana this...... Circuit Court HENDRICKS

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 354 File\_37 7-28-75
Date of Application

HENDRICKS County 7.15.75

and the state of t	FEMALE Medical Examination Report Dated  7-23-73  Medical Examination Report Dated
MALE Medical Examination Report Dated 7-25-75	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
David B. Thloggard	Name of Physician Ayarva 15 marry by any false statement, representa-
Name of Physician 70 00000 15.	Name of Thysician atement—Whoever procures the issuance of a license to marry by any false statement, representa-
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00).	FEMALE APPLICANT
MALE APPLICANT	Name First, Middle Last
Name First Middle S Last Car, Pr.	Day Year
Date of Birth Day Year	Date of the bree ores
Place of Birth (State of foreign country).	Place of Birth (State or foreign country)
Indianapales Marion malant	Residence Address Street or R. B.
Residence Address Street of R. R. City Knarreks Ind.	Maiden Name if Different
Previous Marital Status: Never Married Number of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Marital
	Last Marriage Ended By: Death Divorce Annulment
Color or Race White Negro Other (specify)	Color of Page White Negro   Other   (specify)
Usual Occupation Marion Co. General Rospetal	Color or Race White Estate State Sta
Date of birth verified by: Birth Cert, Judicial Decree	Usual Occupation (nemplayer
1. Are you now or have you been adjudged, diagnosed or considered as:	Date of birth verified by: Birth Cert.   Judicial Decree
An Imbecile?  Of Unsound Mind?  Yes	Other (Specify) # 5/5//B  1. Are you now or have you been adjudged, diagnosed or considered as:
2. Are you under guardianship as a person of unsound mind? No P Yes   3. Are you now or have you been within five (5) years an inmate of a county assylute of a No P Yes   No P	1. Are you now or have you been aujudged, dated in the Yes \( \) An Imbecile?
home for indigent persons?	Of Unsound Mind?
If answer to 3 is "yes" has the cause of such condition been removed?  No Yes   4. Are you afflicted with a transmissible disease?  Yes   Yes   Yes	2. Are you under guardianship as a person of unsound mind? No → Yes □
5. Are you related to the bride closer than second cousin?	3. Are you afflicted with a transmissible disease? No ☑ Yes □
6. Are you now under the influence of intoxicating liquor?  7. Are you now under the influence of a narcotic drug?  No P Yes	4. Are you related to the groom closer than second cousin?  No Yes
8. Are you able to support a family?	5. Are you now under the influence of intoxicating liquor? No Yes
9. Are you likely to so continue?  10. Do you have minor children from one or more former marriages?  No □  Yes □	6. Are you now under the influence of a narcotic drug?
(If yes, answer questions a, b, c) (a) List their full names, ages and addresses	7. Full name of father Stallan Henry Strather
Name Age Address	Residence of father (if deceased so state) Slassifield and
	Occupation of father Line May 10 14 Race of father
	Birthplace of father (State or foreign country)
A Va D No D	8. Full maiden name of mother willy Jane much
(b) Are you supporting or contributing to their support?  (c) Are you complying with any court order or orders issued for their support?  Yes No Yes No	Residence of mother (if deceased so state) Sluft Ind
11. Full name of father Jackie & Kinberger	Occupation of mother Thurswife Race of mother 21
Residence of father (if deceased so state)	Birthplace of mother (State or foreign country) Indiana
Occupation of father Dres wall Race of father It	Distribute of moties (base of 15 organ country)
Birthplace of father (State or foreign country) Wentel her	State of Indiana,  Sas: I depose and state the information given in this application is true and correct.
12. Full maiden name of mother Larene Duncan	Outry Office and American
Residence of mother (if degensed so state) Mismi , Flarida	Signed & July Marconn Strather
Occupation of mother Self-lengeleughed Race of mother It	New Address 1212 Stanly Rd. Glaint
Birthplace of mother (State or foreign country)	Subscribed and sworn to before me this 28 day of July 1973
State of Indiana,  County of HENDRICKS  Sas: I depose and state the information given in this application is true and correct.	Glen M. Harwey Clerk HENDRICKS Circuit Court
Signed Lack Benters	Olerk Hillard A. Circuit Court
New Address /2/2 Stanley Pd Plankield	CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this 28 day of July 1975.	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Glen M. Garwey GerkHENDRICKS Circuit Court	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	
	State of Indiana,
State of Indiana, County of HENDRICKS.	County ofHENDRICKS
	SignedFather
Signed Father Signed Mother	Signed Mother
Subscribed and sworn to before me thisday of, 19	
Clerk	Subscribed and sworn to before me this
	Clerk
HENDRICKS COUNTY OF COUNTY	RT. A marriage license having been refused to the above named parties, the
in County C	Court by written order issued
Be It Remembered there was first in MARRIAGE LICENS	SE AND MARRIAGE CEPTIFICATE
of Indiana dated the lot	SE AND MARRIAGE CERTIFICATE  the issued by the clerk of the HENDRICKS Circuit Court
Jackie & Benberger	and July 18 CERTIFICATE  HENDRICKS Circuit Court  or and July 19 75, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my	and Julie M. Strother together as husband and wife office, to wit:
1 Fint Ollen	office, to-wit:
one thousand nine hundred and 7.5	at day of Justist
State of Indiana, Groom ackel Tild Sinkerger &	at Sainfield day of Jugust, of Hundricks
and, Bride glabble f. Waldelana	at Sainfield day of Jugust  of Hendricks County, State of Indiana  that purpose by the Clerk of the Circuit County, State of Indiana,
County age acense issued for	that county, State of Anaigna
Dated this 2 day of Jugust , 19.7	purpose by the Clerk of the Circuit Court of
19.7	5 Q H / A
	Signal 4 1 4 1
Filed and recorded in accordance with the laws of the State of Indiana this	6 Designation Minister
The state of the s	Signed Home M. Quagust, 19 75.
	Signed Alen M Harrey Clerk
	Clerk

Form Prescribed By

Mag Yau Mag Yau

Not tol No Pro Year

ME 100 ME 100 ather Md.

ald nd. 2t.

Father

Clerk = the filed

urt

Indiana State Board of	MARRIAGE LICENSE File	
HENDRIG	- Jacq 20, 1475	
MALE	FEMALE  Date of Application	
Name of Physician David 13. Hagaard	Medical Examination Report Dated 7-23-75  Name of Physician David Haganard M. F.)	
ALL QUESTIONS MUST BE ANSWERED, Chapter 126 Indiana Acts 1995 Prescribe (Fig. 1)	The state of the s	
	tatement—Whoever procures the issuance of a license to marry by any false statement, representa-	
Name First Middle	FEMALE APPLICANT	
Date of Birth Month Nomas Kukman, y.	Name First Middle Last  Date of Birth Month Day Year	
Place of Birth (State or foreign country)	Place of Biyth (State or foreign country)	
Residence Address Street or R. R. City County State	Indianapolio, Ind.	
Kt. L Paragon, Morgan Ind.	Residence Address / Street or R. R. City County State	
Previous Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different	
Last Marriage Ended By: Death Divorce Annulment Divorce	Previous Marital Status: Never Married Number of Previous Marriages	
Color or Race White Negro Other (specify)	Last Marriage Ended By: Death Divorce Annulment	
Usual Occupation		
Date of birth verified by: Dirth Cert. Judicial Decree	Color or Race White Negro Other (specify)	
Other (Specify)	Usual Occupation None	
1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Yes	Date of birth verified by: Birth Cert.   Judicial Decree	
Of Unsound Mind?  2. Are you under guardianship as a person of unsound mind?  No Ves	Other (Specify)	
3. Are you now or have you been within five (5) years an inmate of a county sylum or	1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Yes	
If answer to 3 is "yes" has the cause of such condition been removed? No Yes	Of Unsound Mind?	
4. Are you afflicted with a transmissible disease?  No Yes   5. Are you related to the bride closer than second cousin?  No Yes	2. Are you under guardianship as a person of unsound mind? No Yes 🗆	
6. Are you now under the influence of intoxicating liquor?  No  Yes	3. Are you afflicted with a transmissible disease? No ✓ Yes □	
7. Are you now under the influence of a narcotic drug? No Yes 28. Are you able to support a family? Yes No 1	4. Are you related to the groom closer than second cousin? No ✓ Yes □	
9. Are you likely to so continue?  Yes No	5. Are you now under the influence of intoxicating liquor? No 🖫 Yes 🗆	
(If yes, answer questions a, b, c)  (a) List their full names, ages and addresses	6. Are you now under the influence of a narcotic drug? No P Yes	
Name Age Address	7. Full name of father Alas falls The Alas fathers	
Addition	Occupation of father (if deceased so state) (If the State of father Wh)	
	Birthplace of father (State or foreign country)	
(h) A	8. Full maiden name of mother Rules a. Bisas	
(b) Are you supporting or contributing to their support?  (c) Are you complying with any court order or orders issued for their support?  Yes□ No□  Yes□ No□	Residence of mother (if deceased so state) Classified And	
11. Full name of father	$\mathcal{N}$	
Residence of father (if deceased so state) Pagan, Ind		
Occupation of father Budgeont Branchage of father Wh	Birthplace of mother (State or foreign country)	
Birthplace of father (State or foreign country) Andiana	State of Indiana,   I depose and state the information given	
12. Full maiden name of mother Carolisa ann Simon	County of HENDRICKS in this application is true and correct.	
Residence of mother (if deceased so state) Palagon, Incl	Signed Weldpra Que Wettlex	
Occupation of mother Race of mother Wh	New Address RR#1 (Juincy, and	
Birthplace of mother (State or foreign country)	Subscribed and sworn to before me this 2 day of fully 19.75	
County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	Men M. Harules Clerk HENDRICKS Circuit Court	
Signed Joseph Thermas tubrant.		
New Address RRT Ourney Ind	CONSENT OF PARENTS, PARENT OR GUARDIAN	
Subscribed and sworn to before me this 28 day of July 19.75	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
Men M. Hanny Clerk HENDRICKS Circuit Court	signs, state facts which render the consent of the other parent unnecessary	
CONSENT OF PARENTS, PARENT OR GUARDIAN		
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	Control of the Contro	
signs, state facts which render the consent of the other parent unnecessary	Charles of the Control of the Contro	
	State of Indiana,	
State of Indiana,	County of HENDRICKS	
County ofHENDRICKS	SignedFather	
SignedFather		
Signed		
ubscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of	
Clerk	Clerk	
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	. A marriage license having been refused to the above named parties, the	
HENDRICKS County Cou		
authorizes and directs the issuance of	a marriage license to the above named parties.	
RETURN OF MARRIAGE LICENSE		
	e issued by the clerk of the HENDRICKS Circuit Court	
	19. 2), authorizing the joining together as husband and wife	
Be it further remembered, the following marriage certificate was filed in my office, to-wit:		
Gev. Charles E. Septon no		
ne thousand nine hundred and 75 at Martinsville , County of Morgan ,		
tate of Indiana, Groom Joseph Thomas Kirkmany, morgan County, State of Indiana		
nd, Bride Debby Sue Settles of Hendricks County, State of Indiana,		
ere by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS		
pated this 9 day of august 1975.		
	Signed Sev. narces 6. septon	
	ficial Designation Saston, St., Martin's Church	
iled and recorded in accordance with the laws of the State of Indiana this	Men m 17/11-11	
	Signed Clerk  HENDRICKS Circuit Court	
La Company of the Com	Circuit Court	

Form Prescribed By Indiana State Board of MALE

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

County

HENDRICKS

.Circuit Court

Health under Authority Date of Application Chap. 126, Ind. Acts 1905 HENDRICKS Medical Examination Report Dated Medical Examination Report Dated Name of Physician\_ ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, reportion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)". Name of Physician M. O. A MALE APPLICANT Date of Birth Previous Marital Status: Never Married Number of Previous Marriages Previous Marital Status: Never Married D Number of Previous Marriages. Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Color or Race White Negro Other (specify)... White D Negro Other (specify) Color or Race Usual Occupation Date of birth verified by: A Birth Cert. Undicial Decree Usual Occupation Date of birth verified by : WBirth Cert. Udicial Decre Other (Specify)... 1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? Yes 🗆 No 🗹 Other (Specify) ... Yes 🗌 Of Unsound Mind? 1. Are you now or have you been adjudged, diagnosed or considered as: 2. Are you under guardianship as a person of unsound mind? No D No Yes county asylum or No Yes 3. Are you now or have you been within five (5) years an inmate of home for indigent persons? An Imbecile? No D Yes D Of Unsound Mind? Yes [ If answer to 3 is "yes" has the cause of such condition been removed? No 🗆 4. Are you afflicted with a transmissible disease? No D Yes 🗌 2. Are you under guardianship as a person of unsound mind? Yes [ Yes 🗌 5. Are you related to the bride closer than second cousin? No D 3. Are you afflicted with a transmissible disease? Yes [ 6. Are you now under the influence of intoxicating liquor? No D Yes [ Yes 🗌 4. Are you related to the groom closer than second cousin? 7. Are you now under the influence of a narcotic drug? No D No D Yes No 🗆 8. Are you able to support a family? Yes V 5. Are you now under the influence of intexicating liquor? No Ves No 🗆 9. Are you likely to so continue? Yes 🗹 6. Are you now under the influence of a narcotic drug? 10. Do you have minor children from one or more former marriages? No 🖸 Yes 🗌 (If yes, answer questions a, b, c) 7. Full name of father ...... (a) List their full names, ages and addresses Address Residence of father (if deceased so state) .... Birthplace of father (State or foreign country) Algalia (b) Are you supporting or contributing to their support? Yes 🗌 No 🗆 (c) Are you complying with any court order or orders issued for their support? Yes 🔲 No 🗀 Occupation of mother / off the Birthplace of father (State or foreign country). State of Indiana. County of HENDRICKS 12. Full maiden name of mother Myl Residence of mother (if deceased so state) Occupation of mother The Mapping Race of mother Birthplace of mother (State or foreign country) State of Indiana, ss: I depose and state the information given in this application is true and correct. County of HENDRICKS Clerk HENDEICKS New Address A. R. T. CONSENT OF PARENTS, PARENT OR GUARDIAN Subscribed and sworn to before me this ... We, the parents, of this applicant hereby give consent for this marriage. If only one parent Blex M. Harvey ClerkHENDRICKS signs, state facts which render the consent of the other parent unnecessary... CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary..... State of Indiana, State of Indiana, County of HENDRICKS County of HENDRICKS Signed Signed. .....Mother Subscribed and sworn to before me this..... Subscribed and sworn to before me this \_\_\_\_\_\_day of \_\_\_\_\_ ...., 19...... ..Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ........Court by written order issued... .....authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS of Indiana dated the .. Be it further remembered, the following marriage certificate was filed in my office, to wit: ..., 19 75, authorizing the joining together as husband and wife one thousand nine hundred and auguste at Maplewood, County of Juneana, State of Indiana, Groom Jenty State of Juneana and, Bride Gentle Jail Maney of Juneana, County, State of Indiana, County, State of Indiana, one thousand nine hundred and..... ......hereby certify that on the..... were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS Signed Just Official Designation ... Signed Glen m.

... 19.....

\_\_Clerk ies, the nd filed

Court d wife

kel

a... Lourney

lerk

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

File 37 County HENDRICKS 7-28-75 Date of Application

MALE Medical Examination Report Dated 7-25-75	
Name of Physician Carl L. Keinlein	

FEMALE

HENDRICKS Circuit Court

medical Examination Report Dated 7 2 3 7 9	Medical Examination Report Dated 7-29-73
Name of Physician Carl S. Thenless	Name of Physician Carl S. Neenleen
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False station or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	atement—Whoever procures the issuance of a license to marry by any false statement, representa-
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
march 14 1950	march 31 1952
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
129 6. 113 N. Danvelle, Nendricks Ind.	Maiden Name if Different Indeanapales, Marion
Previous Marital Status: Never Married Number of Previous Marriages	A THE RESIDENCE OF THE PROPERTY OF THE PARTY
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married Number of Previous Marriages
Color or Race White Negro Other (specify)	Last Marriage Ended By: Death Divorce Annulment
Usual Occupation 100 a h 7400 has	Color on Posts White # Name C Other C (appeller)
Date of birth verified by: Birth Cert. Judicial Decree	Color or Race White Negro Other (specify)
Pother (Specify) Selective Service Card	Usual Occupation Sales Clerk
1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Yes □	Date of birth verified by: Birth Cert. Judicial Decree
Of Unsound Mind?  No 2 Yes   2. Are you under guardianship as a person of unsound mind?  No 2 Yes   Yes	□ Other (Specify) # 11.3 - 52 - 0.220 98
3. Are you now or have you been within five (5) years an inmate of a county asylum or	1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Yes
home for indigent persons?  Yes   If answer to 3 is "yes" has the cause of such condition been removed?  No Yes	Of Unsound Mind?
4. Are you afflicted with a transmissible disease? No 🗷 Yes 🗆	2. Are you under guardianship as a person of unsound mind? No Yes
5. Are you related to the bride closer than second cousin?  No Yes	3. Are you under guardianship as a person of dissound limit.  No Yes   Yes   Yes
6. Are you now under the influence of intoxicating liquor?  7. Are you now under the influence of a narcotic drug?  No Yes	4. Are you related to the groom closer than second cousin?
8. Are you able to support a family?	5. Are you now under the influence of intoxicating liquor?
9. Are you likely to so continue?  10. Do you have minor children from one or more former marriages?  No Yes V	6. Are you now under the influence of a narcotic drug?  No Yes
(If yes, answer questions a, b, c)	7. Full name of father Olas arnald Jaunsley
(a) List their full names, ages and addresses  Name  Age  Address	Residence of father (if deceased so state) Hanguer Dr. new Whileland,
-saxthaddhahad iilad b	Occupation of father Hatchery Managerace of father 91
	Birthplace of father (State or foreign country)
	a is & line to I ma From
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother
(c) Are you complying with any court order or orders issued for their support?	Residence of mother (if deceased so state) The whetelase
11. Full name of father Sichard Walden Jindall	Occupation of mother Maleselle Race of mother The
Residence of father (if deceased so state) R. I. Westfield, Ind.	Birthplace of mother (State or foreign country)
Occupation of father	the second is with the second
Birthplace of father (State or foreign country)	State of Indiana,  County of
12. Full maiden name of mother Nellan Aneuse Grass	Signed Ethel & Coursley
Residence of mother (if deceased so state) R. I. Westfield, Island	
Occupation of mother Jaleselle Race of mother 9	New Address 809 Broken Bow In Albanapoles and.
Birthplace of mother (State or foreign country).	Subscribed and sworn to before me this 2 8 day of 1975
State of Indiana,	Glen M. Harwey Clerk HENDRICKS Circuit Court
County of HENDRICKS in this application is true and correct.	
Signed A tage	CONSENT OF PARENTS, PARENT OR GUARDIAN
Indiana New Address & 09 Broken Dow 15 #pf 303	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Subscribed and sworn to before me this 2.8 day of 91179, 19.79	signs, state facts which render the consent of the other parent unnecessary
Alem M. Harriey Clerk HENDRICKS Circuit Court	signs, state facts which render the consent of the other parent differences
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	
	State of Indiana,
12.70% (Ad to glops)	County of HENDRICKS
State of Indiana,  County of	SignedFather
SignedFather	
Signed	Signed
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	r. A marriage license having been refused to the above named parties, the
HENDRICKS County Co	art by written order issued
inauthorizes and directs the issuance of	f a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage licen	se issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the standary of liegust	1925, authorizing the joining together as husband and wife
Sichard & Tindall ar and a fled in my o	nd Call I Journally
Be it further remembered, the following marriage certificate was filed in my of	pereby certify that on the Second day of Guarest
one thousand nine hundred and 75	at Westfield Country of Flamilton
	of Marion County, State of Indiana
State of Indiana, Groom	
and, Bride Ethel T. Tournsleff of	Marian County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for t	
County.  Dated this Second day of August, 19 7	
	Signed Marelyn W. Spry
	700 11 4
the property of the state of th	Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Minister  5 day of August, 1975.  Signed Llen M. Harvey Clerk

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE File July 28, 1975
Health under Authority Chap. 126, Ind. Acts 1905  HENDRI	
	FEMALE 2/14/75
MALE 7- 28- 75	Medical Examination Report Dated
Medical Examination Report Dated Caden, M. D.	Name of Physician Myry Cylis
Name of Physician	statement—Whoever procures the issuance of a license to marry by any false statement, represents
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes 'False tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	FEMALE APPLICANT
MALE APPLICANT	Name 1 First Middle Edurida
Name That leu Lee Hugher	Date of Birth Month Day Year
Date of Birth Month Day Year 1954	Place of Birth (State or foreign country)
Place of Birth (State or foreign country),	meliandpaller Country State
Residence Address Street or R. R. City County State	RR#1 Box 664 I laufull In.
Previous Marital Status: Never Married A Number of Previous Marriages	Maiden Name if Different
Trevious state desired.	Previous Marital Status: Never Married Number of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment
Color or Race White Negro Other (specify)	Color or Race White Negro Other (specify)
Usual Occupation Coop. Student  Date of birth verified by: Birth Cert. Judicial Decree	St. 1
Stother (Specify) Beliethine Bervia Cut 12-30-54	Usual Occupation JULIAN  Date of birth verified by: Birth Cert.  Judicial Decree
1. Are you now or have you been adjudged, diagnosed or considered as:  No X  Yes	#19425
Of Unsound Mind?  2. Are you under guardianship as a person of unsound mind?  No Yes  Yes	Other (Specify)
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?  No Y Yes	An Imbecile?
If answer to 3 is "yes" has the cause of such condition been removed? No Yes	Of Unsound Mind?
4. Are you afflicted with a transmissible disease?  No Yes   5. Are you related to the bride closer than second cousin?  No Yes	2. Are you under guardianship as a person of unsound mind?  No Yes
6. Are you now under the influence of intoxicating liquor?  7. Are you now under the influence of a narcotic drug?  No Yes	3. Are you afflicted with a transmissible disease?  No Vest
8. Are you able to support a family? Yes No	4. Are you related to the groom closer than second cousin?  No Yes   5. Are you now under the influence of intoxicating liquor?  No Yes   Yes
9. Are you likely to so continue?  10. Do you have minor children from one or more former marriages?  Yes No   Yes	6. Are you now under the influence of a narcotic drug? No Yes
(If yes, answer questions a, b, c) (a) List their full names, ages and addresses	7. Full name of father Remill Richard Edwards
Name Age Address	Residence of father (if deceased so state) 444 Canduitty Money
	Occupation of father About 14 Race of father White
	Birthplace of father (State or foreign country)
(b) Are you supporting or contributing to their support? Yes \Box	8. Full maiden name of mother of hygue from traffenan
(c) Are you complying with any court order or orders issued for their support?  Yes \( \) No \( \)	Occupation of mother (if deceased so state) Race of mother White
Birthplace of father (State or foreign country)  12. Full maiden name of mother  Residence of mother (if deceased so state). 972 Padagas of Country of Methods of Met	State of Indiana, County of HENDRICKS  Signed Signe
Sound of Michael Sound of the S	
Signed Father	Signed Father
Signed	Signed Mother
	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LICENSE ASSESSED.	Cler
HENDRICKS County County authorizes and directs the issuance	RT. A marriage license having been refused to the above named parties, the
in authorizes and directs the	ourt by written order issued and filed
Dames	of a marriage license to the above named posting
Be It Remembered, there was filed in my office a marriage live	SE AND MARRIAGE CERTIFICATE  nse issued by the start of the above named parties.
Be it truther the day of durint	, 19 2 , authorizing the initial Circuit Cour
one thousand nine hundred and 75	office, to-wit:
State of Indiana, Groom Jeffrey Lee Tushes	at clainfield day of leegest
were by me united in marriage as authorized of	Hendricks County, State of Indiana
County.  Dated this	that purpose by the Clerk of the Circuit Court of HENDRICKS  Lendricks  County, State of Indiana  HENDRICKS
in 7	HENDRICKS.
, 19/	
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Il nited mapson
Indiana this	13 day of Muchodist Minister

-----HENDRICKS...

Circuit Court

#### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE Chap. 126, Ind. Acts 1905 HENDRICKS \_County Date of Application MALE FEMALE Medical Examination Report Dated. Medical Examination Report Dated Name of Physician Naved Name of Physician Marud ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT FEMALE APPLICANT Previous Marital Status: Never Married Number of Previous Marriage Death Divorce Annulment Last Marriage Ended By: Previous Marital Status: Never Married Number of Previous Marriages. Color or Race White Negro Other (specify)... Death □ Divorce □ Annulment □ Last Marriage Ended By: Usual Occupation pental White Negro Other (specify). Color or Race Date of birth verified by: Birth Cert. Judicial Decree #2187 Usual Occupation Other (Specify).... Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? Date of birth verified by: Birth Cert. | Judicial Decree Of Unsound Mind? No Yes No Yes # 5800 2. Are you under guardianship as a person of unsound mind? 1. Are you now or have you been adjudged, diagnosed or considered as: 3. Are you now or have you been within five (5) years an inmate of a home for indigent persons? An Imbecile? No 🖸 If answer to 3 is "yes" has the cause of such condition been removed? No 🕒 Yes 🗌 4. Are you afflicted with a transmissible disease? No Yes 2. Are you under guardianship as a person of unsound mind? 5. Are you related to the bride closer than second cousin? No 🗗 Yes 🗌 6. Are you now under the influence of intoxicating liquor? No 🖯 3. Are you afflicted with a transmissible disease? Yes 🗌 7. Are you now under the influence of a narcotic drug? Yes 🗌 4. Are you related to the groom closer than second cousin? 8. Are you able to support a family? Yes 🖺 No 🗆 9. Are you likely to so continue? 5. Are you now under the influence of intoxicating liquor Yes 🗗 No 🗆 10. Do you have minor children from one or more former marriages? No Yes (If yes, answer questions a, b, c) (a) List their full names, ages and addresses (b) Are you supporting or contributing to their support? Yes 🗌 No 🗆 (c) Are you complying with any court order or orders issued for their support? Occupation of mother Secretary .. Race of mother.:. Birthplace of mother (State or foreign country) .... State of Indiana. County of HENDRICKS Occupation of mother Xlexetas Birthplace of mother (State or foreign country)... State of Indiana. County of HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent Subscribed and sworn to before me this. Glen M. signs, state facts which render the consent of the other parent unnecessary. CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary... State of Indiana, County of HENDRICKS State of Indiana, County of ..... HENDRICKS ...Father Signed. Signed... Signed... Subscribed and sworn to before me this..... .....day of..... Subscribed and sworn to before me this......day of...... .., 19...... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court ....., 19.75., authorizing the joining together as husband and wife day of Quant of Indiana dated the..... Be it further remembered, the following marriage certificate was filed in my office, to-wit: John a modesitt hereby certify that on the 2 nd day of at levon, U. M. Cheerch county of Gendricks one thousand nine hundred and 7.5 State of Indiana, Groom Lichard Lawrence Glass Jos Marion County, State of Indiana of Wendricks County, State of Indiana and, Bride Vicke Sue Sousch were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Ind day of assignest, 19 75. Dated this ... Official Designation Minister Filed and recorded in accordance with the laws of the State of Indiana this.

Glen M. Harvey Clerk

HENDRICKS Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 360

Chap. 126, Ind. Acts 1905  HENDRIC	County Date of Application
	FEMALE Papert Dated 7-21-75
MALE 7-21-75	Medical Examination Report Dates
Medical Examination Report Dated	Name of Physician Donald D. Cheesman
Name of Physician Donald D. Cheesman	atement—Whoever procures the issuance of a license to marry by any false statement, represent
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False sta	Atement—Whoever pro-
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribed in any sum not exceeding five hundred dollars (\$500.00)".  MALE APPLICANT	First Middle Last
Name First Middle Last	Juesa Ayan Shebbay
Lynn Dale Clipon	Date of Birth Month 2 1957
Date of Birth Month Day 1957	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address Street or K. R. City County State
Residence Address Street or R. R. City County State	8#1 Box 684 Flunfield Skindricks
R#1 Bax 148-A Camby Senances	Maiden Name if Different
Previous Marital Status: Never Married Number of Previous Marriages	Previous Marital Status: Never Married Number of Previous Marriages.
ast Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Color or Race White Negro Other (specify)	Last Marriage Ended by
Isual Occupation Source Station attendant	Color or Race White Negro Other (specify)
Date of birth verified by:   Birth Cert.   Judicial Decree	Usual Occupation Sales Clerk
DOther (Specify) Selection Service # 12-57-57-16	Date of birth verified by: Birth Cert.  Judicial Decree
1. Are you now or have you been adjudged, diagnosed or considered as:	Other (Specify) Actal # 13619
Of Unsound Mind?  No Ves   Yes   Yes  Yes	Are you now or have you been adjudged, diagnosed or considered as:
3. Are you now or have you been within five (5) years an inmate of a county asylum or	An Imbecile?
home for indigent persons?  If answer to 3 is "yes" has the cause of such condition been removed?  No Yes	Of Unsound Mind?
Are you afflicted with a transmissible disease?	2. Are you under guardianship as a person of unsound mind? No P Ye
Are you related to the bride closer than second cousin?  No Yes	3. Are you afflicted with a transmissible disease?
. Are you now under the influence of a narcotic drug?	4. Are you related to the groom closer than second cousin?
Are you able to support a family?  No   No   No   No   No   No   No   No	5. Are you now under the influence of intoxicating liquor? No Ye
D. Do you have minor children from one or more former marriages?  No  Yes	6. Are you now under the influence of a narcotic drug? No Ye
(If yes, answer questions a, b, c) (a) List their full names, ages and addresses	7. Full name of father Ames Kathala Jakathana
Name Age Address	Residence of father (if deceased so state) Herrofield, Isra
	Occupation of father Sat Management Race of father W
	Birthplace of father (State or foreign country)
	8. Full maiden name of mother Attache Stans Stephen
(b) Are you supporting or contributing to their support?  (c) Are you complying with any court order or orders issued for	Residence of mother (if deceased so state) Plumbell I
their support?  Yes No No Lipper Chipper	Occupation of mother Thusewife Race of mother W.
W 1 1 1 1 1 0	20-1-40
Occupation of father (if deceased so state)	Birthplace of mother (State or foreign country)
Birthplace of father (State or foreign country) of Pulls, West Va	State of Indiana, I depose and state the information gi
2. Full maiden name of mother ASVA les June Oliver	County of
Residence of mother (if deceased so state) Christy Isl	Standy Teresa Lynn Aubbard
Occupation of mother Thursday Race of mother U	PRISON DE Cambre
Birthplace of mother (State or foreign country) Lller Allegare	New Address
tate of Indiana	Subscribed and sworn to before me this day of 19.7
ounty of HENDRICKS ss: I depose and state the information given in this application is true and correct.	Slen M Hawey Clerk HENDRICKS Circuit Co
Signed Lynn U. Clypson	
New Address R 1 Boy 73c Camby Ind.	CONSENT OF PARENTS, PARENT OR GUARDIAN
abscribed and sworn to before me this 29 day of 19.5	We, the parents, of this applicant hereby give consent for this marriage. If only one par
ClerkHENDRICKS Circuit Court	signs, state facts which render the consent of the other parent unnecessary
ONSENT OF PARENTS, PARENT OR GUARDIAN	
ve, the parents, of this applicant hereby give consent for this marriage. If only one parent	
gns, state facts which render the consent of the other parent unnecessary	
ate of Indiana,	State of Indiana,
unty ofHENDRICKS	County ofHENDRICKS.
Signed	SignedFat
Signed	Signed
bscribed and sworn to before me this	
	Subscribed and sworn to before me this day of 19
	C
HENDRICKS LICENSE ISSUED BY ORDER OF COUR'	T. A marriage license having been refused to the above named parties,
County	T. A marriage license having been refused to the above named parties, urt by written order issued
We I Remembered the	E AND MARRIAGE
Indiana dated the 4 fh	E AND MARRIAGE CERTIFICATE se issued by the clerk of the HENDRICKS Circuit Co
Lynn Dole & lay of lugiest	to 7.1
it further remembered it all all all all all all all all all al	authorizing the joining together as hysband and u
The state of the s	there is the state of the state
e thousand nine hundred and 75	nd Scriss Lynn Tubbard  frice, to-wit:  hereby certify that on the 9 day of lugust  at Friendswood
ate of Indiana, Groom Lynn Dalo 600	it Friendswood day of lisquish
d, Bride Seresa Line HI	of Marcon, County of Marcon
ere by me united in marriage as authorized by	thereby certify that on the 9 day of luguest at Friendswood County of Marion County of Marion County, State of Indiana County State of Indiana
unty.	of Margan County, State of Indiana that purpose by the Clerk of the Circuit County of Marion
nunty.  sted this 9 day of August , 19.75	that purpose by the Clerk of the Circuit Court of HENDRICKS
The state of the s	
led and recorded in accordance with the laws of the State of Indiana this	Official Designation of States alph a wade
the laws of the State of Indiana this	13
- Chedelin	Signed 210 day of August 19.75
	Signed Ilen M Jarvelf Cle
	HENDRICKS Circuit Con
	Circuit Con

## STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

No	360	_
File_	Bk 37	
	July 29 1975	
-	Date of Application	-

Chap. 126, Ind. Acts 1905  HENDRIC	KS County Date of Application
MALE Medical Examination Report Dated 7-21-75	FEMALE Medical Examination Report Dated
Medical Examination Report Dates	Name of Physician Sonald D. Chusman
Name of Physician Donald D (Reesman	atement—Whoever procures the issuance of a license to marry by any false statement, representa-
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False st	atement—Whoever produces the Applicant
	Middle Last
Name First Middle Last	Name first Lynn Thebland
Lynn Dale Ellepon	Date of Birth Month 2 1957
Date of Birth Month Day 1957	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Meanapoles P R City County State
Residence Address Street or R. R. City County State	P#1 Box 684 flundeld Sendricks I
8#1 Ba 148-A Comby Senducho	Maiden Name if Different
Previous Marital Status: Never Married Number of Previous Marriages	Previous Marital Status: Never Married Number of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment	
Color or Race White Negro Other (specify)	Last Marriage Ended By: Death Divorce Annument
Usual Occupation States States Attendent	Color or Race White Negro Other (specify)
Date of birth verified by: Dirth Cert. Judicial Decree	Usual Occupation John Clerk
Other (Specify) Selection Service # 12-57-57-16	Date of birth verified by: Birth Cert. Judicial Decree
1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Yes □	Other (Specify)
Of Unsound Mind?  2. Are you under guardianship as a person of unsound mind?  Yes  Yes  Yes	Are you now or have you been adjudged, diagnosed or considered as:
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?  No Yes	An Imbecile?
If answer to 3 is "yes" has the cause of such condition been removed? No Yes	Of Unsound Mind?
4. Are you afflicted with a transmissible disease?  No Yes   5. Are you related to the bride closer than second cousin?  Yes	2. Are you under guardianship as a person of unsound mind? No Yes
6. Are you now under the influence of intoxicating liquor? No [7] Yes [7]	3. Are you afflicted with a transmissible disease?
7. Are you now under the influence of a narcotic drug?  8. Are you able to support a family?  Yes No	4. Are you related to the groom closer than second cousin?
9. Are you likely to so continue?	5. Are you now under the influence of intoxicating liquor? No Ves
10. Do you have minor children from one or more former marriages?  No  Yes   (If yes, answer questions a, b, c)	6. Are you now under the influence of a narcotic drug?
(a) List their full names, ages and addresses	7. Full name of father than the state of the
Name Age Address	Residence of father (if deceased so state)
Li Assesses as	Occupation of fathery and a second father of f
	Birthplace of father (State or foreign country)
(b) Are you supporting or contributing to their support?  Yes No (c) Are you complying with any court order or orders issued for	8. Full maiden name of mother.
their support? Yes No	Residence of mother (if deceased so state)
11. Full name of father Dunaid Bynn Cluptin	Occupation of mother Abuse Race of mother A
Residence of father (if deceased so state)	Birthplace of mother (State or foreign country)
Occupation of father (State or foreign country) Col Male West Va	State of Indiana,
12. Full maiden name of mother Ad Wholes Anne Oliver	County ofHENDRICKS.  I depose and state the information given in this application is true and correct.
Residence of mother (if deceased so state) Chambel Sal	Teresa Lynn Hubbard
Occupation of mother Houseway Race of mother U	Signed P P P S 2 C Care W
Birthplace of mother (State or foreign country) Illian, Illians	New Address
State of Indiana,  County of HENDRICKS   I depose and state the information given in this application is true and correct.	Subscribed and sworn to before me this day of 19.75
	Clear In Larwerf Clerk HENDRICKS Circuit Court
Signed & Lynn D. Ellyson	
0 21 22 1(D. f.)	DARRING DARRING OR GUADDIAN
Sames R. Gerfhard ( Rather)	age. If only one parent
The Ord 10 Comment	pessary
1, the franker tracker her	eby give my consent for
my daughter, Seresa Lang / S.	PP. P
3 10 a Color Ha	to to
marry Sons Vall Ellipson.	
Country of marion & p 1/2	
Subanil James N. Hu	vourd Novem ) Authors Father
Subscribed and sworn to before me this / d	ay of aug. 1995 Mother
	1975 1975
my Con	Clerk
my commexperes dans	a E. Nay
1-20-77 NOT	ary Public hamed parties, the
	and filed
RETURN OF MARRIAGE LICENSE of Indiana dated the	AND MARRIAGE CERTIFICATION
of Indiana dated the day of day of	AND MARRIAGE CERTIFICATE  se issued by the clerk of the HENDRICKS Circuit Court  and January Logarity as husband and wife  fice, to wit:
Re it turthed removed hale Ellers on	, 19 75 authorisis Circuit Court
and the following marriage certificate was flatan	idLet to Land the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my of one thousand nine hundred and 75	erehu contit
. 0	in the court on the
and, Bride Leresa Land Helpson	1 Marion Country of Marion
were by me united in marriage as nuthanial tubbard of	ereby certify that on the g day of lugust  f. Morgan County of Marion,  Sendricks County, State of Indiana  that purpose by the Clerk of the Circuit Court of HENDRICKS
County.	hat purpose but
Dated this day of luguest	HENDRICKS
, 19. 7.5	" C
Filed and recorded in accordance with the	Official Designation Sastar
Filed and recorded in accordance with the laws of the State of Indiana this	13
report thereigh	Signed III day of Gugust
	Signed Glen m Farmer 1975

... HENDRICKS.

...Circuit Court

Form Prescribed By Indiana State Board of Health under Authority Chan 126 Ind. Acts 1905  APPLICATION FOR MARRIAGE LICENSE		
Chap. 126, Ind. Acts 1905  HENDRIC	rile	
MALE Medical Examination Report Dated 7-28-75  Name of Physician A. M. Scuaday, M. D.	FEMALE Medical Examination Report Dated 7-28-75	
ALL QUESTIONS MUST BE ANSWERED Charter 100 J. V.	Name of Physician A. M. Sundder, M. W.	
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".  MALE APPLICANT	FEMALE APPLICANT	
Name Samuel 1, 1, 100 : Middle Rich Last	Name First Middle / Last	
Date of Birth Month Day Year	Date of Birth Month Day Year	
Place of Birth (State or foreign country)	Place of Bigth (State or foreign country)	
Residence Address Street or B. R. City County State	Residence Address Street or R. R. City County State	
Previous Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different	
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married Number of Previous Marriages	
Color or Race White Negro Other (specify)	Last Marriage Ended By: Death Divorce Annulment	
Usual Occupation Blue & White Spriege	Color or Race White Negro Other (specify)	
Date of birth verified by:   Birth Cert.   Judicial Degree	Usual Occupation	
1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile?	Date of birth verified by: Birth Cert.   Judicial Decree	
Of Unsound Mind?	Other (Specify)	
2. Are you under guardianship as a person of unsound mind? No ✓ Yes ☐  3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?  No ✓ Yes ☐	1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Yes	
If answer to 3 is "yes" has the cause of such condition been removed? No Yes	Of Unsound Mind?	
5. Are you related to the bride closer than second cousin?  No  Yes	2. Are you under guardianship as a person of unsound mind? No Ves	
6. Are you now under the influence of intoxicating liquor?  7. Are you now under the influence of a narcotic drug?  No Yes	3. Are you afflicted with a transmissible disease? No ☐ Yes ☐  4. Are you related to the groom closer than second cousin? No ☐ Yes ☐	
8. Are you able to support a family?  9. Are you likely to so continue?  Yes No	5. Are you now under the influence of intoxicating liquor?	
10. Do you have minor children from one or more former marriages? No Yes (If yes, answer questions a, b, c)	6. Are you now under the influence of a narcotic drug? No V Yes	
(a) List their full names, ages and addresses	7. Full name of father Jan Charles Hatbell	
Name Age Address	Occupation of father	
	Birthplace of father (State or foreign country)	
(b) Are you supporting or contributing to their support? Yes ☐ No ☐	8. Full maiden name of mother Luclyn Francis With	
(c) Are you complying with any court order or orders issued for their support?	Residence of mother (if deceased so state) Continuelle, And,	
11. Full name of father Sywam Wallace Ruchard	Occupation of mother Race of mother Wh	
Residence of father (if deceased so state)	Birthplace of mother (State or foreign country)	
Occupation of father	State of Indiana, I depose and state the information given	
12. Full maiden name of mother Maribail Maril Tranklin	County of HENDRICKS in this application is true and correct.	
Residence of mother (if deceased so state) Clasyffice Inch.	Signed Gill Livele	
Occupation of mother Race of mother Like	New Address. The Address Address	
Birthplace of mother (State or foreign country)	Subscribed and sworn to before me this day of day of 19	
County of HENDRICKS ss: In this application is true and correct.	Men III. Harvey Clerk HENDRICKS Circuit Court	
Signed Manage Front Dans Wo Ondiana	CONSENT OF PARENTS, PARENT OR GUARDIAN	
New Address All Market Address Address All Market Address Add	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
Dlew M. Avanua Clerk HENDRICKS Circuit Court	signs, state facts which render the consent of the other parent unnecessary	
CONSENT OF PARENTS, PARENT OR GUARDIAN	Thur has susterey	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent		
signs, state facts which render the consent of the other parent unnecessary		
constant to leader	State of Indiana, ss:	
State of Indiana,	County of HENDRICKS	
County of HENDRICKS	Signed Father	
Signed Mother	Signed Michael Mother	
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of July 19.19.	
	The A recognises license having been refused to the above named parties the	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	ourt by written order issued 3 day walls and filed	
in Olink's Office authorizes and directs the issuance of	of a marriage license to the above named parties.	
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE		
Be It Remembered, there was filed in my office a marriage licen	ise issued by the clerk of the HENDRICKS Circuit Court	
of Indiana dated the 29 day of July , 1975, authorizing the joining together as husband and wife		
Be it further remembered the following marriage certificate was filed in my office, to-wit:		
1, Frank Burn hereby certify that on the 1st day of beggest		
one thousand nine hundred and 75 at Coalesville County of Lendricks, State of Indiana Groom Samuel W. Sichard of Vendricks County, State of Indiana		
State of Indiana, Groom Samuell W. Sechard of Sendrecks County, State of Indiana, and, Bride all ann Subble of Sendrecks County, State of Indiana,		
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.		
auy of the	Official Designation Christian Minister	

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

4th day of August, 1979.

Signed Slen M. Harvey Clerk

HENDRICKS Circuit Court

...HENDRICKS...

Yeo Yeo Yeo Yeo Yeo

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

No	362
File.	37
	7-29-75
	Date of Application

Circuit Court

Form Prescribed By Indiana State Board of Health under Authority  APPLICATION FOR	MARRIAGE LICENSE	7-29-75
Chap. 126, Ind. Acts 1905  HENDRIC	K5County	Date of Application
MALE 0 0 5 1975	FEMALE Medical Examination Report Dated	July 25, 1975
Medical Examination Report Dated	Name of Physician Slen	r. perer
Name of Physician Sten Gr. Jaker  ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False st tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	procures the issuance of a license	to marry by any false statement, represent
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False st	atement—Whoever procures the last at E. A.P.	PLICANT
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".  MALE APPLICANT		Middle Last
Name First Middle Last	Name First May	23 /953 Day Year
Date of Birth Month Day Year	Date of Birth Month	e Jendle
may 23 1953	Place of Birth (State or foreign country)	Phy Co. Sed.
Place of Birth (State or foreign country) Seellevan Co., Ind.	Residence Address Street or R. R.	Ofty County State
Residence Address Street or R. R. Street or R. R. Indolph. Marion Co. Sad	Maiden Name if Different	windy, where k
Previous Marital Status: Never Married Number of Previous Marriages		and Province Marriages
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married D No	
	Last Marriage Ended By: Death Div	rorce Annulment
Color or Race White Negro Other (specify)	Color or Race White Negro Oth	ner [ (specify)
Date of birth verified by: Birth Cert. Judical Decree	0.0101.01	
Pother (Specify) Selective survice Card	Usual Occupation Nurse's and  Date of birth verified by: Birth Cert. Jud	icial Decree
1. Are you now or have you been adjudged, diagnosed or considered as:  An Impecile?  Yes	Date of birth verified by: Dirth Cert.	
Of Unsound Mind?  2. Are you under guardianship as a person of unsound mind?  No Yes  Yes	1. Are you now or have you been adjudged, diagram	nosed or considered as:
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?  No   Yes	An Imbecile?	No 🔁 Yes
If answer to 3 is "yes" has the cause of such condition been removed? No Yes	Of Unsound Mind?	No Yes
4. Are you afflicted with a transmissible disease?  No Yes   Yes  Yes	2. Are you under guardianship as a person of un	
6. Are you now under the influence of intoxicating liquor? No Yes	3. Are you afflicted with a transmissible disease	
7. Are you now under the influence of a narcotic drug?  8. Are you able to support a family?  Yes No	Are you related to the groom closer than second     Are you now under the influence of intoxication.	
9. Are you likely to so continue?  10. Do you have minor children from one or more former marriages?  Yes No No Yes	Are you now under the influence of intoxication     Are you now under the influence of a narcot	
(If yes, answer questions a, b, c)  (a) List their full names, ages and addresses	7. Full name of father Annual	Jindle
Name Age Address	Residence of father (if deceased so state)	Florida
	Occupation of father Zanbrown	Race of father I
	Birthplace of father (State or foreign countr	v) Jardahaa
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother lentte	and the state of the same of t
(c) Are you complying with any court order or orders issued for their support? Yes \( \subseteq \text{No} \subseteq \)	Residence of mother (if deceased so/state)	Dr. Brinky, Ind.
11. Full name of father Okalter Nison Keene	Occupation of mother Yelffull	h Ofr. Race of mother It
Residence of father (if deceased so state) Declared	Birthplace of mother (State or foreign country	s) Indiana
Occupation of father Race of father 9	State of Indiana.	
Birthplace of father (State or foreign country) Indianal  12. Full maiden name of mother Illy & Bard	County of	I depose and state the information give in this application is true and correct
Residence of mother (if deceased so state) See LL Man, Jand	v//i-hi	Sue Lindle
Occupation of mother Mills all fl. Race of mother 9%		
Birthplace of mother (State or foreign country) Indiana	New Address 5549 Bl	and to a
State of Indiana,  County of HENDRICKS  Sas: I depose and state the information given in this application is true and correct.	Subscribed and sworn to before me this	0
Signed House Allen Raene	Blen M. Harvey	Clerk HENDRICKS Circuit Cou
count Black of State	CONSENT OF PARENTS, PARENT OR GUARD	DIAN
Subscribed and sworn to before me this. 29 day of July 19.75	We, the parents, of this applicant hereby give con	
Olen M. Tharvey ClerkHENDRICKS Circuit Court	signs, state facts which render the consent of the	
CONSENT OF PARENTS, PARENT OR GUARDIAN	and consent of the	other parent unnecessary
We, the parents, of this applicant hereby give consent for this marriage. If only one parent		411.00.00.00.00.00.00.00.00.00.00.00.00.0
signs, state facts which render the consent of the other parent unnecessary		
	State of T	
State of Indiana,	State of Indiana,  County of	
County ofHENDRICKS	,	
SignedFather	Signed	
Signed	Signed.	Mothe
	Subscribed and sworn to before me this	day of, 19
COMPLETE IF MARRIAGE LIGHTON COMPLETE OF MARRIAGE LIGHTON COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLETE COMPLICATION COMPLETE COMPLICATION COMPLETE CO		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	r. A marriage license having to	
in authorizes and directs the issuance of RETURN OF MARRIAGE LICENSES	art by written order issued	to the above named parties, th
Democration and directs the issuance of	a marriage license to the above named	and file
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CEPTIFICATE	ties.
day of	og the clerk of the	ICKS
Be it further remembered, the following marriage certificate was filed in my of the state of Indiana, Groom Henry Alland Alland State of Indiana, Groom Henry Alland	na Vickee Seel Fir	ich together as husband and wif
one thousand nine hundred and 75	ereby certify that on the	1
State of Indiana, Groom Henry allen of	t Brownshe 1 da	of august
one thousand nine hundred and 75  State of Indiana, Groom Henry Allen Teene and And, Bride Vickee See Findle	marion	County of Tundricks
vere by me united in marriage as authorized by a marriage license issued for to Dated this	f Marion  f Marion  Lendricks Count  that purpose by the Clerk of the Circuit Count	y, State of Indiana
Dated this 4 day of A	hat purpose by the Clerk of the Circuit C	y, State of Indiana
any of telegret, 19.7.5	Oreant Cour	t ofHENDRICKS
		80 6:11
th accordance with the laws of the State of Indiana this	micial Designation Minister	Jensons
Filed and recorded in accordance with the laws of the State of Indiana this	Signal 40 day of	Quencent
	m. your	ey Clerk
	HENDRICKS	Circuit Court

es, the

#### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS \_County Date of Application FEMALE Medical Examination Report Dated Name of Physician

HENDRICKS Circuit Court

MALE Medical Examination Report Dated Name of Physician ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT FEMALE APPLICANT First Date of Birth Place of Birth (State or foreign country Previous Marital Status: Never Married Number of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married Number of Previous Marriages. White Negro Other (specify). Color or Race Death Divorce Annulment Usual Occupation Color or Race White Negro Other (specify)... Date of birth verified by: Birth Cert. Judicial Decree Other (Specify) The spetal # 37628 Usual Occupation Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? Date of birth verified by: Birth Cert. Judicial Decree No Yes 🗆 Of Unsound Mind? No Yes | Yes | Local # 2408 Other (Specify)... 2. Are you under guardianship as a person of unsound mind? 1. Are you now or have you been adjudged, diagnosed or considered as: 3. Are you now or have you been within five (5) years an inmate of a home for indigent persons? An Imbecile? No Yes If answer to 3 is "yes" has the cause of such condition been removed? No 🗆 Yes 🗌 Of Unsound Mind? No Yes 4. Are you afflicted with a transmissible disease? No 🖾 Yes 🗌 5. Are you related to the bride closer than second cousin? 2. Are you under guardianship as a person of unsound mind? No | Yes | No Yes 6. Are you now under the influence of intoxicating liquor? No Yes 3. Are you afflicted with a transmissible disease? No Yes 7. Are you now under the influence of a narcotic drug? No Yes 4. Are you related to the groom closer than second cousin? 8. Are you able to support a family? No Yes Yes 🖾 No 🗆 9. Are you likely to so continue? 5. Are you now under the influence of intoxicating liquor? Yes No 🗆 10. Do you have minor children from one or more former marriage No 🗆 Yes 🗆 (If yes, answer questions a, b, c) (a) List their full names, ages and addresses Name Age Address (b) Are you supporting or contributing to their support? Yes 🗌 No 🗆 (c) Are you complying with any court order or orders issued for their support? No 🗆 Residence of father (if deceased so state). State of Indiana Birthplace of father (State or foreign country) I depose and state the information given in this application is true and correct. Occupation of mother All Marie Birthplace of mother (State or foreign country) LANNFIELO IND CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent Clerk HENDRICKS signs, state facts which render the consent of the other parent unnecessary.. CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary... State of Indiana, County of HENDRICKS State of Indiana, County of..... HENDRICKS. Signed. Signed. ..Father Signed. Mother .Mother Subscribed and sworn to before me this ..... Subscribed and sworn to before me this .... ..Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court August 3, 59.75, authorizing the joining together as husband and wife lames Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1, Sonald C. Gabbard hereby certify that on the day of deegust one thousand nine hundred and 75 at Clayton , County of Hendricke State of Indiana, Groom James a Nichalson of Hendricks County, State of Indiana and, Bride Karen & main of Hendricks County, State of Indiana County. Dated this 4th day of luguest , 19 75. Official Designation Ordained Minister Filed and recorded in accordance with the laws of the State of Indiana this 19 day of august , 19.75. Signed Ilen M. Harvey Clerk

Form Prescribed By

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Indiana State Board of Health under Authority Date of Application Chap. 126, Ind. Acts 1905 HENDRICKS County FEMALE Medical Examination Report Dated. MALE Medical Examination Report Dated Name of Physician\_ ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT First . Previous Marital Status: Never Married Number of Previous Marriages. Previous Marital Status: Never Married Number of Previous Marriages... Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: White Negro Other (specify)... Color or Race White Negro Other (specify)... Color or Race Date of birth verified by: | Birth Cert. | Judicial Decree Usual Occupation Other (Specify) Stell Called Date of birth verified by: Birth Cert. Undicial Decree Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? DOther (Specify) Calles Ke No 🛭 Of Unsound Mind? 1. Are you now or have you been adjudged, diagnosed or considered as: Yes 🗌 2. Are you under guardianship as a person of unsound mind? No Yes 3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? An Imbecile? No Yes Of Unsound Mind? Yes 🗌 If answer to 3 is "yes" has the cause of such condition been removed? No 🗌 2. Are you under guardianship as a person of unsound mind? 4. Are you afflicted with a transmissible disease? No 🗗 Yes 🗌 No Yes No Ves 5. Are you related to the bride closer than second cousin? 3. Are you afflicted with a transmissible disease? No D Yes 🗌 6. Are you now under the influence of intoxicating liquor? Yes 🗌 4. Are you related to the groom closer than second cousin? No 🛛 7. Are you now under the influence of a narcotic drug? Yes 🗌 8. Are you able to support a family? Yes 🔲 No 🗌 5. Are you now under the influence of intoxicating liquor? No E Yes 🗆 9. Are you likely to so continue? Yes 🗇 No 🗌 10. Do you have minor children from one or more former marriages? 6. Are you now under the influence of a narcotic drug-Yes 🗌 No 🗆 7. Full name of father Laws anthony (If yes, answer questions a, b, c) (a) List their full names, ages and addresses Name Address Residence of father (if deceased so state) .... Birthplace of father (State or foreign country). 8. Full maiden name of mother .... Allegs (b) Are you supporting or contributing to their support? No 🗌 (c) Are you complying with any court order or orders issued for their support? Residence of mother (if deceased so state).... Yes 🗌 No 🗌 Occupation of mother Alphanakir Residence of father (if deceased so state) .. Birthplace of mother (State or foreign country) ... Occupation of father. State of Indiana, Birthplace of father (State or foreign country) ... County of ..... HENDRICKS 12. Full maiden name of mother Residence of mother (if deceased so state)..... Birthplace of mother (State or foreign country) ... ss: I depose and state the information given in this application is true and correct County of HENDRICKS Clerk HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN Subscribed and sworn to before me this... We, the parents, of this applicant hereby give consent for this marriage. If only one parent Horacy .... ClerkHENDRICKS signs, state facts which render the consent of the other parent unnecessary.... CONSENT OF PARENTS, PARENT OR QUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.. State of Indiana, State of Indiana, County of ..... HENDRICKS County of HENDRICKS Father Signed. Signed. subscribed and sworn to before me this ..... Subscribed and sworn to before me this .... day of.... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 ... 19.75, authorizing the joining together as husband and wife Joel Teith Nancy Cett 1 Be it further remembered, the following marriage certificate was filed in my office, to-wit: and Lavraine an Hudson John C. mower one thousand nine hundred and 7.5 ... hereby certify that on the 4th day of lugust State of Indiana, Groom Joel Feeth Konegoutt of Hendricks County, State of Indiana County of Kendrecks Hendricks County, State of Indiana, Signed John Filed and recorded in accordance with the laws of the State of Indiana this..... Official Designation Jacobage Wendricks Co. Court ....day of ..... Signed Glen M. Marwelf

.. HENDRICKS.

Circuit Court

#### STATE OF INDIANA

### APPLICATION FOR MARRIAGE LICENSE

Date of Application

County HENDRICKS MALE FEMALE Medical Examination Report Dated\_ Medical Examination Report Dated. Name of Physician. 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 FEMALE APPLICANT Previous Marital Status: Never Married Number of Previous Marriage Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married Number of Previous Marriages. White Negro Other (specify). Color or Race Last Marriage Ended By: Death Divorce Annulment White Negro Other (specify)... Date of birth verified by: Birth Cert. Judicial Decree Usual Occupation Other (Specify).... Date of birth verified by: Birth Cert. | Judicial Decree Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? Yes 🗌 Of Unsound Mind? Other (Specify) # 7024 Yes | 2. Are you under guardianship as a person of unsound mind? No 🔽 Yes 🗌 1. Are you now or have you been adjudged, diagnosed or considered as: 3. Are you now or have you been within five (5) years an inmate of a home for indigent persons? An Imbecile? If answer to 3 is "yes" has the cause of such condition been removed? Yes 🗌 Of Unsound Mind? 4. Are you afflicted with a transmissible disease? Yes 🗆 No D 2. Are you under guardianship as a person of unsound mind? 5. Are you related to the bride closer than second cousin? No D Yes 🗌 6. Are you now under the influence of intoxicating liquor? No D 3. Are you afflicted with a transmissible disease? Yes 🗆 7. Are you now under the influence of a narcotic drug? No 🗗 Yes 🗌 4. Are you related to the groom closer than second cousin? 8. Are you able to support a family? No 🗆 9. Are you likely to so continue? 5. Are you now under the influence of intoxicating liquor? Yes 🗸 No 🗆 10. Do you have minor children from one or more former marriages? Yes 🗌 6. Are you now under the influence of a narcotic drug? No Yes (If yes, answer questions a, b, c) (a) List their full names, ages and addresses Address Occupation of father Western Plants Birthplace of father (State or foreign country) (b) Are you supporting or contributing to their support? No 🗆 Yes 🗌 (c) Are you complying with any court order or their support? Birthplace of mother (State or foreign country) .... State of Indiana, Occupation of mother..... Birthplace of mother (State or foreign country) ... State of Indiana, CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.. ... Clerk HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana, State of Indiana, County of ..... HENDRICKS Father Mother Subscribed and sworn to before me this ... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the , authorizing the joining together as husband and wife of Indiana dated the ... and Kendurky Be it further remembered, the following marriage certificate was filed in my office, to-wit: John Hesseldenz hereby certify that on the... Indianapoles , County of .... one thousand nine hundred and ..... of Glendricks County, State of Indiana State of Indiana, Groom David Wayne Hoyh martin of Handricks County, State of Indiana, and, Bride Timberly lenn Dated this .... Official Designation. Filed and recorded in accordance with the laws of the State of Indiana this.... Signed Allen

......Circuit Court

HENDRICKS.

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 346

File BK. 37

Chargest 1, 1973

Days of Application

Medical Examination Report Dated Name of Physician  Name of Physician  FEMALE APPLICANT  FEMALE APPLICANT  FEMALE APPLICANT  Fame  First  Month Day  Year  Jesus  Street of R. R.  Street of R. R.  Street of R. R.  City  County  State  State  State  Street of R. R.  City  County  State  State  State  State  Street of R. R.  City  County  State  State  State  Street of R. R.  City  County  State  State  State  State  Street of R. R.  City  County  State  State  State  State  Street of R. R.  City  County  State  State  State  State  State  State  City  County  State  State  State  State  State  State  City  County  State  State  State  State  City  County  State  State  State  State  State  State  City  County  State  State  State  State  State  City  County  State  State  State  State  State  City  County  State  State  State  State  City  County  State  State  State  State  City  County  State  State  State  City  County  State  State  State  City  County  State  State  State  State  City  County  State  State  State  City  County  State  State  City  County  State  State  State  City  County  State  State  State  City  County  State  City  County  State  City  County  State  State  City  County  State  State  City  County  State  State  State  City  County  State  City  County  State  City  County
FEMALE APPLICANT  FEMALE APPLICANT  Fame  First  Month  Day  Year  Joseph Country  State of Birth (State of foreign country)  alden Name if Different  Destinate of Birth (State of foreign country)  alden Name if Different  Destinate of Birth (State of foreign country)  And Marital Status: Never Married Number of Previous Marriages  and Marriage Ended By:  Death Divorce Annulment Divorce Annulment Other (Specify)  Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Of Unsound Mind?  Are you under guardianship as a person of unsound mind?  Are you related to the groom closer than second cousin?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic druge  Full name of father  Birthplace of father (If deceased so state)  Occupation of father  Full maiden name of mother  Birthplace of mother (State or foreign country)  Are occupation is true and core  Signed Class  New Address  Note of the State or foreign country)  State of Indiana.  New Address  New Addr
ate of Birth (State or foreign country)  lace of lace of mother (State or foreign country)  lace of mother (State or foreign country)  lace of Indiana,  lac
ate of Birth (State or foreign country)  lace of lace of mother (State or foreign country)  lace of mother (State or foreign country)  lace of Indiana,  lac
ate of Birth (State or foreign country)  lace of Birth (State or foreign country)  state esidence Address  Street or R. R.  City  County  State  State  Ander Name if Different  Divorce  Annulment  Divorce Annulment  Divor or Race  White  Negro  Other (specify)  Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Of Unsound Mind?  Are you under guardianship as a person of unsound mind?  No  Year  No  Year  County  State  City  County  State  City  County  State  County  State  Normal  Annulment  State  Other (specify)  Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  No  Year  County  State  Normal  Normal  Normal  No  Year  State  City  County  State  County  State  Coupation  Other (specify)  Normal  No  Year  State  County  State  County  Normal  Normal  No  Year  State  County  State  County  Normal  Normal  No  Year  State  County  No  Year  State  No  Year  State  County  No  Year  State  County  No  Year  No  Year  State  County  No  Year  State  County  No  Year  State  No  Year  State  County  No  Year  N
lace of Birth (State or foreign country)  sidence Address  Street or, R. R. City  County  State  State  Street or, R. R. City  County  State  County  No D  Y  No
esidence Address  Street or R. R.  City Becounty State  State or R. R.  City Becounty State  Become address  Street or R. R.  City Becounty State  County State  Previous Marital Status: Never Married Number of Previous Marriages  ast Marriage Ended By: Death Divorce Annulment   Solor or Race White Negro Other (specify)  Sual Occupation  ate of birth verified by: Defirth Cert. Judicial Decree  Other (Specify)  Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Of Unsound Mind?  Are you under guardianship as a person of unsound mind?  Are you afflicted with a transmissible disease?  Are you afflicted with a transmissible disease?  Are you related to the groom closer than second cousin?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drugs?  Full name of father  Cocupation of father Annulment Annulment  Birthplace of father (State or foreign country)  Residence of mother (if deceased so state)  Occupation of mother  Residence of mother (State or foreign country)  Signed College  New Address  New Address  New Address  New Address  Signed College  Residence of mother is true and cor
aiden Name if Different  revious Marital Status: Never Married Number of Previous Marriages  ast Marriage Ended By: Death Divorce Annulment   sual Occupation  ate of birth verified by: Offirth Cert. Judicial Decree Other (Specify)  Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Of Unsound Mind?  Are you under guardianship as a person of unsound mind?  Are you afflicted with a transmissible disease?  Are you related to the groom closer than second cousin?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drug?  Full name of father.  Birthplace of father (lif deceased so state)  Occupation of father (State or foreign country)  Birthplace of mother (lif deceased so state)  Occupation of mother.  Residence of mother (lif deceased so state)  Occupation of mother.  Race of mother (lif deceased so state)  Occupation of mother (State or foreign country)  Signed Caller.  New Address.  New Address.  Pull Depose and state the information s in this application is true and cor
ast Marriage Ended By: Death Divorce Annulment Divorce White Negro Other (specify)  also of or Race White Negro Other (specify)  ate of birth verified by: Defirth Cert. Judicial Decree Other (Specify)  Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Of Unsound Mind?  Are you under guardianship as a person of unsound mind?  Are you afflicted with a transmissible disease?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drugt  Full name of father  Residence of father (State or foreign country)  Full maiden name of mother  Residence of mother (if deceased so state)  Occupation of mother (If deceased so state)
ast Marriage Ended By:    Death   Divorce   Annulment
sual Occupation  ate of birth verified by:
sual Occupation  Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Of Unsound Mind?  Are you under guardianship as a person of unsound mind?  Are you afflicted with a transmissible disease?  Are you related to the groom closer than second cousin?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic druge?  Full name of father.  Residence of father (if deceased so state)  Occupation of father (State or foreign country)  Full maiden name of mother.  Residence of mother (if deceased so state)  Occupation of mother (State or foreign country)  Birthplace of mother (State or foreign country)  Are of Indiana, unty of
sual Occupation  Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Of Unsound Mind?  Are you under guardianship as a person of unsound mind?  Are you afflicted with a transmissible disease?  Are you related to the groom closer than second cousin?  Are you now under the influence of intoxicating liquor?  No D  Y  Are you now under the influence of a narcotic druge?  Full name of father  Residence of father (if deceased so state)  Occupation of father (State or foreign country)  Full maiden name of mother  Residence of mother (if deceased so state)  Occupation of mother  Residence of mother (State or foreign country)  Are of Indiana, and the Area of Indiana, and
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Other (Specify)  Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Of Unsound Mind?  Are you under guardianship as a person of unsound mind?  Are you afflicted with a transmissible disease?  Are you related to the groom closer than second cousin?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drug?  Full name of father.  Residence of father (if deceased so state)  Occupation of father (State or foreign country)  Full maiden name of mother  Residence of mother (if deceased so state)  Occupation of mother (State or foreign country)  Birthplace of mother (State or foreign country)  Are of Indiana,  Signed Class  No D  Race of mother information in this application is true and constitution of the supplication of the supplication is true
Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Of Unsound Mind?  Are you under guardianship as a person of unsound mind?  Are you afflicted with a transmissible disease?  Are you related to the groom closer than second cousin?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic druge?  Full name of father.  Residence of father (if deceased so state)  Occupation of father (State or foreign country)  Full maiden name of mother.  Residence of mother (if deceased so state)  Occupation of mother (State or foreign country)  Birthplace of mother (State or foreign country)  Signed College and state the information in this application is true and content of the supplication is tr
Of Unsound Mind?  Are you under guardianship as a person of unsound mind?  Are you afflicted with a transmissible disease?  Are you related to the groom closer than second cousin?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drug?  Full name of father.  Residence of father (if deceased so state)  Occupation of father (State or foreign country)  Full maiden name of mother  Residence of mother (if deceased so state)  Occupation of mother (State or foreign country)  Birthplace of mother (State or foreign country)  ate of Indiana, unty of
Are you under guardianship as a person of unsound mind?  Are you afflicted with a transmissible disease?  Are you related to the groom closer than second cousin?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic druge?  Full name of father.  Residence of father (if deceased so state)  Occupation of father (State or foreign country)  Full maiden name of mother.  Residence of mother (if deceased so state)  Occupation of mother (State or foreign country)  Birthplace of mother (State or foreign country)  ate of Indiana, and the mother of the policy
Are you related to the groom closer than second cousin?  Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic druge.  Full name of father.  Residence of father (if deceased so state)  Occupation of father.  Birthplace of father (State or foreign country)  Full maiden name of mother.  Residence of mother (if deceased so state)  Occupation of mother.  Residence of mother (State or foreign country)  Birthplace of mother (State or foreign country)  Ass: I depose and state the information in this application is true and constitution of the state of the
Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic druge?  Full name of father.  Residence of father (if deceased so state)  Occupation of father (State or foreign country)  Full maiden name of mother.  Residence of mother (if deceased so state)  Occupation of mother.  Residence of mother (State or foreign country)  Birthplace of mother (State or foreign country)  Birthplace of mother (State or foreign country)  Signed Collection  Signed Collection  Signed Collection  No December 1980  No Decemb
Are you now under the influence of a narcotic drugs.  Full name of father.  Residence of father (if deceased so state)  Occupation of father (State or foreign country)  Full maiden name of mother.  Residence of mother (if deceased so state)  Occupation of mother.  Residence of mother (State or foreign country)  Birthplace of mother (State or foreign country)  ate of Indiana,  unty of.  HENDRICKS.  Signed College.  New Address.
Residence of father (if deceased so state)  Occupation of father (State or foreign country)  Full maiden name of mother  Residence of mother (if deceased so state)  Occupation of mother  Residence of mother (State or foreign country)  Birthplace of mother (State or foreign country)  Birthplace of mother (State or foreign country)  ate of Indiana,  unty of HENDRICKS  Signed Eller Branch Country  New Address
Residence of father (if deceased so state)  Occupation of father (State or foreign country)  Full maiden name of mother  Residence of mother (if deceased so state)  Occupation of mother  Birthplace of mother (State or foreign country)  ate of Indiana.  Signed Glier (State or foreign country)  New Address.  New Address.
Occupation of father
Birthplace of father (State or foreign country)  Full maiden name of mother  Residence of mother (if deceased so state)  Occupation of mother  Birthplace of mother (State or foreign country)  ate of Indiana,  unty of HENDRICKS  Signed Eller  New Address
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Residence of mother (if deceased so state)  Occupation of mother  Birthplace of mother (State or foreign country)  ate of Indiana,  unty of HENDRICKS  Signed Eller  New Address  New Address
Occupation of mother
Birthplace of mother (State or foreign country)  ate of Indiana,  unty of HENDRICKS Bas; I depose and state the information in this application is true and co
ate of Indiana.  Bas: I depose and state the information in this application is true and co
Signed Eller Broderick  New Address County of Men Address County o
Signed Eller M. Broderick New Address Brown Dung
New Address Brown burg
bscribed and sworn to before me this day of things 19
96 12
Sha Shally Clerk HENDRICKS Circuit (
INSENT OF PARENTS, PARENT OR GUARDIAN
e, the parents, of this applicant hereby give consent for this marriage. If only one pr
ns, state facts which render the consent of the other parent unnecessary
patent announced y
te of Indiana,
anty ofHENDRICKS
Signed
Signed
oscribed and sworn to before me this
oscribed and sworn to before me thisday of
marriage license having been refused to the above named parties,
marriage license having been refused to the above named parties, written order issued
written order issued arriage license to the above named parties, and a arriage license to the above named parties.
above named parties.
D MARRIAGE CERTIFICATE
the clerk of the HENDRICKS Circuit C
D MARRIAGE CERTIFICATE  ued by the clerk of the HENDRICKS Circuit C  , 19.75, authorizing the joining together as husband and and and and and and and and and
Circuit C
) is that on the
Country of a Tale so of the
Lendricks County of Hendrick County, State of Indiana urpose by the Clerk of the Circuit Court of HENDRICKS
urpose by the Clair County, State of Indiana
oy the Clerk of the Circuit Court of
Signed Per AR 1
Signed Tex Charles Poll  Designation Catholic Greet  3 day of Gugust, 19 75
13 day of
d Glen M Harvey CI
t

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

County HENDRICKS Date of Application

HENDRICKS Circuit Court

MALE Medical Examination Report Dated 7-21-75	FEMALE Medical Examination Report Dated 7-2/-75	
Name of Physician Thomas Walker, M.D.	Name of Physician Thomas Walker M. F.	5
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False station or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".		Z/
MALE APPLICANT	FEMALE APPLICANT	
Name Pirst Sniddle Last	Name Delna J Middle M Last	at Maria
Date of Birth Month Day Year	Date of Birth Month Day Year	rev.
Place of Birth State or foreign country)	Place of Birth (State or foreign country)	
Residence Address Street or R. R. City County State	Residence Address	tate
Previous Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different Brunshung, An	d.
Last Marriage Ended By: Death Divorce Annulment		
Color or Race White Negro Other (specify)	Previous Marital Status: Never Married Number of Previous Marriages  Last Marriage Ended By: Death Divorce Annulment	************
Usual Occupation Student	Color or Race White Negro Other (specify)	a special
Date of birth verified by: Birth Cert.  Judicial Decree	Usual Occupation accountant (Neck)	25 4 200
1. Are you now or have you been adjudged, diagnosed or considered as:	Date of birth verified by: Birth Cert. Judicial Decree	
An Imbecile?  Of Unsound Mind?  No Yes No Yes	Other (Specify)	
3. Are you now or have you been within five (5) years an inmate of a county asylum or	1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  No □	40.0
If answer to 3 is "yes" has the cause of such condition been removed? No \(\frac{1}{2}\) Yes \(\frac{1}{2}\)	An Imbecile?  Of Unsound Mind?  No	Yes
4. Are you afflicted with a transmissible disease?	2. Are you under guardianship as a person of unsound mind?	Yes
6. Are you now under the influence of intoxicating liquor? No Yes	3. Are you afflicted with a transmissible disease?	Yes
7. Are you now under the influence of a narcotic drug? No Yes	4. Are you related to the groom closer than second cousin?	Yes
9. Are you likely to so continue?	5. Are you now under the influence of intoxicating liquor? No	Yes 🗆
0. Do you have minor children from one or more former marriages? No Yes (If yes, answer questions a, b, c)	6. Are you now under the influence of a narcotic drug? No	Yes 🗆
(a) List their full names, ages and addresses	7. Full name of father Kalust Les Ray Manall	
Name Age Address	Residence of father (if deceased so state)	4
	Occupation of father Sampliffel punkace of tather Wh	L
	Birthplace of father (State or foreign country).	
(b) Are you supporting or contributing to their support?  (c) Are you complying with any court order or orders issued for	8. Full maiden name of mother Land Alla Maydan	1
(c) Are you complying with any court order or orders issued for their support?  Yes No	Residence of mother (if deceased so state) Dallandung has	f
1. Full name of father (1) Leann A Dungan	Occupation of mother. I Wase Race of mother WH	L
Residence of father (if deceased so state)	Birthplace of mother (State or foreign country)	
Occupation of father	State of Indiana, State of Indiana, I depose and state the information	given
Birthplace of father (State or foreign country) Sullana  12. Full maiden name of mother And Catherine Brankam	County of HENDRICKS ss: I depose and state the information in this application is true and	correct.
Residence of mother (if deceased so state) BAMALAMAN STATES	Signed Olra Lynn Morre	AU.
Occupation of mother A Molds Race of mother What	New Address 320 Welcome Way Dr. aft	3091
Birthplace of mother (State or foreign country)	Subscribed and sworn to before me this	dels,
State of Indiana, ss: I depose and state the information given	41 m -1/	19 and
Mak + Q 1	and like the ways	uit Court
New Address 220 Walcome Way Dr. Apt 309 0 Indel	CONSENT OF PARENTS, PARENT OR GUARDIAN	
New Address And Address And Address And Address And Address Ad	We, the parents, of this applicant hereby give consent for this marriage. If only one	e parent
Alex M. HANNELD Clerk HENDRICKS Circuit Court	signs, state facts which render the consent of the other parent unnecessary	
CONSENT OF PARENTS, PARENT OR GUARDIAN		******
We, the parents, of this applicant hereby give consent for this marriage. If only one parent		***************************************
igns, state facts which render the consent of the other parent unnecessary		
Section of the sectio	State of Indiana, County ofHENDRICKS	
tate of Indiana,		Father
ounty of		
Signed Father Signed Mother	DISTICULAR PROPERTY OF THE PRO	Mother
ubscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of	19
Clerk		Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named partie	s, the
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT  County Cou		
authorizes and directs the issuance of		100
DETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE	
Be It Remembered, there was filed in my office a marriage license	se issued by the clerk of the HENDRICKS Circuit C	Court
Indiana dated the 5 day of Occopied	, 19.75, authorizing the joining together as husband and	wife
Robert Erie Muncan an	d delea Lynn Morrow	
e it further remembered, the following marriage certificate was filed in my offi	fice, to-wit: ereby certify that on the garagest	
	Recertify that on the County of Hendre	icks
tate of Indiana Groom Solert Eric Duncan of	Jendricks County, State of Indian	a
tate of Indiana, Groom Salert 6 ric Newcan of of A	Hendricks County, State of Indiana	a.,
ere by me united in marriage as authorized by a marriage license issued for th		
ounty.		
ated this 9 day of August , 1973	. Signed Lev. Donald Tyler	*******
	Official Designation Baptist Minister	
iled and recorded in accordance with the laws of the State of Indiana this	11 day of lengust , 19 75.	
	Signed Aun III. Starrey	Clerk
	HENDRICKS Circuit Co	ourt

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE Form Prescribed By Indiana State Board of Health under Authority Date of Application Chap. 126, Ind. Acts 1905 County HENDRICKS FEMALE Medical Examination Report Dated MALE Medical Examination Report Dated Name of Physician\_ ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, represent tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT Date of Birth Place of Birth (State or foreign country Place of Birth (State or foreign country) Previous Marital Status: Never Married Number of Previous Marriages Previous Marital Status: Never Married Mumber of Previous Marriages Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Color or Race White Negro Other (specify)... White Negro Other (specify)... Color or Race Usual Occupation Date of birth verified by: Birth Cert. Judicial Decree Usual Occupation # 24/27 Date of birth verified by: Derrth Cert. Undicial Decree Other (Specify)..... 1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No II No II Yes | Yes | Yes | 59507A. Other (Specify)..... Of Unsound Mind? 1. Are you now or have you been adjudged, diagnosed or considered as: 2. Are you under guardianship as a person of unsound mind? No Yes An Imbecile? 3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No Yes Yes 🗌 If answer to 3 is "yes" has the cause of such condition been removed? No 🗆 2. Are you under guardianship as a person of unsound mind? 4. Are you afflicted with a transmissible disease? Yes 🗌 No Yes [ Yes 🗌 No 🖸 5. Are you related to the bride closer than second cousin? 3. Are you afflicted with a transmissible disease? No D Yes 🗌 6. Are you now under the influence of intoxicating liquor? Yes 🗌 4. Are you related to the groom closer than second cousin? 7. Are you now under the influence of a narcotic drug? No D 8. Are you able to support a family? No 🗌 Yes 🗸 5. Are you now under the influence of intoxicating liquor No Z Yes Yes 🗔 No 🗌 9. Are you likely to so continue? 10. Do you have minor children from one or more former marriages? 6. Are you now under the influence of a narcotic Yes 🗌 No 🗌 (If yes, answer questions a, b, c) 7. Full name of father Letther (a) List their full names, ages and addresses Residence of father (if deceased so state) Name Address Occupation of father..... (b) Are you supporting or contributing to their support? Yes 🗌 No 🗌 (c) Are you complying with any court order or orders issued for their support? Yes [ No  $\square$ Birthplace of mother (State or foreign country) Occupation of father. Birthplace of father (State or foreign country) ... I depose and state the information given Occupation of mother Months State of Indiana I depose and state the information given in this application is true and correct. County of HENDRICKS Clerk .HENDRICKS. CONSENT OF PARENTS, PARENT OR GUARDIAN Subscribed and sworn, to before me this. We, the parents, of this applicant hereby give consent for this marriage. If only one parent Alln MANULY .. ClerkHENDRICKS signs, state facts which render the consent of the other parent unnecessary. CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary... State of Indiana, State of Indiana, County of ...... HENDRICKS County of HENDRICKS ....Father Signed.. .....Mother Subscribed and sworn to before me this..... ..Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued 3 Lay warre and filed ....authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the...... of Indiana dated the ..... , 19.75, authorizing the joining together as husband and wife

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

of Indiana dated the day of light for the following marriage certificate was filed in my office, to-wit:

one thousand nine hundred and 75 hereby certify that on the last day of light forms at Brides home forms from David D Thatton of Thendricks home and Bride forms mayned by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Of Indiana dated the day of light court of

Signed Robert & Smith

Official Designation Minister

4 th day of Leaguet

Signed Elen m Signed, 1

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

File\_ 37

HENDRIC	County  8-1-75  Date of Application
MALE Medical Examination Report Dated 8-1-75	FEMALE Medical Examination Report Dated 8-1-75
Name of Physician David D. Haggard	Name of Physician David B. Thomas d
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False str	atement—Whoever procures the issuance of a license to marry by any false statement, representa-
MALE APPLICANT	
Name First Middle Last	Name First A Middle
Date of Birth Month, Day Year	Alebia Last
Place of Birth (State or Foreign country)	O. C. Year
Residence Address Street or R. R. City County State	Indiana nation marios A
2686 Hentharn ad. Columbia Ohio	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different Steinfield, Mendricke, Ind.
Last Marriage Ended By: Death Divorce Annulment Color or Race White Negro Other (specify)	Previous Marital Status: Never Married Number of Previous Marriages
O AA	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Cert. Judicial Decree	Color or Race White Negro Other (specify)
Pother (Specify) Draft Card	Usual Occupation Secretary
1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  No Yes	Date of birth verified by: Birth Cert. Judicial Decree
2. Are you under guardianship as a person of unsound mind?	Other (Specify)
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?	1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?
If answer to 3 is "yes" has the cause of such condition been removed? No Yes	Of Unsound Mind?
4. Are you afflicted with a transmissible disease?  No Yes   5. Are you related to the bride closer than second cousin?  No Yes   Yes	2. Are you under guardianship as a person of unsound mind? No Yes
6. Are you now under the influence of intoxicating liquor? No Yes	3. Are you afflicted with a transmissible disease?
8. Are you able to support a family? Yes No	4. Are you related to the groom closer than second cousin?
9. Are you likely to so continue?  10. Do you have minor children from one or more former marriages?  No Ves V	5. Are you now under the influence of intoxicating liquor? No Yes
10. Do you have minor children from one or more former marriages?  No Yes  (If yes, answer questions a, b, c)  (a) List their full names, ages and addresses	6. Are you now under the influence of a narcotic drug?  7. Full name of father. Church & Esles
Name Age Address	Residence of father (if deceased so state) Placenfield, Ind
	Occupation of father Market Race of father 21.
	Birthplace of father (State or foreign country) Kentelsky
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother Catricia a Langmere
(c) Are you complying with any court order or orders issued for their support?	Residence of mother (if deceased so state) alacinfield, Ind
11. Full name of father Edwin Michael Kardas	Occupation of mother Lauselesselle Race of mother 9
Residence of father (if deceased so state) Columbias, Ohio	Birthplace of mother (State or foreign country) Indiana
Occupation of father tellered Race of father The	State of Indiana.
Birthplace of father (State or foreign country)	County of HENDRICKS ss: I depose and state the information given in this application is true and correct.
12. Full maiden name of mother of deletable bestelle Alleflig	Signed Debra K Estes.
Occupation of mother Askingliff Race of mother 94	New Address 563 & Lerrace Que "B, Cols Okio
Birthplace of mother (State or foreign country)	Subscribed and sworn to before me this day of July 1975.
State of Indiana, I depose and state the information given	Llen M. Harweef Clerk HENDRICKS Circuit Court
County of HENDRICKS in this application is true and correct.	Clerk MENDAGEN Circuit Court
New Address 563 5 TERRAF AVE #B Cas Quo	CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Glen M Harvey Clerk HENDRICKS Circuit Court	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
igns, state facts which render the consent of the other parent unnecessary	Consider the Control with with the state and the state of
	State of Indiana,
state of Indiana,	County ofHENDRICKS
ounty of	SignedFather
Signed Father	Signed
Signed Mother ubscribed and sworn to before me this day of , 19	Subscribed and sworn to before me thisday of, 19,
day of	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
	rt by written order issued
Be It Remembered there was filed in my office a marriage license	e issued by the clerk of the HENDRICKS Circuit Court
Indiana dated the	, 19.75, authorizing the joining together as husband and wife
Thomas & Roules and	1 Debra X. Estes
of the remembered, the following marriage certificate was filed in my offi	ice, to-wit:
e thousand nine hundred and 75 at	Claimfield Country of Kendricks
ate of Indiana, Groom Thomas & Raylor of	Franklin County, State of Ohio
d, Bride Debra T. Estes of Th	Lendricks County, State of Indiana,
re by me united in marriage as sutherized by a marriage license issued for the	
unty.	
ted this 6 day of September , 1975	Signed Lon Hallock
	Ticial Designation Minister
led and recorded in accordance with the laws of the State of Indiana this	9 day of September , 19 75.
S	igned Sun M. Harvey
	HENDRICKS. Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

370 37 9-4-75
Date of Application

....Circuit Court

MALE Medical Examination Report Dated  Name of Physician  LI QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False states or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".  MALE APPLICANT  And Baldwan  Jest Marriage Ended By:  Death Divorce Annulment	FEMALE Medical Examination Report Dated Name of Physician  FEMALE APPLICANT  Name  First  Date of Birth  Month  Day  Place of Birth (State or foreign fountry)	Last Year
Medical Examination Report Dated  Name of Physician  LL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False states of prescribes shall be fined in any sum not exceeding five hundred dollars (\$500.00)".  MALE APPLICANT  Ame  First  Middle  Day  Year  1954  ace of Birth (State op foreign country)  According State of Stat	Name of Physician  FEMALE APPLICANT  Name Particular  Date of Birth Month Day  Place of Birth (State or foreign fountry)	Kews Year
Name of Physician  LL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False states of prescribes and be fined in any sum not exceeding five hundred dollars (\$500.00)".  MALE APPLICANT  Middle  Baldwan  Year  1954  ace of Birth (State op foreign country)  According to the foreign country of the cou	Name of Physician  FEMALE APPLICANT  Name  Parent—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement—Whoever procures the issuance of a license to marry by any false statement which is the issuance of a license to marry by any false statement which is the information of the issuance of a license to marry by any false statement which is the issuance of a license to marry by any false statement which is the issuance of a license the issuance of	Kews Year
MALE APPLICANT  Ame Office Middle Baldwin  Atte of Birth (State or foreign country)  ace of Birth (State or foreign country)  Allottic  Sidence Address Street or B. R. City County State  20 Wiff St. Married Number of Previous Marriages	FEMALE APPLICANT  Name First Middle  Date of Birth Month Day  Place of Birth (State or foreign fountry)	Kews Year
MALE APPLICANT  Ame Office Middle Baldwin  Atte of Birth (State or foreign country)  ace of Birth (State or foreign country)  Allottic  Sidence Address Street or B. R. City County State  20 Wiff St. Married Number of Previous Marriages	Name Pirst Middle  Date of Birth Month  Place of Birth (State or foreign fountry)  Middle  Name  Middle  Name  Middle  Name  Day  Place of Birth (State or foreign fountry)	Kews Year
MALE APPLICANT  Ame Office Middle Baldwin  Atte of Birth (State or foreign country)  ace of Birth (State or foreign country)  Allottic  Sidence Address Street or B. R. City County State  20 Wiff St. Married Number of Previous Marriages	Name Pirst Middle  Date of Birth Month  Place of Birth (State or foreign fountry)  Middle  Name  Middle  Name  Middle  Name  Day  Place of Birth (State or foreign fountry)	Kews Year
are of Birth (State or foreign country)  ace of Birth (State or foreign country)  Sidence Address  Street or B. R. City County  State  William  State  Winner  William  State  Winner  Winner  State  State  State  State  Winner  State	Date of Birth (State or foreign fountry)  Name    Name	
ace of Birth (State or foreign country)  Sidence Address  Street or B. R. City County  State  State  Number of Previous Marriages	Place of Birth (State or foreign fountry)	
ace of Birth (State or foreign country)    Country   Country	Place of Birth (State or foreign country)	7
sidence Address Street or B. R. City County State Stat	P. P. City Count	
evious Marital Status: Never Married Number of Previous Marriages	Street of R.	State
evious Marital Status: Never Married  Number of Previous Marriages	5/ Parkussk R. H. & Muncie  Maiden Name if Different	Melalvar
st Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married Number of Previous Marrie	iges
	Last Marriage Ended By: Death Divorce Annulment	
lor or Race White Negro Other (specify)	Other [ (enecify)	
nual Occupation Student	Color or Race White Negro Other (specify)	
the of birth verified by: Birth Cert. Judicial Decree	Usual Occupation Student	
Are you now or have you been adjudged, diagnosed or considered as:	Date of birth verified by: Birth Cert.  Judicial Decree	
Of Unsound Mind?	Other (Specify) # 17921	***************************************
Are you under guardianship as a person of unsound mind?  No Yes  Are you now or have you been within five (5) years an inmate of a county asylum or	<ol> <li>Are you now or have you been adjudged, diagnosed or considered as:         An Imbecile?     </li> </ol>	No 🗗 Yes 🗆
home for indigent persons?  No Yes   If answer to 3 is "yes" has the cause of such condition been removed?  No Yes	Of Unsound Mind?	No Yes
Are you afflicted with a transmissible disease?	2. Are you under guardianship as a person of unsound mind?	No Yes
Are you related to the bride closer than second cousin?  Are you now under the influence of intoxicating liquor?  Yes  Yes  Yes  Yes	3. Are you afflicted with a transmissible disease?	No Yes
Are you now under the influence of a narcotic drug?	4. Are you related to the groom closer than second cousin?	No Yes
Are you able to support a family?  Are you likely to so continue?  Yes No	5. Are you now under the influence of intoxicating liquor?	No Yes
Do you have minor children from one or more former marriages? No Yes (If yes, answer questions a, b, c)	6. Are you now under the influence of a narcotic drug?	No D Yes
(a) List their full names, ages and addresses	7. Full name of father That the Shall and the same of father the same	athles
Name Age Address	Residence of father (if deceased so state)	1. A. F. Co
	Pipe hine Co.	mis in
	Birthplace of father (State or foreign country)	1/1000
(b) Are you supporting or contributing to their support? Yes No Contributing to their support? Yes No Contributing to their support?	8. Full maiden name of mother Margarett Elynd	- Unigh
their support?  Yes \[ \] No \[ \]	Residence of mother (if deceased so state) 5	AL KA
Residence of mother (if deceased so state) Race of mother Race of	New Address Ad	Circuit Court
		***************************************
te of Indiana,	State of Indiana,	
nty ofHENDRICKS	County ofHENDRICKS	
Signed	Signed	Pathon
Signed		
day of	Subscribed and sworn to before me this	Mother
Clerk	Subscribed and sworn to before me thisday of	
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  HENDRICKS County Court		Clerk
HENDRICKS County COURT.	A marriage license having been refused to the above	ad parties the
HENDRICKS County Court  authorizes and directs the issuance of a  RETURN OF MARRIAGE LICENSES	t by written order issued	and fled
we of Kemembered, there was filed in my office a mani-	AND MARRIAGE CERTIFICATE	
RETURN OF MARRIAGE LICENSE A lindiana dated the day of day of license	issued by the clerk of the HENDRICKS	Circuit Cond
thousand nine hundred and 75  te of Indiana, Groom Jeffeld Menton Balderin	ce, to-unt:	band and wife
thousand nine hundred and 75	reby certify that	1
0 11	day of	7
te of Indiana, Groom. All out The to a at.	Ho County of 100	2 117000
L Bride Add April of	the distance of the second of	
re by me united in marriage as authorized by a marriage	laware County, State of Inc	liana
re by me united in marriage as authorized by a marriage	laware County, State of Incate purpose by the Classes	liana,
the of Indiana, Groom Seffrely Tenton Baldwin of he mathews of Me of he winty.  The by me united in marriage as authorized by a marriage license issued for that the this day of he was the second of he was the second of the license issued for the day of he was the second of the license issued for the license is the l	Laware County, State of Incate purpose by the Clerk of the Circuit Court of HENDRICKS  Signed Edward Stone	liana liana,

# APPLICATION FOR MARRIAGE LICENSE

No. 37/ File BK 37 August 1, 1973

HENDRIC HENDRIC	County Quart 1. 1975
MALE 7/26/2	FEMALE Date of Application
Medical Examination Report Dated 1/28/75	Medical Examination Report Dated 7/28/75
Name of Physician Number D. Waggark, Ind	Name of Physician Warri B Hugan
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False st	atement—Whoever procures the issuance of a license to marry by any false statement, representa-
MALE APPLICANT	
Name first Middles Last	Name // First // Widn
Date of Birth Month Day Year	Mayle Middle Wast
Place of Birth (State or foreign country)	Date of Birth Month Day Year 1
Residence Address Street or R. R. Other Son Sul.	Place of Birth (State or foreign country)
Ref. # Bix 97, Alauntilly State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different Light . # 4 flainfills
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status, News Marital Status
Color or Race White Negro Other (specify)	Previous Marital Status: Never Married Number of Previous Marriages
Usual Occupation Planning Paris Paris	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth vert. Judicial Decree	Color or Race White Negro Other (specify)
Other (Specify) # 1/3-53-060906	Usual Occupation Study
1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Of Unsound Mind?  No  Yes	Date of birth verified by: Birth Cert.
2. Are you under guardianship as a person of unsound mind?	Other (Specify) # 38/2
3. Are you now or have you been within five (5) years an inmate of a county asylum or	1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?
If answer to 3 is "yes" has the cause of such condition been removed?  No Yes   Are you efficied with a transmissible to	Of Uncound Mind?
4. Are you afflicted with a transmissible disease?  No Yes  No Yes  No Yes	2. Are you under quardianchin as a narray of way 1 1 1 1 1
6. Are you now under the influence of intoxicating liquor?  No  Yes	3. Are you afflicted with a transmissible disease?  No. Yes  No. Yes  No. Yes
8. Are you able to support a family?	4. Are you related to the groom closer than second cousin? No Yes \
9. Are you likely to so continue?  Yes No	5. Are you now under the influence of intoxicating liquor? No 🗀 Yes 🗆
(If yes, answer questions a, b, c)  (a) List their full names, ages and addresses	6. Are you now under the influence of a narcotic drug? No Ves
Name Age Address	7. Full name of father Addition Algerian
	Residence of father (if deceased so state)  Occupation of father  Race of father  Race of father
	Birthplace of father (State or foreign country)
(b) Are you supporting or contributing to their support? Yes No I	8. Full maiden name of mother Multille Little
(c) Are you complying with any court order or orders issued for their support?  Yes No Yes No Yes No No	Residence of mother (if deceased so state) Almandam On'-
11. Full name of father Anak My Joseph	Occupation of mother Menual Race of mother White
Residence of father (if deceased so state)	Birthplace of mother (State or foreign country) Canta Miss.
Occupation of father All State Rage of father Millet	State of Hotelet (State of Hotelet)
Birthplace of father (State or foreign country)	State of Indiana,  County of HENDRICKS  Ss: I depose and state the information given in this application is true and correct.
12. Full maiden name of mother Thomas Chipse In Mandelpe	
Residence of mother (if deceased so state)  Occupation of mother  Race of mother	Signed Si
Birthplace of mother (State or foreign country)	New Address 29% Port 100 Congression of the Congres
State of Indiana,  State of Indiana,  State of Indiana,  I depose and state the information given	Subscribed and sworn to before me this day of Cultiful 19 13
County of HENDRICKS in this application is true and correct.	Clerk HENDRICKS Circuit Court
Signed Franch Moore	CONSENT OF PARENTS, PARENT OR GUARDIAN
New Address 286 N. M.O. St. 774 Plo July Subscribed and sworn to before me this day of day of 19.75	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
All De Delore ine this day of All 19.	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN	signs, state facts which relate the consent of the other parent uninecessary
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	Dennis relevation to by the state of the second parties are the second as a second and the
signs, state facts which render the consent of the other parent unnecessary	the state of the s
State of Indiana,	State of Indiana, County ofHENDRICKS ss:
County of	
SignedFather	SignedFather
Signed	Signed
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
in authorizes and directs the issuance of	
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
	issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 5 day of Muguet	19.7.5 authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office	ce, to-wit:
1, Sary L. Welf her	reby certify that on the 9 day of August
one thousand nine hundred andat	west Lafayette , County of Typecanol
State of Indiana, Groom Frank Marion Lave, Jr. of	
ind, Bride Gayle a Hageman of	
vere by me united in marriage as authorized by a marriage license issued for the County.	at purpose by the Clerk of the Circuit Court of
Dated this 9 day of august, 1975	Harry P. D.
	Signature of the state of the s
	ricial Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this	ricial Designation Minister

ERDINARY.

## STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

..Circuit Court

Chap. 126, Ind. Acts 1905	HENDRICH	KS County Date of Appli	cation
The best of the be		FEMALE Separt Dated 8-/-75	
MALE SILING		Medical Examination Report Dated	
Medical Examination Report Dated		Name of Physician	W.
Name of Physician A.M. Scuada		tement—Whoever procures the issuance of a license to marry by any false stater	ment, representa-
ALL OUESTIONS MUST BE ANSWERED Chapter 126. Indiana Acts 1905 pres	scribes "False sta	tement—Whoever procures the issuance	
	\$500.00) .		
MALE APPLICANT	Last	Name Prirst Middle	Last OMIR
Name First Middle	rch	Date of Birth Month Day	ear
Date of Birth Month Day Year	2	Place of Bigth (State or foreign country)	
Place of Birth (State or foreign country)	-	( A CAN FM )	State
Residence Address Street or R. R. City County	State	Residence Address Street of R. R. B. City County	A State
Kt. 8 Box 3367 Andianapoles	2 Ind	Maiden Name if Different	
Previous Marital Status: Never Married Number of Previous Marriages		Never Married P Number of Previous Marriage	es.
Last Marriage Ended By: Death Divorce Annulment		Previous Marital Status: Never Married Number of Previous Marriage	Barres and a second
		Last Marriage Ended By: Death Divorce Annulment	
Color or Race White Negro Other (specify)		White Negro Other (specify)	
Usual Occupation Allegoria		Color or Race White Negro Other (specify)	
Date of birth verified by: Birth Cert.  Judicial Decree		Usual Occupation (M) Manager	
Other (Specify)	<u>/</u>	Date of birth verified by: Birth Cert.   Judicial Decree	
All Impetite:	Yes Yes Yes	Other (Specify)	A11118A7787AB488A
2. Are you under guardianship as a person of unsound mind?	Yes 🗆	1. Are you now or have you been adjudged, diagnosed or considered as:	N. 7 . 5
3. Are you now or have you been within five (5) years an inmate of a coun home for indigent persons?	ty asylum or Yes	An Imbecile?	No F Yes
If answer to 3 is "yes" has the cause of such condition been removed?	Yes 🗆	Of Unsound Mind?	No Yes
The state of the s	Yes \	2. Are you under guardianship as a person of unsound mind?	No V Yes
6. Are you now under the influence of intoxicating liquor?	Yes 🗆	3. Are you afflicted with a transmissible disease?	No Yes
	Yes No	4. Are you related to the groom closer than second cousin?	No Yes 🗆
The state of support is a summing to	s No No	5. Are you now under the influence of intoxicating liquor?	No 🖫 Yes 🗆
	Yes 🗆	6. Are you now under the influence of a narcotic drug?	No 🖸 Yes 🗆
(a) List their full names, ages and addresses		7. Full name of father the Control of the Control o	
Name Age Address		Residence of father (if deceased so state)	- Albana
		Occupation of father	With
		Birthplace of father (State or foreign country)	WARRANT PARTIES AVET FEMALES
(b) Are you supporting or contributing to their support? Ye	es No 🗆	8. Full maiden name of mother Danhard John Sall	Marga
(c) Are you complying with any court order or orders issued for	es No	Residence of mother (if deceased so state)	And
11. Full name of father Samme M. Marchane	h	Occupation of mother Purchasur Race of mother	106,
Residence of father (if deceased so state) and fall and fall land	and I	Birthplace of mother (State or foreign country)	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O
Occupation of father Addition Race of father A	Th.	Birthplace of mother (State or foreign country)	
Birthplace of father (State or foreign country)		State of Indiana, I depose and state the in	nformation given
12. Full maiden name of mother Resistance Phi haspe	2	County of HENDRICKS in this application is to	rue and correct.
Residence of mother (if deceased so state)	2 Ind	Signed Orenda L. Garn	111
Occupation of mother Race of mother	The	New Address 3100 Meridiah Bur	· Din- han (
Birthplace of mother (State or foreign country)			with a service of the
State of Indiana,  County of HENDRICKS  I depose and state the informing this application is true	mation given	Subscribed and sworn to before me this day of duger	
Signed Rosy Kim Up Court Co	and correct.	Alen M. Harrief CHER HENDRICKS	Circuit Court
New Addres 3100 n Mezintian Bush	1.1.0	CONGRAM	
	ingramy	CONSENT OF PARENTS, PARENT OR GUARDIAN	
Subscribed and sworn to before me this.   day of august		We, the parents, of this applicant hereby give consent for this marriage. If	only one parent
Selm M Harvellf ClerkHENDRICKS	Circuit Court	signs, state facts which render the consent of the other parent unnecessary.	
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents of this applicant books give a second of the speciments of the s			
We, the parents, of this applicant hereby give consent for this marriage. If only signs, state facts which render the consent of the other parent unnecessary			
		_	
State of Indiana,		State of Indiana,	
County ofHENDRICKS		County ofHENDRICKS.	
Signed	E-11	Signed	Father
Signed	M. at	Signed	
Subscribed and sworn to before me thisday of	, 19		
		Subscribed and sworn to before me thisday of	19
			Clerk
HENDRICKS COUNTY TO BY ORDER	OF COUR	Γ. A marriage license having been refused to the above named	
inCounty	Cor	I. A marriage license having been refused to the above named art by written order issued	parties, the
in authorizes and directs t	he issuance of	f a marriage license to the characteristics	and filed
RETURN OF MARRIA	GE LICENSE	C AND MARRIAGE CERTIFICATE	
of Indiana dated the	arriage licens	se issued by the clerk of the	
Rary Kim Ulbo day of Cel	equel	E AND MARRIAGE CERTIFICATE se issued by the clerk of the HENDRICKS	Circuit Court
Be it further remembered, the following marriage continued	ar	nd But authorizing the joining together as husbo	
, James J Stevens	filed in my of	fice, to-wit:	
one thousand nine hundred and 75	h	ereby certify that on the	+
state of Thumbur, Groom I was I wan I make	0	at Brownsburg day of aleguest	, , ,
ind, Bride Brenda Law Gardner	uch		caricks
were by me united in marriage as authorized by a marriage.	ofof	Lendricks County, State of Ind	cana
County.	e issued for t	hat purpose by the Clerk of the Circuit Court of HENDRICKS	iana,
Dated this 9 day of August	10 7	5 HENDRICKS	************************
particular plant in a constraint in a constrai			
Filed and recorded in accordance with the laws of the State of Ind	- (	Signed James F. Stevens	
the laws of the State of Ind	liana this	Official Designation Minister of the	mel.

# APPLICATION FOR MARRIAGE LICENSE

No. 373

LIEVIDOLOUS			
HENDRICKS	Count	v	

County

File BK. 37

August 4 19

Date of Application

MALE FEMALE Medical Examination Report Dated Medical Examination Report Dated Name of Physician Name of Physician Illma ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-MALE APPLICANT FEMALE APPLICANT Name Date of Birth Month Previous Marital Status: Never Married Number of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married Number of Previous Marriages. White Negro Other (specify)... Color or Race Last Marriage Ended By: Death Divorce Annulment Usual Occupation White Negro Other (specify). Date of birth verified by :/ Birth Cert. Judicial Decree 113-Usual Occupation 1. Are you now or have you been adjudged, diagnosed or considered as: Date of birth verified by: Birth Cert Undicial Decree No 🗗 Yes 🗆 Of Unsound Mind? Yes 🗌 Other (Specify). 2. Are you under guardianship as a person of unsound mind? Yes 🗌 3. Are you now or have you been within five (5) years an inmate of a home for indigent persons? 1. Are you now or have you been adjudged, diagnosed or considered as asylum or Yes An Imbecile? If answer to 3 is "yes" has the cause of such condition been removed? No Yes 🗆 No 🗆 Yes 🗌 4. Are you afflicted with a transmissible disease? No Yes No 🛛 Yes 🗌 5. Are you related to the bride closer than second cousin? 2. Are you under guardianship as a person of unsound mind? No D Yes 🗌 No Yes 🗆 6. Are you now under the influence of intoxicating liquor? No D Yes 🗌 3. Are you afflicted with a transmissible disease? 7. Are you now under the influence of a narcotic drug? No4 Yes 🗌 No 🕡 Yes 🗌 4. Are you related to the groom closer than second cousin? 8. Are you able to support a family? No 🗆 No Yes 9. Are you likely to so continue? No 🗆 5. Are you now under the influence of intoxicating liquor? No - Yes 10. Do you have minor children from one or more former marriages? Yes 🗌 6. Are you now under the influence of a narcotic drug? (If yes, answer questions a, b, c) (a) List their full names, ages and addresses Name Address (b) Are you supporting or contributing to their support? Yes 🗌 No 🗆 (c) Are you complying with any court order or orders issued for their support? No 🗆 11. Full name of father. Residence of father (if decease Birthplace of mother (State or foreign country). Occupation of father ... Birthplace of father (State or foreign country) State of Indiana, I depose and state the information given in this application is true and correct HENDRICKS County of .... Birthplace of mother (State or foreign country). State of Indiana. County of .... HENDRICKS Clerk HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN Subscribed and sworn to before We, the parents, of this applicant hereby give consent for this marriage. If only one parent Marny Clerk.HENDRICKS signs, state facts which render the consent of the other parent unnecessary .... .Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana. County of HENDRICKS State of Indiana, County of HENDRICKS Signed.. Signed... Mother Subscribed and sworn to before me this..... Subscribed and sworn to before me this......day of......day ..day of..... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the. authorizing the joining together as husband and wife Namel and Janis Claim Sawders Be it further remembered, the following marriage certificate was filed in my office, to-wit: Jev. Raymond L. Kader hereby certify that on the 16 day of leuguest one thousand nine hundred and 75 at Liston State of Indiana, Groom Richard allen Mc Dowell of Hendrecks County, State of Indiana Janis Elaine Souders of Thendricks County, State of Indiana, were 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..... Official Designation Gastar, Ist Baptest Church 

Signed Glen m Harvey

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Date of Application

....Clerk ..Circuit Court

Indiana resident	FEMALE Separt Dated 8-1-75
MALE MALE MALE MALE MALE MALE MALE MALE	Medical Examination Report Dated
Medical Examination Report Dated  Black MIST	Name of Physician fames for the fame
Name of Physician Acmus State 11 to	neterment.—Whoever procures the issuance of a license to marry by any false statement, representa-
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False station or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	atement—Whoever procures the issuance of a license to marry by any false statement, representa-
MALE APPLICANT	First Middle Last
Name First Middle Last	Name Holen tongs Tially Year
Date of Birth Month Day Year	Date of Birth Month
1 24 36	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)  Mattheway Country State	Residence Address Street or R. R. City County State
Residence Address Street or R. R. City County State	Maiden Name if Different
Previous Marital Status: Never Married Number of Previous Marriages	XIIII TRANCO MARIO
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married Number of Previous Marriages
Death   Divote   Minument	Last Marriage Ended By: Death Divorce Annulment
Color or Race White Negro Other (specify)	
Usual Occupation Carpy mtu	Color or Race White Negro Other (specify)
Date of birth verified by: Birth Cert. Undicial Decree	Usual Occupation
1. Are you now or have you been adjudged, diagnosed or considered as:	Date of birth verified by:   Birth Cert.   Judicial Decree
An Imbecile?  Of Unsound Mind?  No Yes  Yes  Yes	Other (Specify)
2. Are you under guardianship as a person of unsound mind?	1. Are you now or have you been adjudged, diagnosed or considered as:  No W Yes
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?  Yes	An Imbecile?  Of Unsound Mind?  No : Yes :
If answer to 3 is "yes" has the cause of such condition been removed?  No Yes   4. Are you afflicted with a transmissible disease?  Yes	2. Are you under guardianship as a person of unsound mind? No Yes
5. Are you related to the bride closer than second cousin?	3. Are you afflicted with a transmissible disease?
6. Are you now under the influence of intoxicating liquor?  7. Are you now under the influence of a narcotic drug?  No ☐ Yes ☐ Yes ☐	4. Are you related to the groom closer than second cousin?
8. Are you able to support a family?	5. Are you now under the influence of intoxicating liquor? No Yes
9. Are you likely to so continue?  10. Do you have minor children from one or more former marriages?  No \( \sum \)  Yes \( \sum \)  Yes \( \sum \)	6. Are you now under the influence of a narcotic drug!
(If yes, answer questions a, b, c) (a) List their full names, ages and addresses	7. Full name of father Clarence Harry Fidles
Name Age Address	Residence of father (if deceased so state) B. Manna Alland, Sand
	Occupation of father and the Af Mala Race of father Wh
	Birthplace of father (State or foreign country)
	8. Full maiden name of mother Alle Mane Reffedd
(b) Are you supporting or contributing to their support?  Yes □ No □  (c) Are you complying with any court order or orders issued for	Residence of mother (if deceased so state) BALLONSHAMA INS
their support?  Yes No   11. Full name of father	1
Residence of father (if deceased so state).	Occupation of mother Race of mother
Occupation of father Race of father	Birthplace of mother (State or foreign country)
Birthplace of father (State or foreign country)	State of Indiana,
12. Full maiden name of mother July 12.	County of
Residence of mother (if deceased so state)	Signed Helen F. 10-2
Occupation of mother Race of mother Wh	New Address Branch Land
Birthplace of mother (State or foreign country)	
State of Indiana,  County of HENDRICKS  ss: I depose and state the information given in this application is true and correct.	Subscribed and sworn to before me this. 4 day of legust, 19.75
Signed DE (W Hylle )	Dlen M. Harvey Clerk HENDRICKS Circuit Court
New Address Busines Julies	CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this 4 day of Queguat 19.75.	
Glerkhendricks Circuit Court	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
CONSENT OF PARENTS, PARENT OR GUARDIAN	signs, state facts which render the consent of the other parent unnecessary
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	
	State of Indiana,
State of Indiana,  County ofHENDRICKS.	County ofHENDRICKS
,	Signed
Signed Father Signed Mother	Signed Father
Subscribed and sworn to before me this	Signed Mother
	Subscribed and sworn to before me thisday of
COMPLETE LE MADRIAGE	Clerk
HENDRICKS LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the surf by written order issued and filed f a marriage license to the above named parties.
in Clerki County Circuit Co	urt by written order issue of stage waters, the
authorizes and directs the issuance of	f a marriage licens and filed
Be It Remembers 1	E AND MADE
of Indiana dated the	se issued by the clerk of the
Doe 70 7/ day of leig	E AND MARRIAGE CERTIFICATE use issued by the clerk of the HENDRICKS Circuit Court is in the country of the HENDRICKS Circuit Court
Be it further femembered, the following marriage contis	nd 2/2 the joining together as husband and wife
I, Alt Asille I sellivan was filed in my o	thereby certify that on the # day of luguest,
and and	But of g that on the day of
State of Indiana, Groom Jole W. Hyden	at Drownsburg day of Mighest,
and, Bride Islen Francis Gidler	of Hendricks County of Thendricks, Hendricks County, State of Indiana
were by me united in marriage as authorized by a	undrucks)
Dated this 4 day of A	hat purpose by the Clerk of the Circuit County, State of Indiana,
Dated this 4 day of August, 19.75	HENDRICKS.
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Menester Sullivan
of Indiana this	le l

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County MALE Date of Application Medical Examination Report Dated\_ FEMALE Medical Examination Report Dated Donald Name of Physician\_ 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)". FEMALE APPLICANT Date of Birth Street or R. R Residence Address Previous Marital Status: Never Married | Number of Previous Marriages Maiden Name if Different Death Divorce Annulment Last Marriage Ended By: Previous Marital Status: Never Married 

Number of Previous Marriages. White Negro Other (specify)... Color or Race Last Marriage Ended By: Death Divorce Annulment Usual Occupation Work Date of birth verified by: | Birth Cert. | Judicial Decree | How Discher Color or Race White Negro Other (specify)... (Other (Specify) U. S. ari Force - 12/10/49 - 2+0 Usual Occupation 1. Are you now or have you been adjudged, diagnosed or considered as:

An Imbecile?

No 

Yes □ Birth Cert. | Judicial Decree 2. Are you under guardianship as a person of unsound mind? Yes 🗌 3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? 1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? If answer to 3 is "yes" has the cause of such condition been removed? No Yes Yes 🗌 No 🗆 Of Unsound Mind? 4. Are you afflicted with a transmissible disease? Yes 🗆 Yes 🗆 5. Are you related to the bride closer than second cousin? 2. Are you under guardianship as a person of unsound mind? No X Yes 🗌 6. Are you now under the influence of intoxicating liquor? 3. Are you afflicted with a transmissible disease? Yes 🗌 7. Are you now under the influence of a narcotic drug? Yes 🗌 8. Are you able to support a family? 4. Are you related to the groom closer than second cousin? No 🗆 9. Are you likely to so continue? 5. Are you now under the influence of intoxicating liquor? Yes X No 🗆 10. Do you have minor children from one or more former marriages? No Yes 🗌 No 🗆 Yes 🗌 6. Are you now under the influence of a narcotic drug? (If yes, answer questions a, b, c) No Yes 🗆 (a) List their full names, ages and addresses 7. Full name of father Kobert Name Age Address Residence of father (if deceased so state) Birthplace of father (State or foreign country) ..... (b) Are you supporting or contributing to their support? Yes 🗌 No 🗆 (c) Are you complying with any court order or orders issued for their support? 11. Full name of father....Elva Residence of father (if deceased so state) .. Birthplace of mother (State or foreign country) ..... Occupation of father Fedory Work Birthplace of father (State or foreign country). State of Indiana, ss: I depose and state the information given in this application is true and correct. Residence of mother (if deceased so state). Occupation of mother Touseup Birthplace of mother (State or foreign country) State of Indiana, ss: I depose and state the information given in this application is true and correct. CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent In Have Clerk.HENDRICKS signs, state facts which render the consent of the other parent unnecessary... CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana, State of Indiana, HENDRICKS County of..... County of HENDRICKS .. Father Signed Signed. Mother Subscribed and sworn to before me this. Subscribed and sworn to before me this... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County ......Court by written order issued... authorizes and directs the issuance of a marriage license to the above named parties, RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Be It Remembered, there was filed in my office a marriage license issued by the clerk of the... of Indiana dated the ... ....and.. Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the..... one thousand nine hundred and ..... State of Indiana, Groom Maurice of marion 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. Official Designation.

HENDRICKS

... Circuit Court

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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No	376
File	BK, 31
(1	My. 4, 1925
	Date of Application

Chap. 126, Ind. Acts 1905 \_County HENDRICKS FEMALE Medical Examination Report Dated MALE Medical Examination Report Dated. Name of Physician. ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT Name Last Date of Birth Place of Birth (State or foreign Maiden Name if Different Previous Marital Status: Never Married Number of Previous Marriages Previous Marital Status: Never Married Number of Previous Marriages. Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Color or Race White Negro Other (specify). White Negro Other (specify)... Color or Race Maintenan Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Usual Occupation Other (Specify)..... Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No 🗹 Yes 🗌 Other (Specify)..... No D Yes 
Yes Of Unsound Mind? 1. Are you now or have you been adjudged, diagnosed or considered as: 2. Are you under guardianship as a person of unsound mind? 3. Are you now or have you been within five (5) years an inmate of a home for indigent persons? county asylum or Yes [ No Yes An Imbecile? No Yes Of Unsound Mind? No 🗆 If answer to 3 is "yes" has the cause of such condition been removed? Yes 🗌 4. Are you afflicted with a transmissible disease? No 🛛 Yes 🗌 2. Are you under guardianship as a person of unsound mind? Yes [ 5. Are you related to the bride closer than second cousin? No I 3. Are you afflicted with a transmissible disease? Yes 🗌 6. Are you now under the influence of intoxicating liquor? No 🔃 Yes 🗌 7. Are you now under the influence of a narcotic drug? Yes 🗌 No 🔽 4. Are you related to the groom closer than second cousin? No Yes 🗌 8. Are you able to support a family? Yes 🗸 No 🗌 5. Are you now under the influence of intoxicating liquor? No D Yes 🗌 9. Are you likely to so continue? No 🗌 Yes 🕡 6. Are you now under the influence of a narcotic drug? 10. Do you have minor children from one or more former marriages? Yes 🗌 No. (If yes, answer questions a, b, c) (a) List their full names, ages and addresses 7. Full name of father ... Residence of father (if deceased so state). Upplying Occupation of father And Sentition Birthplace of father (State or foreign country) 8. Full maiden name of mother .... (b) Are you supporting or contributing to their support? No 🗆 Yes 🗌 (c) Are you complying with any court order or their support? Residence of mother (if deceased so state) Yes 🗌 No 🗌 Occupation of mother And Management Residence of father (if deceased so state) Birthplace of mother (State or foreign country). Birthplace of father (State or foreign State of Indiana I depose and state the information given in this application is true and correct. Residence of mother (if dec Birthplace of mother (State or foreign country). State of Indiana, Allfills, 19.75 depose and state the information given this application is true and correct. Clerk HENDRICKS .Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent MINNEY CHERKHENDRICKS signs, state facts which render the consent of the other parent unnecessary... CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent State of Indiana, State of Indiana. County of HENDRICKS Signed Signed .....Mother Signed..... Subscribed and sworn to before me this ..... ....., 19...... Subscribed and sworn to before me this..... .....Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued.....and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court 19 75, authorizing the joining together as husband and wife steven a. x Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1, Aux William & Brigant hereby certify that on the 15 day of Bugust State of Indiana, Groom Steven Lynn of Hindricks County, State of Indiana of Margan County, State of Indiana,

Official Designation minester

Signed Glen M. Harvey

#### STATE OF INDIANA

Indiana State Board of Health under Authority  APPLICATION FOR	MARRIAGE LICENSE
	File Book 37
HENDRIC	Lug 5, 1975
MALE Medical Examination Report Dated  8-1-7.3	FEMALE Date of Application
Name of Physician Lavid B. Haggard,	Medical Examination Report Dated 8-1-75
	Name of Physician Navid B. Haggard
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False station or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	atement—Whoever procures the issuance of a license to marry by any false statement, representa-
Name APPLICANT  Name Amiddle	FEMALE APPLICANT
Date of Birth Month Day Wurham	Name First Middle 9 Last
Place of Birth (State/or foreign country)	Date of Birth Month Day Year
Greencastle and.	Place of Birth (State or foreign country)
Residence Address Street of R. B. City County State	Residence Address Street or R. R. City County O State
Previous Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different State & and, Flefa. Ind.
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married Number of Previous Marriages
Color or Race White Negro Other (specify)	Last Marriago Ended Pro
Usual Occupation Grandon Onto)	Annument [
Date of birth verified by:	Color or Race White ☑ Negro □ Other □ (specify)
Other (Specify) Sullive Surge) #12-233-52-171  1. Are you now or have you been adjudged, diagnosed or considered as:	Usual Occupation
An Imbecile?  Of Unsound Mind?  No Yes Ves Ves	Date of birth verified by: Birth Cert.   Judicial Decree
2. Are you under guardianship as a person of unsound mind?  No Ly Yes   3. Are you now or have you been within five (5) years an inmate of a county early as	1. Are you now or have you been adjudged, diagnosed or considered as:
home for indigent persons?  No Yes   If answer to 3 is "yes" has the cause of such condition been removed?  No Yes	An Imbecile?
4. Are you afflicted with a transmissible disease?  No Yes	Of Unsound Mind?  No Yes   2. Are you under guardianship as a person of unsound mind?  No Yes   Yes
6. Are you now under the influence of intoxicating liquor?	3. Are you afflicted with a transmissible disease?  No Yes
7. Are you now under the influence of a narcotic drug?  8. Are you able to support a family?  Yes No	4. Are you related to the groom closer than second cousin? No ✓ Yes □
9. Are you likely to so continue?	5. Are you now under the influence of intoxicating liquor? No Yes
10. Do you have minor children from one or more former marriages?  (If yes, answer questions a, b, c)  (a) List their full names, ages and addresses	6. Are you now under the influence of a narcotic drug?  7. Full name of father. William Hayslen There of
Name Age Address	7. Full name of father (if deceased so state) James (if deceased so state)
	Occupation of father Used Car Owner, Race of father
	Birthplace of father (State or foreign country) Kentusky
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother. Ruth ann M. new
(c) Are you complying with any court order or orders issued for their support?  Yes  No	Residence of mother (if deceased so state) Haml
11. Full name of father MUROW HUMANN	Occupation of mother
Residence of father (if deceased so state)	Birthplace of mother (State or foreign country)
Birthplace of father (State or foreign country) Kintuckus	State of Indiana, lass. I depose and state the information given
12. Full maiden name of mother Mollie Childress	County of HENDRICKS ss: in this application is true and correct.
Residence of mother (if deceased so state) Tatliff Ka. Camby So.	Signed KUERLY Far MERKEL
Occupation of mother Australia Race of mother  Birthplace of mother (State or foreign country)	New Address.
State of Indiana	Subscribed and sworn to before me this. day of day of 19
County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	Elen M. Harvey Clerk HENDRICKS Circuit Court
Signedy Lorne Ray Durhan	CONSENT OF PARENTS, PARENT OR GUARDIAN
New Address	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Subscribed and sworn to before me this. 3 day of Cug, 1973  Subscribed and sworn to before me this. 5 day of Cug, 1973  Clerk HENDRICKS Circuit Court	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	
and the state of t	State of Indiana,
State of Indiana,	County ofHENDRICKS
County of	Signed William H. Shynell Father
Signed Father	Signed Luth ann Sherrell Mother
Signed Mother Subscribed and sworn to before me this day of , 19	Subscribed and sworn to before me this day of dugust 1975
Clerk	Den M. Harrey Clerk
COMPLETE: TO A STATE OF THE STA	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	
n. authorizes and directs the issuance of	
RETURN OF MARRIAGE LICENSE	
Be It Remembered, there was filed in my office a marriage license	issued by the clerk of the HENDRICKS Circuit Court
f Indiana dated the /th day of lugust	, 19.79., authorizing the joining together as husband and wife
e it further remembered, the following marriage certificate was filed in my office	Deverly fram Sherrell
Lum & Wright her	reby-certify that on the 30 day of leegelse,
le thousand :	Country of My mariety
tate of Indiana, Groom blonnie, Jack Durham of.	marion County, State of Indiana
d, Bride Deverly Jean Sherrell of	Vendricks County, State of Indiana,
ere by me united in marriage as authorized by a marriage license issued for that	t purpose by the Clerk of the Circuit Court of
ated this // day of august , 19 75.	Bux Jum & grant
	Signed All Com a Milight  Ficial Designation Ordanied Minister
Off  iled and recorded in accordance with the laws of the State of Indiana this	2 nd day of Systember , 19.75.
Si	gned Alen M. Harvey
St.	HENDRICKS Circuit Court

# STATE OF INDIANA

Date of Application

APPLICATION FOR MARRIAGE LICENSE Form Prescribed By Indiana State Board of Health under Authority \_County HENDRICKS 7-31-75 FEMALE Medical Examination Report Dated Medical Examination Report Dated 7-31-75 Name of Physician David 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 Date of Birth Place of Birth (State or foreign 33/4 Jalcon Maiden Name if Different Previous Marital Status: Never Married Number of Previous Marriages Previous Marital Status: Never Married Number of Previous Marriages. Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: Color or Race White Negro Other (specify).... White Negro Other (specify)..... Color or Race Jock Worker Date of birth verified by: Birth Cert. | Judicial Decree Usual Occupation □ Other (Specify) # 1/3-56-013339 Date of birth verified by: Birth Cert. Udicial Decree Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? Other (Specify) # 1/3-56-9/4/24 No Yes No Yes Yes Of Unsound Mind? 1. Are you now or have you been adjudged, diagnosed or considered as: 2. Are you under guardianship as a person of unsound mind? No 🛮 Yes 🗌 3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? Yes [ An Imbecile? Of Unsound Mind? If answer to 3 is "yes" has the cause of such condition been removed? No 🗌 Yes [ Yes [ 4. Are you afflicted with a transmissible disease? No 🖸 2. Are you under guardianship as a person of unsound mind? 5. Are you related to the bride closer than second cousin? No D Yes 3. Are you afflicted with a transmissible disease? 6. Are you now under the influence of intoxicating liquor? Yes [ No 🖾 7. Are you now under the influence of a narcotic drug? No 🖾 Yes 🗌 4. Are you related to the groom closer than second cousin? No 🛮 8. Are you able to support a family? Yes 🖺 No 🗌 5. Are you now under the influence of intoxicating liquor? 9. Are you likely to so continue? Yes No No No Yes 6. Are you now under the influence of a narcotic drug? No Yes 10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) 7. Full name of father ( haules) (a) List their full names, ages and addresses Residence of father (if deceased so state) Skaple Occupation of father factory war Race of father Birthplace of father (State or foreign country) . Shalple Malean 8. Full maiden name of mother Muduy Mae (b) Are you supporting or contributing to their support? Yes 🗌 No 🗆 (c) Are you complying with any court order or orders issued for their support? Residence of mother (if deceased so state) Maple Yes 🗌 No 🗌 11. Full name of father. Auf Occupation of mother with boald O personal mother. Residence of father (if deceased so state) ... Plantil Birthplace of mother (State or foreign country) Word Drug Statusky State of Indiana. Birthplace of father (State or foreign country) County of ..... HENDRICKS 12. Full maiden name of mother Unginea C. Residence of mother (if deceased so state) Flair Occupation of mother Lever Leader Birthplace of mother (State or foreign country) (Mauford Co. Subscribed and sworn to before me this County of HENDRICKS Clerk HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN Subscribed and sworn to before me this ....... We, the parents, of this applicant hereby give consent for this marriage. If only one parent Blen M Hawas ..... ClerkHENDRICKS signs, state facts which render the consent of the other parent unnecessary..... CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary... State of Indiana, State of Indiana. County of ...... HENDRICKS County of HENDRICKS Father Signed. Signed. .Mother Mother Subscribed and sworn to before me this... Subscribed and sworn to before me this..... ...day of... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued .....authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be it further remembered, the following marriage certificate was filed in my office, to-wit! ., 19.75, authorizing the joining together as husband and wife and Phyllis 1, Lev. Strald W. Sigler. hereby certify that on the 15 day of duquet one thousand nine hundred and ... 7.5 State of Indiana, Groom Jeffery allan at Indianapales , County of Marion , and, Bride hyllis plaine Stockhoff of Marion County, State of Indiana, 

Official Designation Ordained Signed Alen My

# APPLICATION FOR MARRIAGE LICENSE

AGE LICENSE File

	County Quart 5 1975
MALE	FEMALE Date of Application
Medical Examination Report Dated 8-4-75	Medical Examination Report Dated 8-4-75
Name of Physician Marton & Marce M. D.	
ALL OURSTIONS MUST BE ANSWEDED CO.	Name of Physician Moston & Wavel M.D.
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	atement—Whoever procures the issuance of a license to marry by any false statement, representa-
MALE APPLICANT	
Name R First Middle Last	Name FEMALE APPLICANT
Date of Birth Month Day Years	Name First Middle Last
5 14 Year 33	Date of Birth Month Day Kear
Place of Birth (State or foreign country)	Place of Pirth (State or foreign country)
Residence Address Street or R. R. City County State	- da Rue Dhia
2926 Imbarry Row Indianapolis O.	gence Address Street or R. R.
Previous Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different Industrapolis In
T. W. J. E. L. D. D. O. E. L. J.	Harel D. allest
Last Marriage Ended By: Death   Divorce Annulment	Previous Marital Status: Never Married   Number of Previous Marriages 2
Color or Race White Negro Other (specify)	
Usual Occupation Mass and Mass	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Cert. Judicial Decree	Color or Race White Negro Other (specify)
Other (Specify) Da Lincinger 299-26-2506-10	Usual Occupation
1. Are you now or have you been adjudged, diagnosed or considered as:	* Lesetary
Of Unsound Mind?	Date of birth verified by: Birth Cert. Addicial Decree
2. Are you under guardianship as a person of unsound mind?  No  Yes  Yes  Yes	Dother (Specify) The Ascesse H 297-26-3909-10
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?	1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?
If answer to 3 is "yes" has the cause of such condition been removed? No . Yes	Of Uncound Mind?
4. Are you afflicted with a transmissible disease?  No  Yes	2 Are you under quadicular
6. Are you now under the influence of intoxicating liquor?  No Yes   Yes   No Yes   Yes   Yes	3. Are you afflicted with a transmissible store a
7. Are you now under the influence of a narcotic drug?	3. Are you afflicted with a transmissible disease?
8. Are you able to support a family?  9. Are you likely to so continue?	4. Are you related to the groom closer than second cousin?
9. Are you likely to so continue?  10. Do you have minor children from one or more former marriages?  Yes   No □  Yes   Yes  Yes	5. Are you now under the influence of intoxicating liquor? No Yes
(If yes, answer questions a, b, c)  (a) List their full names, ages and addresses	6. Are you now under the influence of a narcotic drug?
Name Age Address	7. Full name of father Addition deligned allegant allegant
Michelle Sparker 13 California Olis	Residence of father (if deceased so state)
the work of the state of the st	Occupation of father Race of father Why
	Birthplace of father (State or foreign country)
(b) Are you supporting or contributing to their support? Yes Ves No	8. Full maiden name of mother Margaret Anace Suns
(c) Are you complying with any court order or orders issued for	Residence of mother (if deceased so state) Hanton Ohio
1. Full name of father Allagam Cran Spar 180	
	Occupation of mother DNA Race of mother UM
Residence of father (if deceased so state)	Birthplace of mother (State or foreign country)
Occupation of father Race of father What	State of Indiana,
Birthplace of father (State or foreign country)	County of HENDRICKS ss: I depose and state the information given in this application is true and correct.
12. Full maiden name of mother.	51 0 0
Residence of mother (if deceased so state)	Signed Hayel & Sparks
Occupation of mother Race of mother Why	New Address 2986 Em Sassifaco Apullus
Birthplace of mother (State or foreign country)	Subscribed and sworn to before me this day of Quality 19 25
State of Indiana, I depose and state the information given	010
County of HENDRICKS In this application is true and correct.	Gless M. Harvelf Clerk HENDRICKS Circuit Court
Signed Signed	
New Address 2 2 Carlo Ca	CONSENT OF PARENTS, PARENT OR GUARDIAN
ubscribed and sworn to before me this. J day of Caugust, 19.25.	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Slen M. Transley Clerk HENDRICKS Circuit Court	signs, state facts which render the consent of the other parent unnecessary
ONSENT OF PARENTS, PARENT OR GUARDIAN	
Ve, the parents, of this applicant hereby give consent for this marriage. If only one parent	
gns, state facts which render the consent of the other parent unnecessary	
and the state patent directedary	
	State of Indiana,
ate of Indiana,	County of HENDRICKS ss:
ounty of	
	SignedFather
Signed Father	Signed
Signed	Subscribed and sworn to before me thisday of
111	
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	C. A marriage license having been refused to the above named parties, the
HENDRICKS County Cou	
	a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
	e issued by the clerk of the HENDRICKS Circuit Court
Indiana dated the 19 day of duguest	, 19.75, authorizing the joining together as husband and wife
et truth	a Dazel D. Sparks
at further remembered, the following marriage certificate was filed in my off	rice, to-wit.
almen a schneppel he	ereby certify that on the day of day of day of
e thousand nine hundred and 7.5	t Indianapales , County of marion ,
ate of Indiana, Groom Bill & Sparks	Marion County, State of Indiana
d, Bride Hayl O Sparks of	Wendricks County, State of Indiana,
ere by me united in manifes as sutherized by a marriage licence issued for the	at purpose by the Clerk of the Circuit Court of HENDRICKS
unty.	
ted this 12 day of August, 1975	Signed Ernest C. Schnippel
	Sugner Land Market Land Land Land Land Land Land Land Land
ed and recorded in accordance with the laws of the State of Indiana this	ficial Designation Justice of the Seach

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

No	280
140	21/20
File_	134.31
2 210-	1111 5 1975
	mg-, 111
	Date of Application

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

HENDRICKS County

File	11	. 1	
/	WA	5	1975
	Date	of App	olication
	-		

	MALE 9/4/75	FEMALE Medical Examination Report Dated
	Medical Examination Report Dated	Name of Physician
	Name of Physician alven dy. Schauf	tement—Whoever procures the issuance of a license to marry by any false statement, representa-
	ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False station or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	FEMALE APPLICANT
	MALE APPLICANT	Name First Middle Warretten
	Name First Middle Smith	Date of Birth Month Day Year 1952
	Date of Birth Month Day Year 1953	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country)	D. P. City County State
	Residence Address Street or R. R. City County State	Box 272 Jamesteren
	143 Broadway Wandle SM.	Maiden Name if Different
	Previous Marital Status: Never Married Number of Previous Marriages	Previous Marital Status: Never Married   Number of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment Divorce
	Color or Race White Negro Other (specify)	Other (specify)
	Usual Occupation Blue - White Truck Slige	Color or Race White Negro Other (specify)
	Date of birth verified by: Firth Cert. Undicial Decree  Other (Specify) # 1/3-52-072697	Usual Occupation    Deta of hirth verified by:   Birth Cert.   Judicial Decree
	1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Yes	Take of the state of the Brane Co.
	Of Unsound Mind?  2. Are you under guardianship as a person of unsound mind?  No Yes	1. Are you now or have you been adjudged, diagnosed or considered as:
	3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?  No  Yes	An Imbecile?
	If answer to 3 is "yes" has the cause of such condition been removed? No Yes	Of Unsound Mind?
	4. Are you afflicted with a transmissible disease?  No Yes   5. Are you related to the bride closer than second cousin?  No Yes   Yes	2. Are you under guardianship as a person of unsound mind?
	6. Are you now under the influence of intoxicating liquor?	3. Are you afflicted with a transmissible disease?  4. Are you related to the groom closer than second cousin?  No Yes
	8. Are you able to support a family?  Yes  No	5. Are you now under the influence of intoxicating liquor? No Yes
	9. Are you likely to so continue? Yes No \( \) 10. Do you have minor children from one or more former marriages? No \( \) Yes \( \)	6. Are you now under the influence of a narcotic drug?  No Yes
	(If yes, answer questions a, b, c) (a) List their full names, ages and addresses	7. Full name of father Salutt Clinal Broupehic
	Name Age Address	Residence of father (if deceased so state)
		Occupation of father All Race of father flather
		Birthplace of father (State or foreign country)
	(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother Alas Alas Alas Alas Alas Alas Alas Alas
	(c) Are you complying with any court order or orders issued for their support?  Yes No	Residence of mother (if deceased so state)
	11. Full name of father W. S. A. S. M.	Occupation of mother Almand Run Race of mother Witte
	Residence of father (if deceased so state) A Compation of father Mark Annual Race of father White	Birthplace of mother (State or foreign country)
	Birthplace of father (State or foreign country)	State of Indiana, ss: I depose and state the information given
	12. Full maiden name of mother Alman, Alm Sank	County of
	Residence of mother (if deceased so state)	Signed Martha fean Hamilton
	Occupation of mother flat Co. All for Race of mother fall little	New Address PO BOX 372 James tour
	Birthplace of mother (State or foreign country)	Subscribed and sworn to before me this
	County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	Dle M- MASSILLY Clerk HENDRICKS Circuit Court
	Signed theph Kan Smith	
	New Address 93E. ORDAPURY DANNIE THE Subscribed and sworn to before me this day of Mark 1975	CONSENT OF PARENTS, PARENT OR GUARDIAN
	Alles And Manual ClerkHENDRICKS Circuit Court	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	CONSENT OF PARENTS, PARENT OR GUARDIAN	signs, state facts which render the consent of the other parent unnecessary.
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
	signs, state facts which render the consent of the other parent unnecessary	
	State of Indiana,	State of Indiana,  County of
	County ofHENDRICKS	,
	Signed Father	Signed Father
	Signed	Signed Mother
	Clerk	Subscribed and sworn to before me thisday of, 19
		Clerk
	HENDRICKS COUNTY	Γ. A marriage license having been refused to the above named parties, the
	authorizes and directs the issuance of	F. A marriage license having been refused to the above named parties, the art by written order issued
	DEWLIDS	and the above named parties
	Be It Remembered, there was filed in my office a marriage line	AND MARRIAGE CERTIFICATE
	of Indiana dated the 9th day of august	See issued by the clerk of the HENDRICKS Circuit Court and Market As authorizing the joining together as husband and wife
	Be it further remembered the following	me tunorizing the joining together as husband and wife
	one thousand nine hundred and h	ereby certify that on the 10 day of luguest,  the ladvance, County of Bank,  Brank County, State of Indiana  County State of Indiana
	and Bride martha a Dil	of Heard, County of Board,
1	were by me united in marriage or much in the marriage of	Brone County, State of Indiana
	County.	f Hendricks County of Brank,  Book County, State of Indiana,  hat purpose by the Clerk of the Circuit Court of
	Dated this 10 day of August , 19 75	hat purpose by the Clerk of the Circuit Court of HENDRICKS.
		s: . M
	Filed and recorded in accordance with the laws of the State of Indian	Signed Oscar Hoskins Official Designation Minister  Against August
	Filed and recorded in accordance with the laws of the State of Indiana this	and day of Querest
	A NAME.	Signed Glen M. Harvey Clerk
		Clerk

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS \_County MALE FEMALE Medical Examination Report Dated Medical Examination Report Dated Name of Physician 721. 0. 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 FEMALE APPLICANT Date of Birth Place of Birth (State or foreign country) Street or R. R. Previous Marital Status: Never Married Number of Previous Marriages. Death Divorce Annulment Previous Marital Status: Never Married Number of Previous Marriages White Negro Other (specify).... Color or Race Last Marriage Ended By: Death | Divorce | Annulment | Usual Occupation Color or Race Negro | Other | Date of birth verified by: Birth Cert. Judicial Decree Usual Occupation 1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? Date of birth verified by: Birth Cert. | Judicial Decree No Ta Yes 🗌 Of Unsound Mind? No 🖸 Yes 🗆 113-53-Other (Specify) 2. Are you under guardianship as a person of unsound mind? No Yes 3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? 1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No Yes If answer to 3 is "yes" has the cause of such condition been removed? No 🗆 Yes 🗌 Of Unsound Mind? 4. Are you afflicted with a transmissible disease? No Yes 🗆 No 🔼 Yes 🗌 5. Are you related to the bride closer than second cousin? 2. Are you under guardianship as a person of unsound mind? Yes 🗌 No Yes 🗌 6. Are you now under the influence of intoxicating liquor? No 🛛 Yes [ 3. Are you afflicted with a transmissible disease? 7. Are you now under the influence of a narcotic drug? No D Yes 🗌 4. Are you related to the groom closer than second cousin? 8. Are you able to support a family? No Yes 🗌 No 🗆 9. Are you likely to so continue? 5. Are you now under the influence of intoxicating liquor? Yes V No 🗆 No Yes 10. Do you have minor children from one or more former marriages? No Yes (If yes, answer questions a, b, c) (a) List their full names, ages and addresses Name Age Address (b) Are you supporting or contributing to their support? Yes 🗌 No 🗆 (c) Are you complying with any court order or orders issued for their support? Residence of mother (if deceased so state) Occupation of mother Birthplace of mother (State or foreign country) State of Indiana. 12. Full maiden name of mother Residence of mother (if deceased Occupation of mother. Birthplace of mother (State or foreign country) CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.. . Clerk HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent signs, state facts which render the consent of the other parent unnecessary... State of Indiana HENDRICKS County of ..... State of Indiana, County of HENDRICKS ..Father Mother Subscribed and sworn to before me this..... Subscribed and sworn to before me this.....day of... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the...... of Indiana dated the authorizing the joining together as husband and wife and aurelia anne Carbarelli Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 9th day of leaguest one thousand nine hundred and. Leynolds of Hendricks County, State of Indiana State of Indiana, Groom & hellip Leh County, State of Indiana, County. Dated this .. Official Designation .... Filed and recorded in accordance with the laws of the State of Indiana this..... ...day of .... Signed Slen M. Tharvey Clerk

HENDRICKS Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

BK. 37 August 6 1975

Form Prescribed By Indiana State Board of APPLICATION FOR	MARRIAGE LICENSE  August 6 1975
Health under Authority Chap, 126, Ind. Acts 1905 HENDRIC	KS County Date of Application
substitute.	FEMALE Medical Examination Report Dated  Report Dated
MALE Medical Examination Report Dated  8/1/75	Wall & T) OVARGAN V
	Name of Physician Name of a license to marry by any false statement, represent
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False st	atement—Whoever procures the issuance of a license to marry by any false statement, represent
	- Middle - Last
MALE APPLICANT  Name First Middle Last	Name Orse and Jagsalle Name
Det of Pith Month Dev Year	Date of Birth Spull 5 1954
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. S. City County State
R.R. # 2 Box 145 Indpla. Kling. In	Maiden Name if Different
Previous Marital Status: Never Married Number of Previous Marriages	Previous Marital Status: Never Married Number of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Color or Race White Negro Other (specify)	Other (specify)
Usual Occupation Student	Color or Race White Negro Other (specify)
Date of birth verified by: Birth Cert. Judicial Decree  Other (Specify) # //3-53-/05028	Usual Occupation    Dote of hirth verified by:   Birth Cert.   Judicial Decree
1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile?  Yes	Part shipatine South (Muci)
Of Unsound Mind?  2. Are you under guardianship as a person of unsound mind?  Yes  Yes  Yes	1. Are you now or have you been adjudged, diagnosed or considered as:
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? Yes	An Imbecile?
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐ 4. Are you afflicted with a transmissible disease? Yes ☐	Of Unsound Mind?  No Yes  2. Are you under guardianship as a person of unsound mind?  No Yes
5. Are you related to the bride closer than second cousin?  No  Yes	2. Are you under guardiansing as a person of the second of
7. Are you now under the influence of a narcotic drug? No Yes	4. Are you related to the groom closer than second cousin? No Yes
8. Are you able to support a family?  9. Are you likely to so continue?  Yes No	5. Are you now under the influence of intoxicating liquor? No Z Yes
10. Do you have minor children from one or more former marriages? No Yes (If yes, answer questions a, b, c)	6. Are you now under the influence of a narcotic drug? No Yes
(a) List their full names, ages and addresses  Name  Age  Address	7. Full name of father
Address Address	Occupation of father Munister Race of father White
	Birthplace of father (State or foreign country).
(b) Are you supporting or contributing to their support? Yes No □	8. Full maiden name of mother Wally Transa Dinife
(c) Are you complying with any court order or orders issued for their support? Yes \( \subseteq \text{No} \subseteq \)	Residence of mother (if deceased so state) R. R. L. BOX 430
11. Full name of father John A. Thomas	Occupation of mother
Residence of father (if deceased so state)	Birthplace of mother (State or foreign country)
Occupation of father Abdulate State of foreign country) Race of father State or foreign country)	State of Indiana, ss: I depose and state the information give
12. Full maiden name of mother Wilmin Wookalla	County of HENDRICKS in this application is true and correct
Residence of mother (if deceased so state) 16 R # 2 Bx 45	folo Signed Carol a Rogodule
Occupation of mother	New Address 414 Lind Ale Coff O ander
State of Indiana,	Subscribed and sworn to before me this day of All for 19
County of HENDRICKS in this application is true and correct.	JULY Clerk HENDRICKS Circuit Cour
New Address 4/4 Ruddle Cont O andrew	CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this 6 day of Mystet 19 75	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Circuit Court	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OF GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	
State of Indiana,	State of Indiana,
County ofHENDRICKS	County ofHENDRICKS
Signed	Signed Father
Signed	Signed Mother
	Subscribed and sworn to before me thisday of, 19
	Cler
HENDRICKS County BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, the
in authorizes and directs the issuance o	T. A marriage license having been refused to the above named parties, the urt by written order issued
DEMILIPAL	above named parties
of Indiana dated the	E AND MARRIAGE CERTIFICATE se issued by the clark of the
Be it further remembered, the following marriage certificate was filed in my o	E AND MARRIAGE CERTIFICATE  se issued by the clerk of the HENDRICKS Circuit Cour  nd Carel And And And Wife  ffice to the Carel And And Wife  ffice to the HENDRICKS Circuit Cour
Re it further remembered 11 - 1 1	duthorizing the joining together I i i i i'i
and the state of t	ove, co-wit:
State of Indiana, Groom David m. Th.	at Indeans of R.R. 2 day of luggest
and, Bride Carol a Gagsdolo	that purpose by the Clerk of the Circuit Court of
were by me united in marriage as authorized by a marriage license;	Hendricks County, State of Indiana
Dated this 16 day of August , 19.75	Hendricks County, State of Indiana Chat purpose by the Clerk of the Circuit Court of HENDRICKS
, 19 7 c	) HENDRICKS
Filed and recorded in accordance with the	Signed John & Ragsolale
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Minister  20 day of Bugust
	Signed Glen m. Thomas 1975.
	140 /201001

HENDRICKS ..

...Circuit Court

Circuit Court

Form Prescribed By Indiana State Board of Health under Authority APPLICATION FOR	OF INDIANA No. 383
Chap. 126, Ind. Acts 1905  HENDRIC	MARRIAGE LICENSE
MALE	Date of Application
Medical Examination Report Dated 8-1-75	FEMALE
Name of Physician Robert d. Dicks M. W.	Medical Examination Report Dated 8-1-75  Name of Physician Robert Dated 9-1-75
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False	Name of Physician Kobert d. Dicko MD.
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".  MALE APPLICANT	statement—Whoever procures the issuance of a license to marry by any false statement, representa-
Name First Middle Last	FEMALE APPLICANT
Date of Birth Month Day Year	First Middle O Last
Date of Birth Month Day Year  Place of Birth (State or foreign country)	Date of Birth Month Day Richards Year
Bridges Address Street of R. R. City	Place of Birth (State or foreign country)  Place of Birth (State or foreign country)
Residence Address Street of R. R. City County State	Residence Address Street or R. R. City
Previous Marital Status: Never Married Number of Previous Marriages.	Maiden Name if Different  Street or R. R. City County State  Maiden Name if Different
Last Marriage Ended By: Death Divorce Annulment	Province Marked Street, September 200 increases and anticolar surplements
Last Marriage Ended By: Death   Divorce   Annulment    Color or Race   White   Negro   Other   (specify)	Previous Marital Status: Never Married Number of Previous Marriages
Color or Race White Negro Other (specify)	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Cert. Judicial Decree  Other (Specify)	Color or Race White Negro Other (specify)
1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?	1 (one
An imbecile:  Of Unsound Mind?  No Yes  Yes  Yes  Yes  Yes	Date of birth verified by: Birth Cert.  Judicial Decree
2. Are you under guardianship as a person of unsound mind?  No Yes   3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?	1. Are you now or have you been adjudged, diagnosed or considered as:
If answer to 3 is "yes" has the cause of such condition been removed? No , Yes	An Imbecile?
4. Are you afflicted with a transmissible disease?  No  Yes	Of Unsound Mind?  No Yes   2. Are you under guardianship as a power of warm land to
5. Are you related to the bride closer than second cousin?  No Yes   6. Are you now under the influence of intoxicating liquor?  No Yes   Yes	2. Are you under guardianship as a person of unsound mind?  No  Yes
7. Are you now under the influence of a narcotic drug?  No / Yes /	3. Are you afflicted with a transmissible disease?  No Yes   4. Are you related to the groom closer than second cousin?  No   Yes   Yes
8. Are you able to support a family?  9. Are you likely to so continue?  Yes V	4. Are you related to the groom closer than second cousin?  No □ Yes □  5. Are you now under the influence of intoxicating liquor?  No □ Yes □
10. Do you have minor children from one or more former marriages?  No Yes   (If yes, answer questions a, b, c)	6. Are you now under the influence of intoxicating liquor?  No Yes   Yes
(If yes, answer questions a, b, c)  (a) List their full names, ages and addresses	7. Full name of father fack Robert Richards
Name Age Address	Residence of father (if deceased so state) Indianafelia And
	Occupation of father (State or foreign country) Race of father (What State or foreign country)
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother Thomas Landsche
(c) Are you complying with any court order or orders issued for their support?  Yes No Yes No	Residence of mother (if deceased so state) Addiana falls, Inc.
11. Full name of father Rolling And The College of State	Occupation of mother Manual Race of mother Wh
Residence of father (if deceased so state) Sidisinapplia, Sad.	Birthplace of mother (State or foreign country) Kantuckey
Occupation of father Tactory Warker Race of father whi	State of Indiana
Birthplace of father (State or foreign country)	State of Indiana,  County of HENDRICKS I depose and state the information given in this application is true and correct.
12. Full maiden name of mother A orman Henrietta Heiney  Residence of mother (if deceased to state)	0.1.1.0 4.1
Residence of mother (if deceased so state)	Signed Judy Ann Kichards
Occupation of mother Race of mother What Birthplace of mother (State or foreign country)	New Address 10/4 & Soufield h Infols 46.
State of Indiana,	Subscribed and sworn to before me this a the day of august 1975
County of HENDRICKS as: I depose and state the information given in this application is true and correct.	Slew M. Harry Clerk HENDRICKS Circuit Court
Signed Bushel Later Speaker	
New Address 1014 C. Juffield Da Sandale Said 41203	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Subscribed and sworn to before me this the day of August 1975.	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN	signs, state facts which renuer the collection
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary.	
State of Indiana,	State of Indiana, County of
County ofHENDRICKS	County of HENDRICKS Signed Father
Signed Father	
Signed Mother	Signed Mother  Subscribed and sworn to before me this day of 19
abscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
HENDRICKS County Court	art by written order issued 3 May wawn and filed
Clarks ( ) authorizes and directs the issuance of a	
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license	e issued by the clerk of the HENDRICKS Circuit Court
Indiana dated the day of august	, 19 75., authorizing the joining together as husband and wife
e it further remembered, the following marriage certificate was filed in my offic	id Judy ann Michards
her bus Hibson her	ereby certify that on the All day of little ,
thousand nine hundred and 75	t Indianapalle , County of Marion,
are of Indiana, Groom & Day of here below of	f Marion County, State of Indiana
in Bride	Hendricks County, State of Sudland,
unty. a marriage as authorized by a marriage license issued for that	hat purpose by the Clerk of the Circuit Court of
sted this 9th day of lenguest, 1975.	Q Lin Hibson
O.F.	Final Designation Poster Charity Jak.
led and	ficial Designation Laster Charity Lat.
led and recorded in accordance with the laws of the State of Indiana this	Signed Glen M. Harvey Clerk
٧٠.	Signed Signed Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 384

File Book 37

Oug 7, 1975

Date of Application

HENDRICKS County

MALE 8- 4-72	Medical Examination Report Dated
Medical Examination Report Dated	Name of Physician Plack Pil
Name of Physician ames Black	Name of Physician
Chapter 198 Indiana Acts 1905 prescribes "False sto	atement—Whoever procures the issuance of a license to marry by any false statement, representa-
MALE APPLICANT	Name Girst Middle Newby
Name Mistall (dward Summers)	Date of Birth Month Day Year
Date of Birth Month Day Year	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Llanen Sica
Residence Address Street or R. R. City County State	Residence Address Street or R. R. Brownshila State
403 Woodlawn Lincoln Ill.	Maiden Name if Different
Previous Marital Status: Never Married Number of Previous Marriages	Mumber of Province Marriages
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married Number of Previous Marriages.
	Last Marriage Ended By: Death Divorce Annulment
Color or Race White Negro Other (specify)	Color or Race White P Negro Other (specify)
Usual Occupation Student	Color or Race White G Regro Color
Date of birth verified by: Birth Cert. Judicial Decree	Usual Occupation Student
1 Average pay and have may been adjudged diagnosed or considered as:	Date of birth verified by: Birth Cert.   Judicial Decree
An Imbecile?  Of Unsound Mind?  Ves   Ves	Other (Specify) Witham Memodal Hospital
2. Are you under guardianship as a person of unsound mind?	1. Are you now or have you been adjudged, diagnosed or considered as:
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?  Yes	An Imbecile?
If answer to 3 is "yes" has the cause of such condition been removed?  No Yes   4. Are you afflicted with a transmissible disease?  Yes	Of Unsound Mind?
5. Are you related to the bride closer than second cousin?	2. Are you under guardianship as a person of unsound mind? No Extra Yes
6. Are you now under the influence of intoxicating liquor?  7. Are you now under the influence of a parcotic drug?  No Yes	3. Are you afflicted with a transmissible disease?  No Ves  No
7. Are you now under the influence of a narcotic drug?  8. Are you able to support a family?  Yes  No  No	4. Are you related to the groom closer than second cousin? No P Yes
9. Are you likely to so continue?	5. Are you now under the influence of intoxicating liquer? No E. Yes
10. Do you have minor children from one or more former marriages?  No Yes (If yes, answer questions a, b, c)	6. Are you now under the influence of a narcotic drug?  7. Full name of father Whald Wayne Dewly
(a) List their full names, ages and addresses	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Name Age Address	(b) b to test a 1)
	Occupation of father Maperature Race of father
	Birthplace of father (State or foreign country)
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother Q NO 11000 CO 1000
(c) Are you complying with any court order or orders issued for their support?  Yes \[ \] No \[ \]	Residence of mother (if deceased so state) Alchaeld
11. Full name of father Den Edward Simmons	Occupation of mother Race of mother
Residence of father (if deceased so state) ALULL	Birthplace of mother (State or foreign country) Brank and
Occupation of father Mail Carrier Race of father	
Birthplace of father (State or foreign country)	State of Indiana, I depose and state the information given
12. Full maiden name of mother Detty ann Tennington	County of
Residence of mother (if deceased so state)	Signed & Junda & Newby
Occupation of mother I lal Estate Brokense of mother	New Address 307 Sangamon Lincoln Ol
Birthplace of mother (State or foreign country)	Subscribed and sworn to before me this day of August 1975
County of HENDRICKS I depose and state the information given in this application is true and correct.	Dlen m Johnson
Signed Michael Simmons 327 Samuel	Circuit Court
New Address 307 Sanganoun gy Lamela Il	CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this. day of dugust 19.70	
Dlen M. Hawey ClerkHENDRICKS Circuit Court	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
CONSENT OF PARENTS, PARENT OR GUARDIAN	signs, state facts which render the consent of the other parent unnecessary
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	
	State of Indiana,
State of Indiana,	County ofHENDRICKS
County of HENDRICKS	
SignedFather	Signed Father
Signed	Signed Mother
	Subscribed and sworn to before me thisday of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	T. A marriage license having been refused to the above named parties, the
HENDRICKS County Co	T. A marriage license having been refused to the above named parties, the urt by written order issued
authorizes and directs the issuance of	f a and filed
DEMITTER	to the above named portion
the all Kemembered there are all the	G AND MARRIAGE
Be it further remembered, the following	, watherizing the joining together as bushand and wife
I, Jehres Dash arriage certificate was filed in my o	fice, to-wit:
one thousand nine hundred and 7,5	hereby certify that and hereby certify that and hereby
I, Petrif Rash  one thousand nine hundred and 7.5  State of Indiana, Groom Machine 1	at Brucens day of luguest
and Pride Lie of a land all and Summon	2 Country of The dicks
were by me united in marriage as authorized by a	Vendry & County, State of Illinois
and, Bride Linda Selection of were by me united in marriage as authorized by a marriage license issued for to Dated this day of languest, 1973	hat purpose by the Cl.
Dated this 17 day of Curguest 1975	- HENDRICKS
Filed and recorded in accordance with the land	Official Designed Jerry of nach
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation minister  20 day of lengust  Signed Glen m

HENDRICKS ..

... Circuit Court

.....Clerk

.Circuit Court

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

### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS County Oug 7 197.
Date of Application

MALE	Date of Application
Medical Examination Report Dated Wonald, W. Cheesman	FEMALE Medical Examination Report Dated  8-6-75
Name of Physician 8-6-75	0 0 1
ALL QUESTIONS MUST BE ANSWEDED CL	Name of Physician Wonald W. Cheesman
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)"	atement—Whoever procures the issuance of a license to marry by any false statement, representa-
MALE APPLICANT	
Name Kirst Middle Last	Name First State APPLICANT
Date of Birth Month Day Year	Candone ( Candone )
Place of Birth (State or foreign country)	Date of Birth Month Day Year
Indianapolis) Ind.	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street of R. R. Cife County State
Previous Marital Status: Never Married Number of Previous Marriages	2 3 Ros In Convelle of
	Maiden Name if Different
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married - Number of Previous Marriages
Color or Race White Negro Other (specify)	
Usual Occupation (22hantal)	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by Dirth Cert.  Judicial Decree	Color or Race White Negro Other (specify)
Other (Specify) #3447	Usual Occupation
1. Are you now or have you been adjudged, diagnosed or considered as:	Date of birth verified by: Birth Cert.  Judicial Decree
Of Unsound Mind?	D'Other (Specify) Life Insulance Co. # 58060192-JDX
3. Are you now or have you been within five (5) years an inmeter of	1. Are you now or have you been adjudged, diagnosed or considered as:
No N	An Imbecile? No, Yes
If answer to 3 is "yes" has the cause of such condition been removed?  No Yes   4. Are you afflicted with a transmissible disease?  No Yes	Of Unsound Mind?
5. Are you related to the bride closer than second cousin?	2. Are you under guardianship as a person of unsound mind? No Yes
6. Are you now under the influence of intoxicating liquor?  7. Are you now under the influence of a proportion law of the influence of a proportion law of the influence of the	3. Are you afflicted with a transmissible disease? No ☑ Yes □
8. Are you able to support a family?	4. Are you related to the groom closer than second cousin? No 🗗 Yes 🗆
9. Are you likely to so continue?  10. Do you have minor children from one or your feet.	5. Are you now under the influence of intoxicating liquor? No Ves
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐ (If yes, answer questions a, b, c)	6. Are you now under the influence of a narcotic drug?
(a) List their full names, ages and addresses	7. Full name of father Hopert James Butler
Name Age Address	Residence of father (if deceased so state)
	Occupation of father 70 lchanist Race of father
	Birthplace of father (State or foreign country) Indianapoles Sud.
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother Rubly Cellen Garrett
(c) Are you complying with any court order or orders issued for their support?	Residence of mother (if deceased so state) Same
11. Full name of father halmers Wright Or.	Occupation of mother Waitress Race of mother
Residence of father (if deceased so state) 3215 Mplace &	nate Birthplace of mother (State or foreign country) Indianapolis
Occupation of father Race of father Race of father	region .
Birthplace of father (State or foreign country) Indiana	State of Indiana, I depose and state the information given
12. Full maiden name of mother of mo	County of HENDRICKS in this application is true and correct.
Residence of mother (if deceased so state) Hadley Hd - moores vis	& Signed Canolace Joyce Butler
Occupation of mother Race of mother	d. New Address 3 8 1. Washington Apt 2.
Birthplace of mother (State or foreign country) Jennessee	Subscribed and sworn to before me this
State of Indiana,	110 6 11
County of HENDRICKS in this application is true and correct.	Clerk HENDRICKS Circuit Court
Signed Daniel Bruse Wright	CONSENT OF PARENTS, PARENT OR GUARDIAN
New Address 38 h Washington Rpt 2	The same of the sa
Subscribed and sworn to before me this day of Cugust , 1975.	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Clerk HENDRICKS Circuit Court	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	
State of Indiana,	State of Indiana, County ofHENDRICKS
County ofHENDRICKS	Robert O. D. XI
	Signed Father Father
Signed. Father Signed. Mother	Signed Letter J. Mother
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of allegust, 19 75
Clerk	Den M. Harrey Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
HENDRICKS County Superior County	
n Clurco fill authorizes and directs the issuance of	a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license	e issued by the clerk of the HENDRICKS Circuit Court
	, 19.5, authorizing the joining together as husband and wife
Daniel Bruse Turight and	Candace Jayre Butler
e it further remembered, the following marriage certificate was filed in my offi	ce, to-wit:
Sw. Dan E. Larison he	
ne thousand nine hundred and 75 at	
tate of Indiana, Groom Daniel Bruce wright of	
	Gendricks County, State of Indiana,
ere by me united in marriage as authorized by a marriage license issued for thounty.	at purpose by the Clerk of the Circuit Court of
GWILLII.	
ated this 9th day of August, 1975	Signed Gev Dan & Larison
ated this 9th day of August, 1975	Signed Nev Dan & Larison  Ficial Designation

HENDRICKS

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 386

File BK. 31

August 8, 1915

Date of Application

HENDRICKS County Date of Applica

FEMALE
Medical Examination Report Dated

Medical Examination Report Dated

Male Medical Examination Report Dated	Name of Physician Joseph C. Kerlesi
Name of Physician July C. August	
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False station or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	atement—Whoever procures the issuance of a license to marry by any false statement, representa-
MALE APPLICANT	First Middle 1/ Last
Name & First & Middle & Last	Susan Halmaker
Date of Birth Mouth Day Year	Date of Bittin Janilaty 24 1956
Place of Birth (State or foreign country)	Place of Birth (State or foreign cofintry)  And Anapple Marion In.
Street on R R City County State	Residence Address # 2 Street of R. R. City County State
P. A # 2 Box 20, Continuelle San	Maiden Name if Different
Previous Marital Status: Never Married Number of Previous Marriages	Previous Marital Status: Never Married   Number of Previous Marriages   Date
Last Marriage Ended By: Death Divorce Annulment	
Color or Race White Negro Other (specify)	Last Marriage Ended By: Death Divorce Annulment
Usual Occupation Anemolytic &	Color or Race White Negro Other (specify)
Date of birth verified by: Birth Cert. Judicial Decree	Usual Occupation (fulniployed
Other (Specify). The you now or have you been adjudged, diagnosed or considered as:	Date of birth verified by: Birth Cert. Budicial Decree
An Imbecile?  Of Unsound Mind?  Yes	Other (Specify) # 1/3 - 56 - 2385-27
2. Are you under guardianship as a person of unsound mind? No Yes   3. Are you now or have you been within five (5) years an inmate of a county asylum or	1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Yes
home for indigent persons?  No Yes   If answer to 3 is "yes" has the cause of such condition been removed?  No Yes	Of Unsound Mind?
4. Are you afflicted with a transmissible disease?  No  Yes	2. Are you under guardianship as a person of unsound mind? No. Yes
<ul> <li>5. Are you related to the bride closer than second cousin?</li> <li>6. Are you now under the influence of intoxicating liquor?</li> <li>No ☐ Yes ☐</li> </ul>	3. Are you afflicted with a transmissible disease?
7. Are you now under the influence of a narcotic drug?	4. Are you related to the groom closer than second cousin? No - Yes -
8. Are you able to support a family?  9. Are you likely to so continue?  Yes No	5. Are you now under the influence of intoxicating liquor? No. Yes
10. Do you have minor children from one or more former marriages? No Yes (If yes, answer questions a, b, c)	6. Are you now under the influence of a narcotic drug?  No D Yes
(a) List their full names, ages and addresses	7. Full name of father State Page 1 any 10
Name Age Address	Residence of father (if deceased so state) Race of father MANA Race of father
	Occupation of father Country Birthplace of father (State or foreign country)
	8. Full maiden name of mother. Day Osen Malatt
b) Are you supporting or contributing to their support?  C) Are you complying with any court order or orders issued for their support?  Yes \Boxedom No \Boxedom Yes \Boxedom No \Boxedom	8. Full marden name of mounts
de 1110 & 10 1110	Occupation of mother (if deceased so state). Race of mother WMD
Full name of father.  Residence of father (if deceased so state).  Residence of father (if deceased so state).	
Residence of father (if deceased so state).  Occupation of father.  Race of father.	Birthplace of mother (State or foreign country)
Birthplace of father (State or foreign country)	State of Indiana, land land land land land land land land
2. Full maiden name of mother Ethel Marie annex	County ofHENDRICKS
Residence of mother (if deceased so state) Challes III	Signed Lynn Susan Haymako
Occupation of mother Will Chaft Clert. Rage of mother Willto	New Address B. R. Coatesuille
Birthplace of mother (State or foreign country)	Subscribed and sworn to before me this day of
State of Indiana,  County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	Man M. Manual Clerk HENDRICKS Circuit Court
Signed Drug Land Sanders	Old Hill South
New Address & Carolesyille	CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Circuit Court	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	
	State of Indiana,
State of Indiana,	County of
County ofHENDRICKS	Simular States
Signed Father	Signed Father
Signed Mother Subscribed and sworn to before me this and day of Mother 1975	Signed Mother
Lla Di Willy Clerk	Subscribed and sworn to before me thisday of
A	Clerk
HENDRICKS HENDRICKS	T. A marriage license having been refused to the above named parties, the
nCountyCo	1. A marriage license having been refused to the above named parties, the urt by written order issued
directs the issuance of	a marriage license to the above named parties.
f Indiana dated the	se issued by the clerk of the HENDRICKS Circuit Court
Gregoria Lond to Mugust	se issued by the clerk of the HENDRICKS Circuit Court  , 19.7.5., authorizing the joining together as husband and wife
and the state of t	M. Marine M. Allanda Marine
me thousand sing by	fice, to-wit:  vereby certify that on the 23 day of August
ne thousand nine hundred and 7.5	day of certify that on the day of
nd, Bride Sun & Sanders	of Hendricks County of Gendricks, County, State of Indiana
pere by me united in married	Lendricks County, State of Indiana  Lendricks County, State of Indiana,
ounty. County.	that purpose by the Clerk of the Circuit Court of HENDRICKS
ated this 23 day of August , 1975	5
, 19. / 5	Signed J. Orval moore
iled and recorded in accordance with the	Official Designation Minister
iled and recorded in accordance with the laws of the State of Indiana this	26 day of Present
	Signed Glen m Harvey Clerk
	HENDRICKS Circuit Court
	TENDRICKSCercuit Com

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No	280	
File_	BK. 31	
	august 8,	1975

Chap. 126, Ind. Acts 1905 HENDRIC	CKS County De	ate of Application
	FEMALE 8	18/75
MALE 8/8/75	Medical Examination Report Dated	Kinh .
Medical Examination Report Dated	Name of Physician Joseph	wills
Name of Physician Joseph G. Rudun		ny false statement, represe
Name of Physician ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False st tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	atement—Whoever procures the issuance of a	
and of presente since so the same	I Bhilitha at a state	
MALE APPLICANT  Name // First // Middle // Lagt	Name First Middle	Haymab,
Trewy Land Sanders	Date of Birth Month Day	Year
Date of Birth Day Year 1958	Place of Birth (State or foreign country)	1436
Place of Birth (State or foreign country)	Sollanapples 1/10	rion Sa.
Residence Address Street or R. R. City County State	Residence Address # 2 Street of R. R. Que City	State State
R. A. # 2 Box 20, Controvelle Ind	Maiden Name if Different	To de marchale
Previous Marital Status: Never Married Number of Previous Marriages	Maried Status: Never Married Number of Prev	ious Marriages 8310
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status	
Color or Race White Negro Other (specify)	Last Marriage Ended By: Death Divorce Ann	ulment [
41 0 0	Color or Race White Negro Other (speci	fy)
Date of birth verified by: Birth Cert. VJudicial Decree	0001 01 11110	y
Date of birth verified by: Birth Cert. Judicial Decree	Usual Occupation Animployee	
1. Are you now or have you been adjudged, diagnosed or considered as:	Date of birth verified by: Birth Cert. Judicial Decree	38529
Of Unsound Mind? Yes	Other (Specify)	
2. Are you under guardianship as a person of unsound mind? No Yes 3. Are you now or have you been within five (5) years an inmate of a county asylum or	Are you now or have you been adjudged, diagnosed or consider     An Imbecile?	No D Y
home for indigent persons? No Yes   If answer to 3 is "yes" has the cause of such condition been removed? No Yes	Of Unsound Mind?	No 🗆 Y
4. Are you afflicted with a transmissible disease? No 🖂 Yes 🗆	2. Are you under guardianship as a person of unsound mind?	No Y
5. Are you related to the bride closer than second cousin?  No Yes   6. Are you now under the influence of intoxicating liquor?  No Yes	3. Are you afflicted with a transmissible disease?	No Y
7. Are you now under the influence of a narcotic drug?	4. Are you related to the groom closer than second cousin?	No D Y
8. Are you able to support a family? 9. Are you likely to so continue? Yes No	5. Are you now under the influence of intoxicating liquor?	No D Y
10. Do you have minor children from one or more former marriages? No Yes	6. Are you now under the influence of a narcotic drug?	No D Y
(If yes, answer questions a, b, c) (a) List their full names, ages and addresses	7. Full name of father Estil n. Barry	Jr.
Name Age Address	Residence of father (if deceased so state)	edway Name
	Occupation of father Alles Alles Ba	ce of father WA
egory fand Janders.	Distinuished of father (State or foreign country)	<u> </u>
od ble Ruce of	1 Comments	malatt
lday ( C andles -	here be.	reduse 1
egory fand Sanders pr	Jane 1	ce of mother WA
terry Lila Julien for	Canada &	
I gin Ausan H	The state of the s	Maria
I dynn Susan Ha	ymakes	d state the information gi
		dication is true and corr
Tate - 8-7-1975 Dorla	DIA	Jan
velle	ReceSanders	lle
	ay anders	august, 19
Queto of Indiana)		Call of Marken, 19.
ounty of do	END	RICKS Circuit Co
1 dendricks		
before me and sign.  PHYLLIS LOMES SCHILLING.	this	marriage. If only one par
De pole de P:	arent	unnecessary
resore me	1 1	
and sin	all appre	***************************************
right.	did appear	
PHYLLIS LONES SCHILLING MY COMMISSION STATE OF INCIDENCE		3
COMMUSEION BOTTE OF INDIANA	A Second Control of the Control of t	
ISSUED THRU INDIANA NOTARY ASSOC	Lones Scholling	
agelis	dones Sol of	Fath
Subscribed and sworn to beautiful to the subscribed and sworn to be a subscribed and subscribed and sworn to be a subscribed and subs	Jan Dikelling	Mot
Illa Illa	ry Jublic Vol	
TOMPI ETTE IT W.		
OMPLETE IF MARRIAGE LICENSE ISSUED DY		Cl
HENDRICKS County County	1. A marriage license having been refused to the about	ove named parties, t
HENDRICKS	art by written order issued	and fil
authorizes and directs the issuance of  RETURN OF MARRIAGE LICENSE	a marriage license to the above named parties.	
the training the training the training of the training the training training the training tra	AND MARRIAGE CERTIFICATE	
day of day of	se issued by the clerk of the HENDRICKS	Cinavit Can
f Indiana dated the	, 19.7.5., authorizing the initial	Circuit Cou
He following marriage certificate was filed in my	id Synn Sugar the joining together	r as husband and wi
The state of the s	total.	
ne thousand nine hundred and 75 htate of Indiana, Groom Striggly Land Sanders of the property	t 100 much that on the 23 day of	quest
nd, Bride Lynn & graf hand Sanders	f West County of	Kendinks
vere by me united in marriage as all Naymaker of	Len a County State of	Indiana.
ne thousand nine hundred and 75 State of Indiana, Groom Sulgary Land Sanders of and, Bride Lynn Susan Raymaker of 75 overe by me united in marriage as authorized by a marriage license issued for the county.  Outed this 23 day of August , 1973	hat County State of	Indiana
ounty.  Pated this 23 day of August, 1973	purpose by the Clerk of the Circuit Court of	The state of the s
, 19. 7. 3	)	CIADAILES
iled and recorded in accordance with the laws of the State of Indiana this	Signed II Orval Moure	
O O	ficial Designation minister Mone	2
of Indiana 41.	21	
this is a second this	day of	

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 386

File BK 31

August 8, 1975

Date of Application

Health under Authority Chap. 126, Ind. Acts 1905  HENDRIC	CKS County Date of Application
merraling harmoni.	8/8/25
MALE Medical Exemination Percent Dated  8/8/75	Medical Examination Report Dated
Medical Examination Report Dated	Name of Physician
Name of Physician Joseph - Junior	tatement—Whoever procures the issuance of a license to marry by any false statement, represent
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False station or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	FEMALE APPLICANT
MALE APPLICANT	First Middle 1/ Last
Name In First Sandle Last	Name Sugar Haimaker
Date of Birth Month Day Year	Date of Birth Minutely 24 1936
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) haven In .
Drun Castle State	Residence Address Street of R. R. City County State
Residence Address Street or R. R. City County State R. R. # 2 Box 20 County State State Street or R. R.	Maiden Name if Different
Previous Marital Status: Never Married Number of Previous Marriages	Barry
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: 1990
Color or Race White Negro Other (specify)	Last Marriage Ended By: Death Divorce Annulment
	Color or Race White Negro Other (specify)
Date of birth verified by: Birth Cert. DJudicial Decree	1. / . /
Other (Specify) # 1/3-58-0698/9	Usual Occupation / Magazine
1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile?  Yes	14 113 - 56 - 2385 21
Of Unsound Mind?  2. Are you under guardianship as a person of unsound mind?  No Yes Yes Yes	1. Are you now or have you been adjudged, diagnosed or considered as:
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?	An Imbecile?
If answer to 3 is "yes" has the cause of such condition been removed? No \( \subseteq \text{Yes} \subseteq \)	Of Unsound Mind?
4. Are you afflicted with a transmissible disease?  No Yes   5. Are you related to the bride closer than second cousin?  Yes  Yes	2. Are you under guardianship as a person of unsound mind? No.
6. Are you now under the influence of intoxicating liquor? No ☑ Yes □	3. Are you afflicted with a transmissible disease?
7. Are you now under the influence of a narcotic drug?  8. Are you able to support a family?  Yes No	4. Are you related to the groom closer than second cousin?  No D Yes
9. Are you likely to so continue? 10. Do you have minor children from one or more former marriages? 11. Yes No Yes	5. Are you now under the influence of a parcetic drug? No. No. No. No.
(If yes, answer questions a, b, c)  (a) List their full names, ages and addresses	6. Are you now under the influence of a narcotic frug?  No D Yes
Name ages and addresses	a carray hamis
100/100	hose bei all & Bace of tather Whi
0 - 8 1075	nerty got
aug. 8, 1925	consissent mut
to to contin the 1 0- Entrol	Bridwy N
is to certify that I - Ether of	Race of mother Wh
ree Sanders the mother of	he //i.
gory Land Sanders, give my	Ree Sanders and state the information give
	I Illes and state the information give
sent for him to marry Lynn	application is true and correct
an Haymakero	on Haymake
Park	ille
Ethel marie Sanders	Children 1973
	DRICKS Circuit Cour
Mary Co. 2 is	when he en
NOTARY Elsis Freye	
De Vee Kice Sand	us did appear marriage. If only one paren
	unnecessary
before me and sign.	
PHYLLIS LONES SCHILLING	on: La
MY COMMISSION EXPERS PER, 19, 1978	Ilis Lones Schilling
ISSUED THRU INDIANA NOTARY ASSOC.	notary public
	Father
abscribed and sworn to before me this and ay of Manager Mother	Signed
abscribed and sworn to before me this day of Guguet, 1973	Subscribed and sworn to before me thisday of19
Clark	
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURSE	T. A marriage license having been refused to the above named parties, the
HENDRICKS County Cou	1. A marriage license having been refused to the above named parties, the
and directs the issuance of	f a many and filed
TO THE DAME OF MARRIAGE LICENSES	named parties.
there was filed in my office a marriage license	AND MARRIAGE CERTIFICATE
Gregorie Land day of August	E AND MARRIAGE CERTIFICATE  se issued by the clerk of the HENDRICKS Circuit Court  and Symm Susan Halfmarker  thereby certify that on the 23
e it further remembered the following marriage certificate was fly	ad Sam , authorizing the joining together as husband and wife
the was pied in my of	tice, to-wit: Jacquaker
ate of Indiana Green Hall	nd Synn Susan Haymaker  sereby certify that on the 23 day of August
d, Bride Lyon & gally hall Sanders	thereby certify that on the 23 day of august  of Nendricks County of Gendricks,  Lendricks County, State of Indiana  hat purpose by the Clerk of the Circuit Court of
ere by me united in marriage as all Naymaker of M	hat purpose by the Clerk of the Circuit Court of HENDRICKS.  County, State of Indiana,  HENDRICKS.
ounty.	hat muman Land
need this 22 day of Jugust	Furpose by the Clerk of the Circuit Court of
, 19 / 3	nendrilas
iled and recorded in accordance with the laws of the State of Indiana this	Signed To Orval Moore  Official Designation Minister
the State of Indiana this	Official Designation Minister  26 day of Qualist
	Signed Sless of Usigust
	Signed Glen m Harvey Clerk

HENDRICKS.

Circuit Court

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No. 387

File Bl 37

Aug 8 1975

Date of Application

I MALE	
MALE Medical Examination Report Dated 8-7-75	FEMALE Date of Application
	Medical Examination Report Dated 8-7-75
Name of Physician Momas Walker	Name of Physician Stomas Walker
OURSTIONS MUST BE ANSWERED Chapter 196 I. V.	The of Thysician Stories Walker
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False station or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	tement—Whoever procures the issuance of a license to marry by any false statement
MALE APPLICANT	
Name First Middle	FEMALE APPLICANT
Kenneth L. Wast (b)	Name First Middle Last
Date of Birth Day Year	Date of Birth Month Day Belenderk
Place of Birth (State or foreign country)	Act. 24 Year
plynapoles, Inl.	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street of R. R. City
RR#4 1304 305 Brownsburg Sender to	Residence Address Street of R. R. City County State
Previous Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different
	The state of the s
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married Number of Previous Marriages
Color or Race White Negro Other (specify)	
Color or Race White Negro Other (specify)	Last Marriage Ended By: Death Divorce Annulment
Usual Occupation Restauring Room 7 4	
Date of birth verified by: Birth Cert. Judicial Decree	Color or Race White Negro Other (specify)
Other (Specify) Socal # 1788	Usual Occupation 4/11
1. Are you now or have you been adjudged, diagnosed or considered as:	aractes
An Imbecile?	Date of birth verified by: Birth Cert.  Judicial Decree
Of Unsound Mind?  No Yes   No	Other (Specify) # 12299 Rocal To
3. Are you now or have you been within five (5) years an inmate of a county asylum or	1. Are you now or have you been adjudged, diagnosed or considered as:
home for indigent persons!	An Imbecile?
If answer to 3 is "yes" has the cause of such condition been removed? No Yes	Of Unsound Mind?
4. Are you afflicted with a transmissible disease?  No Yes	2 Are you under quardianchin as a second of the second of
5. Are you related to the bride closer than second cousin?  6. Are you now under the influence of intoxicating liquor?	
The state of the s	3. Are you afflicted with a transmissible disease?
8. Are you able to support a family?  Yes Ves Ves No	4. Are you related to the groom closer than second cousin? No Yes
9. Are you likely to so continue?	5. Are you now under the influence of intoxicating liquor?
10. Do you have minor children from one or more former marriages? No Yes	6. Are you now under the influence of a narcotic drug?
(If yes, answer questions a, b, c) (a) List their full names, ages and addresses	
Name Age Address	7. Full name of father Commer Shomes Detection
Age Address	Residence of father (if deceased so state)
	Occupation of father State Man - July Hage of father W.
	Birthplace of father (State or foreign country). In les Indiana
	8. Full maiden name of mother Blanche Chestine, miller
(b) Are you supporting or contributing to their support?  Yes No	8. Full maiden name of mother.
(c) Are you complying with any court order or orders issued for their support?	Residence of mother (if deceased so state). Staple, Shakare
11. Full name of father henneth he koy yant	Occupation of mother Louisewife A Race of mother W.
	. ((0). //
Residence of father (if deceased so state) Discursion,	Birthplace of mother (State or foreign country)
Occupation of father	Comments of the contract of th
Birthplace of father (State or foreign country)	State of Indiana,  I depose and state the information given in this application is true and correct.
12. Full maiden name of mother of mother mallie overtons	County of HENDRICKS in this application is true and correct.
Residence of mother (if deceased so state) Businesburg and	Signed Monna Pare Beberdick
	1909) 00 100
Occupation of mother Housewell Race of mother The	New Address L L L L L L L L L L L L L L L L L L
Birthplace of mother (State or foreign country)	Subscribed and sworn to before me this day of august 1975.
State of Indiana, I depose and state the information given	de 40 3/
County of HENDRICKS ss: in this application is true and correct.	Sten The Stawery Clerk HENDRICKS Circuit Court
Signed Sameth L. Yant J.	
	CONSENT OF PARENTS, PARENT OR GUARDIAN
Now Address (OU) WILLIAM C ALCO AN I DOURA	
New Address 100 William's Oce APTK Bourg	We the parents, of this applicant hereby give consent for this marriage. If only one parent
Subscribed and sworn to before me this S day of August , 1975.	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
Subscribed and sworn to before me this. S day of August, 1975.  Llen M Haury Clerk HENDRICKS Circuit Court	
Subscribed and sworn to before me this. Subscribed and subscribed	
Subscribed and sworn to before me this day of August, 1975.  Lien M. Haurey Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
Subscribed and sworn to before me this day of August, 1975.  Lien M. Haurey Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
Subscribed and sworn to before me this day of August, 1975.  Lien M. Haurey Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary.
Subscribed and sworn to before me this day of durgust, 1975.  Lien M. Laurey Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	signs, state facts which render the consent of the other parent unnecessary
Subscribed and sworn to before me this	signs, state facts which render the consent of the other parent unnecessary.
Subscribed and sworn to before me this.  Subscribed and sworn to before me thi	signs, state facts which render the consent of the other parent unnecessary
Subscribed and sworn to before me this	State of Indiana, County of HENDRICKS Signed Father
Subscribed and sworn to before me this.  Subscribed and sworn to before me thi	State of Indiana, County of HENDRICKS ss:
Subscribed and sworn to before me this	State of Indiana, County of HENDRICKS  Signed Father  Signed Mother
Subscribed and sworn to before me this	State of Indiana, County of HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19
Subscribed and sworn to before me this	State of Indiana, County of HENDRICKS  Signed Father  Signed Mother
Subscribed and sworn to before me this	State of Indiana, County of HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this. day of 19.  Clerk
Subscribed and sworn to before me this	State of Indiana, County of HENDRICKS  Signed Father Signed Mother Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the
Subscribed and sworn to before me this	State of Indiana, County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19
Subscribed and sworn to before me this.   day of   Dugust   1975	State of Indiana, County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the ret by written order issued and filed
Subscribed and sworn to before me this.    Clerk HENDRICKS	State of Indiana, County of HENDRICKS  Signed Mother Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the ret by written order issued and filed a marriage license to the above named parties.
Subscribed and sworn to before me this.    Clerk HENDRICKS	State of Indiana, County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the rt by written order issued and filed a marriage license to the above named parties.
Subscribed and sworn to before me this. day of Glerk HENDRICKS. Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana,  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this. day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  HENDRICKS County authorizes and directs the issuance of a RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE	State of Indiana, County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the ret by written order issued and filed a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE issued by the clerk of the HENDRICKS Circuit Court
Subscribed and sworn to before me this.  Clerk HENDRICKS.  Clircuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana,  County of HENDRICKS.  Signed.  Subscribed and sworn to before me this.  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  HENDRICKS.  County  Authorizes and directs the issuance of a RETURN OF MARRIAGE LICENSE	State of Indiana, County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the ret by written order issued and an arriage license to the above named parties.  AND MARRIAGE CERTIFICATE issued by the clerk of the HENDRICKS Circuit Court and the pointing together as husband and wife
Subscribed and sworn to before me this.  Clerk HENDRICKS.  Clircuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana,  County of HENDRICKS.  Signed.  Subscribed and sworn to before me this.  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  HENDRICKS.  County  Authorizes and directs the issuance of a great was filed in my office a marriage license of Indiana details in the parent unnecessary.  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE	State of Indiana, County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the ret by written order issued and an arriage license to the above named parties.  AND MARRIAGE CERTIFICATE issued by the clerk of the HENDRICKS Circuit Court 19 75 authorizing the joining together as husband and wife
Subscribed and sworn to before me this.  Clerk HENDRICKS.  Clircuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana,  County of HENDRICKS.  Signed.  Subscribed and sworn to before me this.  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  HENDRICKS.  County  Authorizes and directs the issuance of a great was filed in my office a marriage license of Indiana details in the parent unnecessary.  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE	State of Indiana, County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the ret by written order issued and amarriage license to the above named parties.  AND MARRIAGE CERTIFICATE issued by the clerk of the HENDRICKS Circuit Court and filed a marriage by the clerk of the HENDRICKS Circuit Court and filed a marriage by the clerk of the HENDRICKS Circuit Court and filed a marriage by the clerk of the HENDRICKS Circuit Court and filed a marriage by the clerk of the HENDRICKS Circuit Court and filed a marriage by the clerk of the HENDRICKS Circuit Court and filed a marriage by the clerk of the HENDRICKS Circuit Court and filed and wife
Subscribed and sworn to before me this day of Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana,  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  HENDRICKS County County County authorizes and directs the issuance of a great and directs the issuance of a great and day of Marriage license of Indiana dated the 2 day of Marriage certificate was filed in my office a marriage license and directs the infinity of the subscribed in my office a marriage license of Indiana dated the Silvening marriage certificate was filed in my office and my office a marriage license and directs the infinity of the subscribed in my office and my offic	State of Indiana, County of HENDRICKS   Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the ret by written order issued and marriage license to the above named parties.  AND MARRIAGE CERTIFICATE issued by the clerk of the HENDRICKS Circuit Court 19 D, authorizing the joining together as husband and wife the control of the Marriage license to the above named parties.
Subscribed and sworn to before me this.    Clerk HENDRICKS	State of Indiana, County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the ret by written order issued and filed a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE issued by the clerk of the HENDRICKS Circuit Court 19 20, authorizing the joining together as husband and wife the control of the subspace
Subscribed and sworn to before me this.    Clerk HENDRICKS	State of Indiana, County of HENDRICKS  Signed Father Signed Mother Subscribed and sworn to before me this day of
Subscribed and sworn to before me this.  Clerk HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana,  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this.  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  HENDRICKS  County of ARRIAGE LICENSE ISSUED BY ORDER OF COURT.  HENDRICKS  County authorizes and directs the issuance of a consensual directs and consensual direc	State of Indiana, County of HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the rt by written order issued and filed a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE issued by the clerk of the HENDRICKS Circuit Court 1975, authorizing the joining together as husband and wife ce, to-wit:  The property of the state of the
Subscribed and sworn to before me this.  Clerk HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana,  County of HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this.  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  HENDRICKS County Court  The Indiana dated the day of Marriage License  Of Indiana dated the day of Marriage certificate was filed in my office a marriage license of in the subscribed in my office a marriage license day of Marriage certificate was filed in my office a marriage license day of Marriage certificate was filed in my office a marriage license day of Marriage certificate was filed in my office a marriage license day of Marriage certificate was filed in my office a marriage license day of Marriage certificate was filed in my office a marriage license day of Marriage certificate was filed in my office a marriage license day of Marriage certificate was filed in my office a marriage license day of Marriage certificate was filed in my office a marriage license day of Marriage certificate was filed in my office a marriage license day of Marriage certificate was filed in my office a marriage license day of Marriage certificate was filed in my office a marriage license day of Marriage certificate was filed in my office a marriage license day of Marriage certificate was filed in my office a marriage license day of Marriage certificate was filed in my office a marriage license day of Marriage li	State of Indiana, County of HENDRICKS  Signed Father Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the ret by written order issued and filed a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE issued by the clerk of the HENDRICKS Circuit Court 1972, authorizing the joining together as husband and wife ce, to-wit:  The day of County of Hendricks County, State of Indiana.
Subscribed and sworn to before me this.    Consent of Parents, Parent or Guardian	State of Indiana, County of HENDRICKS  Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the rt by written order issued and marriage license to the above named parties.  AND MARRIAGE CERTIFICATE issued by the clerk of the HENDRICKS Circuit Court 19 Circuit Court
Subscribed and sworn to before me this.    Consent of Parents, Parent or Guardian	State of Indiana, County of HENDRICKS  Signed Father Signed Mother Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the rt by written order issued and marriage license to the above named parties.  AND MARRIAGE CERTIFICATE issued by the clerk of the HENDRICKS Circuit Court 19 January 19 Ja
Subscribed and sworn to before me this.  Clerk HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana,  County of HENDRICKS  Signed.  Signed.  Signed.  Subscribed and sworn to before me this.  County of HENDRICKS  Signed.  Subscribed and sworn to before me this.  County of Mother  Subscribed and sworn to before me this.  County Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  HENDRICKS  County  Court  Authorizes and directs the issuance of a suthorizes and directs the issuance of Indiana dated the 2 day of Supplementary of the subscribed in my office a marriage license of Indiana dated the Sollowing marriage certificate was filed in my office a marriage license of Indiana dated and To at Supplementary of Indiana, Groom.  The thousand nine hundred and To at Supplementary of Indiana, Groom.  Supplementary of Indiana, Indiana, Groom.  Supplementary of Indiana, Groom.  Supp	State of Indiana, County of HENDRICKS  Signed Signed Mother  Subscribed and sworn to before me this day of Clerk  A marriage license having been refused to the above named parties, the ret by written order issued and filed a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE issued by the clerk of the HENDRICKS Circuit Court 1975, authorizing the joining together as husband and wife in the control of the county of the control of the county
Subscribed and sworn to before me this.    Clerk HENDRICKS   Circuit Court	State of Indiana, County of
Subscribed and sworn to before me this.    Clerk HENDRICKS   Circuit Court	State of Indiana, County of
Subscribed and sworn to before me this.  Subscribed and sworn to before me this.  Clerk HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana,  County of HENDRICKS  Signed  Signed  Subscribed and sworn to before me this.  County of HENDRICKS  Signed  Subscribed and sworn to before me this.  County  Court  HENDRICKS  County  Court  In authorizes and directs the issuance of a sutherized, there was filed in my office a marriage license of Indiana dated the  County  Court  County  Court  County  Court  Active of Indiana dated the  County  Court  County  Court  County  Court  Court  Court  Court  Court  Court  Court  Court  County  Court	State of Indiana, County of HENDRICKS  Signed Mother Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the rt by written order issued and filed a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE  issued by the clerk of the HENDRICKS Circuit Court  19 19 19 19 19 19 19 19 19 19 19 19 19 1
Subscribed and sworn to before me this.    Clerk HENDRICKS   Circuit Court	State of Indiana.  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  A marriage license having been refused to the above named parties, the rt by written order issued and filed a marriage license to the above named parties.  AND MARRIAGE CERTIFICATE  issued by the clerk of the HENDRICKS Circuit Court  19 19 29, authorizing the joining together as husband and wife the ce, to wit:  reby certify that on the 19 day of August  County of Indiana  County of Indiana  Landricks County, State of Indiana  the purpose by the Clerk of the Circuit Court of HENDRICKS  Signed Language The Theorem County of Indiana  Signed Language Theorem County of Indiana  Theorem County State of Indiana  Signed Language Theorem County of HENDRICKS  Signed Language Theorem County of HENDRICKS

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

.. Circuit Court

	Form Prescribed By Indiana State Board of APPLICATION FOR I	
	Health under Authority Chap. 126, Ind. Acts 1905 HENDRICK	Date of Application
		FEMALE Medical Examination Report Dated
	MALE 8-5-75	Name of Physician G. a. Now Derthan M.B.
	Medical Examination Report Dated  Medical Examination Report Dated	Name of Physician
	Name of Physician	tement—Whoever procures the issuance of a license to marry by any false statement, representa-
	tion of pretense shan se	W/1.0.
	MALE APPLICANT  Last	Name Marcia Ruth Haggard
	Name Richard Joseph Year,	Date of Birth Month Day Year 3
	Date of Birth Month 7	Place of Birth (State or foreign country)
	Place of Birth (State or foreign country)  Andianapolica P. R. City County State	Residence Address Street or R. R. City County State
37	Residence Address Street of the Rey. Indiana police	Maiden Name if Different Branches A
9	Previous Marital Status: Never Married Number of Previous Marriages	Previous Marital Status: Never Married Number of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
	Color or Race White Negro Other (specify)	Last marriage Blood - 7
1	Isual Occupation Customer Survey Representative	Color or Race White Negro Other (specify)
1	Date of birth verified by: Birth Cert. Judicial Decree	Usual Occupation
	Other (Specify) Add Add Add Add Add Add Add Add Add Ad	Date of birth verified by: Birth Cert. Dudicial Decree
	An Imbecile?  No Yes   Yes  Yes	1. Are you now or have you been adjudged, diagnosed or considered as:
	2. Are you under guardianship as a person of unsound mind?  No Ves   Yes   2. Are you now or have you been within five (5) years an inmate of a county asylum or  No Yes   Yes	An Imbecile?
	If answer to 3 is "yes" has the cause of such condition been removed?	Of Unsound Mind?
	4. Are you afflicted with a transmissible disease?	2. Are you under guardianship as a person of unsound mind? No Yes
9	5. Are you related to the bride closer than second cousin?  5. Are you now under the influence of intoxicating liquor?  No Yes	3. Are you afflicted with a transmissible disease?  No F Yes
,	Are you now under the influence of a narcotic drug?  No Yes  Yes  No Yes  No Yes  No Yes  No O	4. Are you related to the groom closer than second cousin?  No  Yes  No  Yes  No  Yes  Yes  No  Yes  Yes  Yes  No  Yes  No  Yes  No  Yes  Yes  No  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes
	). Are you likely to so continue?	6. Are you now under the influence of a narcotic drug?  No Yes
1	(If yes, answer questions a, b, c)	7. Full name of father Mallous Unikers Branshard
	(a) List their full names, ages and addresses  Name ( Age Address	Residence of father (if deceased so state) Addad place Ind.
d	Richard Le Masters 14 Indianapoles	Occupation of father Addition Race of father Addition
+	Red de Mastro 12	Birthplace of father (State or foreign country)
	(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother Add Add Add The
	(c) Are you complying with any court order or orders issued for their support?	Residence of mother (if deceased so state). Indiana filling Indiana
1	1. Full name of father Analysis Andrews	Occupation of mother Race of mother All
	Residence of father (if deceased so state).	Birthplace of mother (State or foreign country)
	Occupation of father Alfold Race of father Birthplace of father (State or foreign country)	State of Indiana,
1	2. Full maiden name of mother Manda A Manda R Charles	County ofHENDRICKS in this application is true and correct.
	Residence of mother (if deceased so state)	Signed Jarous J. Haggary
	Occupation of mother Race of mother Will	New Address 5/0 Summons of Sight //
	Birthplace of mother (State or foreign country)	Subscribed and sworn to before me this day of 1975
	County of HENDRICKS Ss: I depose and state the information given this application is true and correct.	Men // Kanua Clerk HENDRICKS Circuit Court
	Signed Sichard KRe Martis	
	New Address 10 Sugaron 85	CONSENT OF PARENTS, PARENT OR GUARDIAN
	Subscribed and sworn to before me this day of May 1975	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
	CONSENT OF PARENTS, PARENT OR GUARDIAN	signs, state facts which render the consent of the other parent unnecessary
	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
	signs, state facts which render the consent of the other parent unnecessary	
	State of Indiana,	State of Indiana, County ofHENDRICKS
	County of HENDRICKS ss:	SignedFather
	Signed Father	
	Signed	SignedMother  Subscribed and sworn to before me thisday of, 19
		Clerk
	HENDRICKS County Co	T. A marriage license having been refused to the above named parties, the
	inCo	ourt by written order issuedand filed
	authorizes and directs the issuance o	
		E AND MARRIAGE CERTIFICATE use issued by the clerk of the HENDRICKS Circuit Court
	Machine Land	to the state of the state of the stand and wife
	oncembered, the following	1 FITTING TO THE STANDARD TO T
	one thousand in it suffice was filed in my o	hereby certify that on the 16 day of August
	State of Indiana Company	hereby certify that on the 16 day of August at Spinfield County of Hendricks
	and, Bride Marcio, Bard Loven Le Masters)	of Marion County of Gendricks
	Comme united in marriage as guthani	County, State of Andrews
	Dated this 15	that purpose by the Clerk of the Circuit Court of HENDRICKS
	The state of the s	
	Filed and was 19.7. 5	Signed Dillon Laffin Official Designation Minister  1 75
	Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Minister
	State of Indiana this	Signed Blen M. Harvelf Cherk
		Signed Ollm M. Harvelf

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Date of Application

HENDRICKS \_County MALE Medical Examination Report Dated FEMALE Medical Examination Report Dated. Name of Physician\_ 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)". FEMALE APPLICANT Name First Date of Birth Place of Birth (State or d Previous Marital Status: Never Married Number of Previous Marriages. Death Divorce Annulment Last Marriage Ended By: Previous Marital Status: Never Married Number of Previous Marriages White Negro Other (specify). Color or Race Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Usual Occupation Color or Race Birth Cert. Judicial Decree Negro Other (specify). Date of birth verified by: Other (Specify) St. Mary of Margieth Usual Occupation 1. Are you now or have you been adjudged, diagnosed or considered as: Date of birth verified by: Birth Cert. | Judicial Decree 113-50-008153 Yes 🗆 Of Unsound Mind? St. Board of Health 2. Are you under guardianship as a person of unsound mind? Yes 🗌 Other (Specify)... Yes 🗆 3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No 🗊 1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? If answer to 3 is "yes" has the cause of such condition been removed? No Yes No 🗆 Yes 🗌 Of Unsound Mind? 4. Are you afflicted with a transmissible disease? No 🕡 Yes 🗌 5. Are you related to the bride closer than second cousin? 2. Are you under guardianship as a person of unsound mind? Yes 🗌 6. Are you now under the influence of intoxicating liquor? No D Yes 🗌 3. Are you afflicted with a transmissible disease? 7. Are you now under the influence of a narcotic drug? No Yes 8. Are you able to support a family? 4. Are you related to the groom closer than second cousin? Yes No No No 9. Are you likely to so continue? 5. Are you now under the influence of intoxicating liquor? 10. Do you have minor children from one or more former marriages? No Yes No Yes 6. Are you now under the influence of a narcotic drug? (If yes, answer questions a, b, c) No Yes (a) List their full names, ages and addresses Name Address Residence of father (if deceased so state) 1. 2. Lacloga Occupation of father harmer Birthplace of father (State or foreign country) ... (b) Are you supporting or contributing to their support? Yes No No (c) Are you complying with any court order or orders issued for their support? Yes No No 11. Full name of father Total Occupation of mother Nausewell Birthplace of mother (State or foreign country) .... Birthplace of father (State or foreign country) State of Indiana. ss: I depose and state the information given in this application is true and correct. County of ..... HENDRICKS Residence of mother (if deceased so state) Occupation of mother State Board of The Race of mother Birthplace of mother (State or foreign country) State of Indiana, I depose and state the information given in this application is true and correct. County of..... Clerk HENDRICKS ... Circuit Court 718 MEADOW LANE CONSENT OF PARENTS, PARENT OR GUARDIAN PLAINFIELD IND 1.1. We, the parents, of this applicant hereby give consent for this marriage. If only one parent Blin M. Jarrelef Clerk HENDRICKS signs, state facts which render the consent of the other parent unnecessary... CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unn State of Indiana, State of Indiana. County of HENDRICKS County of ..... HENDRICKS. Signed. Signed. Subscribed and sworn to before me this ... Subscribed and sworn to before me this .... ..day of..... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court day of August , 19.75, authorizing the joining together as husband and wife James allen Flay and Jonell sage Be it further remembered, the following marriage certificate was filed in my office, to-wit: Harlan Kincade hereby certify that on the 30 day of lugues one thousand nine hundred and 7.5 at Jameslaum, County of Boone State of Indiana, Groom James allen Klay of Hendricks County, State of Indiana of Sutnam County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this ..... august , 19 7.5. Signed Harlan Tincade Official Designation Minister 

Signed Glen M.

HENDRICKS ....

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

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

\_\_\_County

No.	390
File_	16k 37
_	aug. 11, 1975
	Date of Application

.... Circuit Court

.......HENDRICKS.

HENDRICKS FEMALE Medical Examination Report Dated\_ Medical Examination Report Dated\_ ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT Middle Last Middle Name Residence Address Previous Marital Status: Never Married Number of Previous Marriages. Previous Marital Status: Never Married & Number of Previous Marriages. Death Divorce Annulment Last Marriage Ended By : Death Divorce Annulment White Negro Other (specify). Color or Race White Negro Other (specify). Color or Race Usual Occupation Auto Parts Date of birth verified by: Birth Cert. Jadicial Decree Usual Occupation Unemployed (Specify) Selective Lewise # 12-30-56-188 Date of birth verified by: Birth Cert. | Judicial Decree Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No Yes No Yes Yes Other (Specify) .. Of Unsound Mind? 1. Are you now or have you been adjudged, diagnosed or considered as: 2. Are you under guardianship as a person of unsound mind? 3. Are you now or have you been within five (5) years an inmate of a home for indigent persons? No Yes An Imbecile? No E Yes If answer to 3 is "yes" has the cause of such condition been removed? No Yes Of Unsound Mind? Yes 🗌 No E 4. Are you afflicted with a transmissible disease? 2. Are you under guardianship as a person of unsound mind No P Yes 5. Are you related to the bride closer than second cousin? 3. Are you afflicted with a transmissible disease? No P Yes No Yes 6. Are you now under the influence of intoxicating liquor? No Yes No 7. Are you now under the influence of a narcotic drug? 4. Are you related to the groom closer than second cousin? 8. Are you able to support a family? 5. Are you now under the influence of intoxicating liquor ! No Ves Yes No No No Yes 9. Are you likely to so continue? No D Yes 10. Do you have minor children from one or more former marriages? 6. Are you now under the influence of a parcetic drug? 7. Full name of father Illa Stanley (If yes, answer questions a, b, c) (a) List their full names, ages and addresses Residence of father (if deceased so state) The transfer of Address Occupation of father the Such Charles Race of father Birthplace of father (State or foreign country) 8. Full maiden name of mother South (b) Are you supporting or contributing to their support? Yes No [ (c) Are you complying with any court order or orders issued their support? Residence of mother (if deceased so state) Deburnsburg, Ind Occupation of mother Abut Abut to the Bace of mother L Residence of father (if deceased so state) Birthplace of mother (State or foreign country) State of Indiana. Birthplace of father (State or foreign country) I depose and state the information given in this application is true and correct. County of HENDRICKS 12. Full maiden name of mother flulling Residence of mother (if deceased so state) Occupation of mother CAR Birthplace of mother (State or foreign country) State of Indiana, County of .... HENDRICKS Clerk HENDRICKS..... shorp, & no CONSENT OF PARENTS, PARENT OR GUARDIAN Subscribed and sworn to before me this. august We, the parents, of this applicant hereby give consent for this marriage. If only one parent len In Hawey ClerkHENDRICKS. signs, state facts which render the consent of the other parent unnecessary. CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana. State of Indiana, County of HENDRICKS County of HENDRICKS Father Signed. Subscribed and sworn to before me this......day of...... Mother ..... 19...... Subscribed and sworn to before me this \_\_\_\_\_day of \_\_\_\_\_ ...Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS of Indiana dated the ..... day of lugust , 1975, anthorizing the joining together as husband and wife James Quille Blissing and Markyn floor Hallett
my office, to-wit: Be it further remembered, the following marriage certificate was filed in my office, to-wit: one thousand nine hundred and 7.5 hereby certify that on the 16 day of August State of Indiana, Groom James arvelle Blessing of Hendricks County, State of Indiana at Gittsbara, County of Kendricks were by me united in marriage of Hallett of Hendricks County, State of Indiana, were 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 15 day of august, 19 75 Signed Ilin a Clarkson Official Designation Sastor, W. M. C. day of august, 19 75. Signed Glan M. Harrieg

#### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS County Date of Application

Medical Examination Report Dated Wyst 6, 1975	Medical Examination Report Dated Quaust 6 1975
Name of Physician Wonold Cheesman	
ALL QUESTIONS MUST BE ANSWERED Chapter 196 Indian	Name of Physician Wonald (heesman) M.D.
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	atement—Whoever procures the issuance of a license to marry by any false statement, representa-
MALE APPLICANT	FEMALE APPLICANT
Name First Middle M. O' Breen	Name Middle Mast
Date of Birth   Month   Day Year   19,52	Date of Birth Month Day Year
Place of Birth (State or foreign Jountry)	Place of Birth (State or foreign coontrol
Residence Address Street of R. R. City County State	Residence Address Futchinson Minnasels)  City County State
R - Dop 44 Coalesvelle Ind.	Maiden Name if Different Wanville, State
Previous Marital Status: Never Married Mumber of Previous Marriages	Marten Panie il Different
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married Number of Previous Marriages
Color or Race White Negro Other (specify)	Last Marriage Ended By: Death Divorce Annulment
Usual Occupation Salos	Color or Race White Negro Other (gnosify)
Date of birth verified by: Birth Cert.  Judicial Decree	A D A SPECIAL CONTRACTOR OF THE PROPERTY OF TH
Other (Specify) Selective Service) -12-30-52-309	Usual Occupation West. Librarian brown
1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Of Unsound Mind?	Date of birth verified by: Birth Certy Judicial Decree
2. Are you under guardianship as a person of unsound mind?	1. Are you now or have you been adjudged, diagnosed or considered as:
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?	An Imbecile?
If answer to 3 is "yes" has the cause of such condition been removed?  No Yes   4. Are you afflicted with a transmissible disease?  Yes	Of Unsound Mind?
5. Are you related to the bride closer than second cousin?	2. Are you under guardianship as a person of unsound mind? No Yes
6. Are you now under the influence of intoxicating liquor?  7. Are you now under the influence of a narcotic drug?  No Yes	3. Are you afflicted with a transmissible disease? No Ves
8. Are you able to support a family?	4. Are you related to the groom closer than second cousin?  No  Yes
9. Are you likely to so continue?  10. Do you have minor children from one or more former marriages?  No Yes Vo	5. Are you now under the influence of intoxicating liquor?  No Yes   6. Are you now under the figuration of a narcotic drug?  No Yes   Ves
(If yes, answer questions a, b, c) (a) List their full names, ages and addresses	7. Full name of father John Walface Granath
Name Age Address	Residence of father (if deceased so state) Same
	Occupation of father
	Birthplace of father (State or foreign country) MMM)
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother The organization of Metherine Blackness
(c) Are you complying with any court order or orders issued for their support?	Residence of mother (if deceased so state) Same
11. Full name of father John Halden & Brien	Occupation of mother //WISI
Residence of father (if deceased so state) 163 ala 7/nth Salgar	Birthplace of mother (State or foreign country) // // // /
Occupation of father All Musician Grand of father	State of Indiana,
Birthplace of father (State or foreign country)	State of Indiana,  County of HENDRICKS I depose and state the information given in this application is true and correct.
Residence of mother (if deceased so state) 3 Old Mitth Salar &	Signed Juicia Enn Granate
Occupation of mother (18 Geographics of Mother Race	New Address PR 1 Box 44 Coalsuille Ind.
Birthplace of mother (State or foreign country) Indianapolis	Subscribed and sworn to before me this //th day of August, 19.75
State of Indiana,  County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	Dlen yn Ydarwey Clerk HENDRICKS Circuit Court
County of HENDRICKS in this application is true and correct.	
( Lilling m Africa	
Signed Coffee M. Obicin	CONSENT OF PARENTS, PARENT OR GUARDIAN
New Address John Joy 44 Contesuillo Inc.	
New Address of By 44 Coateswillo Fac. Subscribed and sworn to before/me this. 11th day of August 1975	CONSENT OF PARENTS, PARENT OR GUARDIAN
New Address of By 44 (batesuille Far.  Subscribed and sworn to before me this. 12h day of august 1975.  Clerk HENDRICKS Circuit Court	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
New Address of By 44 Coateswillo Fac. Subscribed and sworn to before/me this. 11th day of August 1975	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
New Address of Doy 44 (batterillo Tar.  Subscribed and sworn to before/me this. 1/2h day of Queguet 1975.  Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent
New Address And Joy 44 (batesuillo Tax.  Subscribed and sworn to before me this. Add of August 1975.  Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
New Address A A A A Address A A A A A A A A A A A A A A A A A A	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
New Address And April (Batteville Tax.)  Subscribed and sworn to before me this. Aday of August 19/5.  Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana,	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of
New Address	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
New Address	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed  Father  Signed  Mother
New Address	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
New Address	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed  Father  Signed  Mother
New Address	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
Subscribed and sworn to before me this.	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
Subscribed and sworn to before me this.	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana,  County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this. day of 19
Subscribed and sworn to before me this.  Clerk HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana,  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  LICENSE ISSUED BY ORDER OF COURT authorizes and directs the issuance of authorizes and directs the issuance of the consent of the other parent unnecessary.	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
New Address	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
New Address	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
New Address	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the urt by written order issued and filed fa marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE se issued by the clerk of the HENDRICKS Circuit Court 19 Circuit 19 Circuit Court 19 Circuit
New Address	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
New Address	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
Subscribed and sworn to before me this.  Clerk MENDRICKS  Signed.  Subscribed and sworn to before me this.  Signed.  Subscribed and sworn to before me this.  Signed.  Subscribed and sworn to before me this.  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURE.  HENDRICKS.  County of.  HENDRICKS.  County.  Consent of MARRIAGE LICENSE ISSUED BY ORDER OF COURE.  HENDRICKS.  County.  Consent of MARRIAGE LICENSE ISSUED BY ORDER OF COURE.  HENDRICKS.  County.  Consent of Indiana dated the.  Signed.  Be it further remembered, there was filed in my office a marriage licen of Indiana dated the.  Be it further remembered, the following marriage certificate was filed in my one thousand nine hundred and.  State of Indiana dated the day of the following marriage certificate was filed in my one thousand nine hundred and.  State of Indiana dated Indiana dat	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of
New Address And State of Indiana dated the Subscribed and sworn to before me this Subscribed and sworn to before me this Consent for this marriage. If only one parent signs, state of Indiana dated the Subscribed in my office a marriage licen of Indiana dated the Subscribed and surface of Indiana dated in my of Indiana d	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of. HENDRICKS  Signed. Father Signed. Mother  Subscribed and sworn to before me this. day of 19
New Address Add Sy 44 Contention Tax.  Subgribed and sworn to before/me this	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of. HENDRICKS  Signed. Father Signed. Mother  Subscribed and sworn to before me this. day of 19
New Address And Joy 44 Contential Land Subscribed and sworn to before/me this. Incheday of Clerk HENDRICKS. Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS Signed Mother Subscribed and sworn to before me this. day of 19.  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed fa marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  se issued by the clerk of the HENDRICKS Circuit Court  19 25, authorizing the joining together as husband and wife metals and the county of August fine propose by the Clerk of the Circuit Courty, State of August  Landracks County, State of Indiana, that purpose by the Clerk of the Circuit Court of HENDRICKS
New Address Apply 4 Cottswill Tax.  Subscribed and sworn to before me this.	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed fa marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  se issued by the clerk of the HENDRICKS Circuit Court  19 3 authorizing the joining together as husband and wife and Succiae and filed fice, to wit:  19 3 authorizing the joining together as husband and wife and Succiae and filed fice, to wit:  19 3 authorizing the joining together as husband and wife and Succiae and filed fice, to wit:  19 3 authorizing the joining together as husband and wife and Succiae and Succi
Subscribed and sworn to before me this.  Subscribed and sworn to before me this.  CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana,  County of.  HENDRICKS  Signed.  Subscribed and sworn to before me this.  County of.  HENDRICKS  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR MENDRICKS.  County  County of  HENDRICKS  County  RETURN OF MARRIAGE LICENSE  Se It Remembered, there was filed in my office a marriage licens of Indiana dated the  Be it further remembered, the following marriage certificate was filed in my of I,  one thousand nine hundred and  State of Indiana, Groom Affrey Managements Delicense issued for the county.  Dated this.  day of  August  19.7.2.  August  19.7.2.  August  19.7.2.  August  19.7.2.  19.7.2.  August  19.7.2.  19.7.2.  August  19.7.2.  19.7.2.  19.7.2.  10.7.	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed fa marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  se issued by the clerk of the HENDRICKS Circuit Court  19.5, authorizing the joining together as husband and wife mand of the second of the secon
New Address And Jef Gottowall Tail  Subgribed and sworn to before meethis.	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed fa marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  se issued by the clerk of the HENDRICKS Circuit Court  19.5, authorizing the joining together as husband and wife mand of the subscribed certify that on the day of August State of Standards Standards County, State of Standards Standards County State of Standards

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 392
File Book 37

Aug. 11, 1975
Date of Application

The section is a second section in the section in the second section in the section in the second section in the secti	FEMALE Medical Examination Report Dated  8-6-75
MALE Medical Examination Report Dated  8-6-75	Name of Physician M. O. Beamadorn W.D.
	Name of Physician
Name of Physician 2	atement—Whoever procures the issuance of a license to marry by any false statement, represent
tion or pretense shall be and	
MALE APPLICANT	Name Prirst Middle Weddlest
Name Ralph Middle Wilson Year	Date of Birth Month Day Year
Date of Birth Month Day 1956	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	milhodist Horp. I repla, haven 100
Residence Address Street or R. R. City County State	Residence Audites 84 Leston, Herd, Ind.
R18 Box 363 Inhumper, 120	Maiden Name if Different
Previous marital Status. 1000	Previous Marital Status: Never Married Number of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Color or Race White Negro Other (specify)	Last Marriage Ended by
Usual Occupation Carpenter	Color or Race White Negro Other (specify)
Date of birth verified by: Birth Cert.  Judicial Decree	Usual Occupation Backkeeper. Back
Other (Specify)	Date of birth verified by: Birth Cert. Judicial Decree
1. Are you now or have you been adjudged, diagnosed or considered as:  No Yes  No Yes	Other (Specify)
Of Unsound Mind?  No S Yes   Yes	1. Are you now or have you been adjudged, diagnosed or considered as:
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?	An Imbecile?
If answer to 3 is "yes" has the cause of such condition been removed? No Yes 4. Are you afflicted with a transmissible disease?	Of Unsound Mind?  No Yes  2. Are you under guardianship as a person of unsound mind?  No Yes
5. Are you related to the bride closer than second cousin?	2. Are you under guardianship as a person of unsound mind?  No Yes  3. Are you afflicted with a transmissible disease?  No Yes
6. Are you now under the influence of intoxicating liquor?  7. Are you now under the influence of a narcotic drug?  No S Yes	4. Are you related to the groom closer than second cousin?
8. Are you able to support a family?  Yes No	5. Are you now under the influence of intoxicating liquor? Now Yes
9. Are you likely to so continue? Yes No \( \) 0. Do you have minor children from one or more former marriages? No \( \) Yes \( \)	6. Are you now under the influence of a narcotic drug? Now Yes
(If yes, answer questions a, b, c)  (a) List their full names, ages and addresses	7. Full name of father Edward Ross Weldle
Name Age Address	Residence of father (if deceased so state) Box 84, Sustant
	Occupation of father Trecherce Race of father W
	Birthplace of father (State or foreign country)
	8. Full maiden name of mother Kosemany trutchett
(b) Are you supporting or contributing to their support?  (c) Are you complying with any court order or orders issued for their support?  Yes \Boxedown No \Boxedown	Residence of mother (if deceased so state) Bey 84 Justin
their support?  The Full name of father arthur Robert Welson	Occupation of mother House wife Race of mother W
Residence of father (if deceased so state) Rt1, By Brownshung w	Birthplace of mother (State or foreign country) Menskrichs Co.
Occupation of father Bus Druin Race of father W	Dituplace of mother (blace of foreign country)
Birthplace of father (State or foreign country) Windrichs Co.	State of Indiana,  Sa: I depose and state the information gives in this application is true and corre
12. Full maiden name of mother mayous Elley Marsh	County ofHENDRICKS
Residence of mother (if deceased so state)	Signed Crevecca to Weddo
Occupation of mother Race of mother Race of mother	New Address Rt 18 Bx 363 Julian
Birthplace of mother (State or foreign country) Wellacks Co.	Subscribed and sworn to before me this
County of HENDRICKS  ss: I depose and state the information given in this application is true and correct.	Blan 2n Howey Gerk HENDRICKS Circuit Co
Signed Rolph M. W. Jaan	
New Address Pt 18 Box 363, I reliar spole	CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this. day of Cluz., 1975	We, the parents, of this applicant hereby give consent for this marriage. If only one pare
ClerkHENDRICKS Circuit Court	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give concert for this	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	
other parent unnecessary	
	State of Indiana,
State of Indiana,  County of HENDRICKS  ss:	County ofHENDRICKS
Signed	SignedFath
SignedFather	
Signed	
	Subscribed and sworn to before me thisday of
	Cle
HENORICKS LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named parties, t
inCounty	T. A marriage license having been refused to the above named parties, turt by written order issued
the issuance of	I a marriage license to the above named parties.
Be It Remembered, there was flad.	E AND MARRIAGE CERTIFICATE
of Indiana dated the	E AND MARRIAGE CERTIFICATE use issued by the clerk of the HENDRICKS Circuit Con
Be it further remembered, the following marriage certificate was filed in my o	19.7 S, authorizing the joining together as husband and wi
I, Alen a following marriage certificate was filed in my	nd Relice to with
thousand nine hundred and	hereby contife 12
State of Indiana, Groom alsh my	hereby certify that on the 16 day of August at Brawnsburg, County of Hendrick
and, Bride Jelecca Martin Wilson	County of Middle County
were by me united in marriage go	County, State of
Dated this 15 day of Greguest , 19 7	that purpose by the Clerk of the Circuit Court of HENDRICKS
day of legist	5 CHERR Of the Circuit Court of
/ · · · · · · · · · · · · · · · · · · ·	
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Sastar 21 m. C.
the State of Indiana this	19 day of
	Signed Glen M. Barvery Cler
	HENDRICKS Circuit Cour
	HENDRICKS CITCUIT OUR

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 393

File 37

Aug. //, /975

Date of Application

MALE Medical Examination Report Dated	FEMALE Date of Application
Medical Examination Report Dated Queg. 8, 1975	Medical Examination Report Dated Que 8, 1975
Name of Physician Carl S. Reinleen	Name of Physician April 9 Mel. 1
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	statement—Whoever procures the issuance of a license to marry by any false statement, representa-
Name Griest Middle Last Supposed Edec.	Name First Middle
Date of Birth Month Day Year  January 25	Date of Birth Month Month
Place of Birth (State or foreign country)  Sort Localin dala 40	Place of Birth (State or foreign country)  Month  Day  Year  1948
Residence Address Street or R. R. City County State	Recidence Add Indiananalis 11
514 Jassevelt, Sinfo, Kendricks Co. Ind.	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married Number of Previous Marriages. 3	Maiden Name if Different Many Man Baldicks Co., Ind.
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married Number of Previous Marriages. 2
Color or Race White Negro Other (specify)	Lock Manifest B. 1.1.
Usual Occupation Laborer	Color on Page Annument
Date of birth verified by: Birth Cert. Judicial Decree	Color or Race White Negro Other (specify)
Other (Specify)	Usual Occupation nurses aid
1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Of Unsound Mind?  Yes	Date of birth verified by: Birth Cert. Judicial Decree
2. Are you under guardianship as a person of unsound mind?	D'Other (Specify) Water Registration #6953
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?	1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?
If answer to 3 is "yes" has the cause of such condition been removed? No Yes	Of Unsound Mind?
4. Are you afficted with a transmissible disease?  5. Are you related to the bride closer than second cousin?  No Yes No Yes	2. Are you under guardianship as a person of unsound mind? No P Yes
6. Are you now under the influence of intoxicating liquor?  7. Are you now under the influence of a payorite days?	3. Are you afflicted with a transmissible disease?
7. Are you now under the influence of a narcotic drug?  8. Are you able to support a family?  9. Are you likely to so continue?	4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
9. Are you likely to so continue?  10. Do you have minor children from one or more former marriages?  Yes No	5. Are you now under the influence of intoxicating liquor? No 🖹 Yes 🗆
10. Do you have minor children from one or more former marriages?  (If yes, answer questions a, b, c)  (a) List their full names, ages and addresses	6. Are you now under the influence of a narcotic drug? No Yes
Name Age Address	7. Full name of father John Edw Baldwin
nicole Lucas 21/2 yrs 1905 warman	Residence of father (if deceased so state) alderfully and
and James par	Occupation of father and Days School Race of father M. Birthplace of father (State or foreign country)
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother Salle Marchel miles
(b) Are you supporting or contributing to their support?  (c) Are you complying with any court order or orders issued for their support?  Yes No Very Very Very Very Very Very Very Very	Residence of mother of state of state of state of mother of deceased so state of sta
11. Full name of father. Edw. Wesens Lucas	11 :0
Residence of father (if deceased so state)	Occupation of mother . Mallslewife Race of mother
Occupation of father	The second secon
Birthplace of father (State or foreign country)	State of Indiana,  County of
12. Full maiden name of mother Helen Lewise Burton.  Residence of mother is done to more for more	County of HENDRICKS in this application is true and correct.
Residence of mother (if deceased so state)	Signed Klnna Mar Sulkerling
Occupation of mother: The Sellieft Race of mother A	New Address 400 E. Jefferson, Franklin
Birthplace of mother (State or foreign country)	Subscribed and sworn to before me this
County of HENDRICKS ss: I depose and state the information given in this application is true and correct.	Llen M. Harvey Clerk HENDRICKS Circuit Court
Signed Raymond Edw. Sucas	
New Address 400 C. Jefferson, Pronklin	CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents of this applicant hereby give consent for this mayrings. If only one parent
Subscribed and sworn to before me this. day of day of 1975	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Clerk MENUKICKS Circuit Court	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	
sacratic mass which render the consent of the other parent directory.	
Accord to place.	State of Indiana, } ss:
State of Indiana,	County of HENDRICKS ss:
HENDRICKS.	Signed Father
Signed	Signed
Signed Mother Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A. A marriage license having been refused to the above named parties, the
County	urt by written order issuedand filed
	f a marriage license to the above named parties,
Be It Remembered, there was filed in my office a marriage license	E AND MARRIAGE CERTIFICATE se issued by the clerk of the HENDRICKS Circuit Court
f Indiana dated the day of day of delightst	e issued by the cierk of the initial together as husband and wife
The state of the s	· // · · · · · · · · · · · · · · · · ·
the following marriage certificate was filed in my offi	fice, to-wit:
sal a Burchfield he	ereby certify that on the day of luguel,
ne thousand nine hundred and 75 at ate of Indiana, Groom Remark & durard bucart	of Thendricks County, State of Indiana
nd, Bride anna mae Sether line of	Kendricks County, State of Indiana,
ere ou me united:	
ated this 16 day of August, 1975	. Got a Burchfield
01	Afficial Designation Justice of the Geach
led and recorded in accordance with the laws of the State of Indiana this	20 day of lenghest , 19 7.5.
The state of the s	el Dan Mill at 1881 Clark

HENDRICKS Circuit Court

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

MALE
Medical Examinat
Name of Physicia

ALL QUESTIONS MUST I

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No	344	
File		
a	0.11,1975	_
	Date of Application	

...Circuit Court

.....HENDRICKS...

MALE 9-11-75	FEMALE Medical Examination Report Dated  8-11-75
Medical Examination Report Dated	Name of Physician American Koch, M. W.
Name of Physician (Mark) (Name of Physician (Mark) (Name of Physician	tatement—Whoever procures the issuance of a license to marry by any false statement, represents
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1909 preserving tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	FEMALE APPLICANT
MALE APPLICANT	Name First Middle 1 . Last
Name First Middle Span	Date of Birth Month Day Year
Date of Birth Month 29 1954	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address Street or R. R. City County State
Residence Address Street or R. R. City County State	1906 Felix, Bakerfield, Calif.
Previous Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different
The Piece of Annulment of	Previous Marital Status: Never Married Number of Previous Marriages
Last Marriage Ended By: Death Divorce Annument	Last Marriage Ended By: Death Divorce Annulment
Olor or Nace	Color or Race White Negro Other (specify)
ate of birth verified by: Birth Cert. Judicial Decree	Usual Occupation Accustons
Other (Specify)	Date of birth verified by: Birth Cert.  Judicial Decree
Are you now or have you been adjudged, diagnosed or considered as:  No  Yes  No  Yes  Yes  Yes	Other (Specify)
Of Unsound Mind?  Are you under guardianship as a person of unsound mind?  No  Yes	Are you now or have you been adjudged, diagnosed or considered as:
. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?	An Imbecile?
If answer to 3 is "yes" has the cause of such condition been removed?  No Yes  Are you afflicted with a transmissible disease?  Yes	Of Unsound Mind?
Are you related to the bride closer than second cousin?	2. Are you under guardianship as a person of unsound mind? No 🗹 Yes
Are you now under the influence of intoxicating liquor?  Are you now under the influence of a narcotic drug?  No 💆 Yes 🗆	3. Are you afflicted with a transmissible disease?  No Yes
Are you able to support a family? Yes ☑ No □	4. Are you related to the groom closer than second cousin? No ✓ Yes  5. Are you now under the influence of intoxicating liquor? No ✓ Yes
Are you likely to so continue?  No  Do you have minor children from one or more former marriages?  No  Yes	6. Are you now under the influence of a narcotic drug? No Ves
(If yes, answer questions a, b, c)	7. Full name of father Albert Manual Huspata
(a) List their full names, ages and addresses  Name Age Address	Residence of father (if deceased so state)
	Occupation of father Race of father
	Birthplace of father (State or foreign country)
	8. Full maiden name of mother angula Cassisalia
(b) Are you supporting or contributing to their support?  (c) Are you complying with any court order or orders issued for the you complying with any court order.	Residence of mother (if deceased so state) Bakurafield Calif.
their support?  Yes No	Occupation of mother Agles Clerke Race of mother
Residence of father (if deceased so state). It desired (i.e. and its deceased so state).	Dilas
Occupation of father Charles Took Classical Race of father Whi	Birthplace of mother (State or foreign country)
Birthplace of father (State or foreign country)	State of Indiana,  ss: I depose and state the information give
Full maiden name of mother Blatter and Amballa	County of
Residence of mother (if deceased so state)	Signed Margard Sujada
Occupation of mother Race of mother	New Address Ho tot O (all D. January)
Birthplace of mother (State or foreign country)	Subscribed and sworn to before me this day of day of
ounty of HENDRICKS ss: I depose and state the information given in this application is true and correct.	Bless M. Harwyg Clerk HENDRICKS Circuit Cou
Signed Signed	
New Address 19 Off (all All Indianopolis)	CONSENT OF PARENTS, PARENT OR GUARDIAN
bescribed and sworn to before me this day of 1975.	We, the parents, of this applicant hereby give consent for this marriage. If only one pare
ONSENT OF PARENTS, PARENT OR GUARDIAN  Circuit Court	signs, state facts which render the consent of the other parent unnecessary
e, the parents, of this applicant hereby give consent for this marriage. If only one parent	
gns, state facts which render the consent of the other parent unnecessary	
partit differensary.	
	State of Indiana,
ate of Indiana,  punty ofHENDRICKS  ss:	County ofHENDRICKS
	SignedFathe
Signed Father Signed Mother	
bscribed and sworn to before me thisday of	Subscribed and arrange to be formally subscribed and arrange to be for
	Subscribed and sworn to before me thisday of, 19
	Clet
HENDRICKS COUNTY	RT. A marriage license having been refused to the above named parties, the
County	RT. A marriage license having been refused to the above named parties, the purt by written order issued
	a mairiage license to the above named named
THE DI Kemembered 41	E AND MADDIAGE
Be it further remember wayne Lie and	, 19.75, authorizing the joining together as husband and wil
I, John C. Maring marriage certificate was filed in man	and Margaret Zuijada  hereby certify that on the control of the distribution of the control of t
one thousand nine hundred and	hereby contists at
State of Indiana C	day of lights
and, Bride Maroppet 3	County of Allandiana
were by me united in marriage as authorized	Lern County, State of Sharana
Dated this	at Nanwille County of Gendricks  of Hindricks County, State of Indiana  that purpose by the Clerk of the Circuit Court of HENDRICKS
day of august	5 HENDRICKS
	^ / ^
and recorded in accordance with the laws of the Great	Official De Signed John C. Mowrer
	Official Designation
the State of Indiana this	Official Designation Judge County Court  1.8 day of Sugust 19 75  Signed Glen M Toward Cler

#### STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENS

HENDRICKS

E LICENSE	File
ounty	Date of Application
LE	Date of Application
l Examination Report D	ated 7/25/75
em //	n

No. # 395

MALE Medical Examination Report Dated FEMA Medica Name of Physician\_ Name of Physician (1. 1). Scuadev ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-MALE APPLICANT FEMALE APPLICANT mosell Date of Birth Date of Birt Place of Birth (State, Residence Addres Previous Marital Status: Never Married | Number of Previous Marriage Death Divorce Annulment Previous Marital Status: Never Married 

Number of Previous Marriages. White Negro Other (specify). Last Marriage Ended By: Death | Divorce | Annulment | Usual Occupation Color or Race White Negro Other (specify). Date of birth verified by: Birth Cert. Judicial Decree # 40-019627 Other (Specify)..... Usual Occupation 1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? Date of birth verified by: Birth Cert. | Judicial Decre No Yes Of Unsound Mind? 113-44- 025833 2. Are you under guardianship as a person of unsound mind? Yes 🗌 1. Are you now or have you been adjudged, diagnosed or considered as: 3. Are you now or have you been within five (5) years an inmate of a home for indigent persons? An Imbecile? If answer to 3 is "yes" has the cause of such condition been removed? No 🗆 Yes 🗌 Of Unsound Mind? 4. Are you afflicted with a transmissible disease? Yes 🗌 5. Are you related to the bride closer than second cousin? 2. Are you under guardianship as a person of unsound mind? No Yes 6. Are you now under the influence of intoxicating liquor? No Yes 3. Are you afflicted with a transmissible disease? 7. Are you now under the influence of a narcotic drug? Yes 🗆 4. Are you related to the groom closer than second cousin? 8. Are you able to support a family? Yes No 9. Are you likely to so continue? Yes No 5. Are you now under the influence of intoxicating liquor? 10. Do you have minor children from one or more former marriages? No Yes 2 6. Are you now under the inflyence of a narcotic drug? (If yes, answer questions a, b, c) (a) List their full names, ages and addresses Address Residence of father (if deceased so state) ... Occupation of father. Birthplace of father (State or foreign country) (b) Are you supporting or contributing to their support? Yes No 🗆 (c) Are you complying with any court order or orders issued for their support? Yes No 🗆 Residence of father (if deceased so state) .. Indianapoles State of Indiana Residence of mother (if deceased so state) .... Birthplace of mother (State or foreign country).... State of Indiana, HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN Subscribed and sworn to before me this. We, the parents, of this applicant hereby give consent for this marriage. If only one parent Xuen M Tharvey Clerk HENDRICKS signs, state facts which render the consent of the other parent unnecessary CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana, State of Indiana, County of HENDRICKS County of ..... HENDRICKS Signed. Father .....Mother COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the..... day of Assayest , 19.75, authorizing the joining together as husband and wife Max Paluts and fatrucea Una Spiller Be it further remembered, the following marriage certificate was filed in my office, to-wit: Hilbert & Schreiber hereby certify that on the 17 day of kinguist one thousand nine hundred and 75 at Brownsburg, County of Hendricks State of Indiana, Groom Aussell mas Roberts of Thendricks County, State of Indiana and, Bride Satricia ann Speller of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. august , 1975 Official Designation Christian Minister 

Signed Glen M Harvey

.........HENDRICKS...

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 396
File Book 37

HENDRICKS County

County

County

Date of Application

FEMALE

Medical Examination Report Dated

On the State of Application

MALE Medical Examination Report Dated  8 - 17 - 7 >	Name of Physician Dorsell &. Chesman 2.
a les the smart to	Name of 1 hystocological license to marry by any false statement
"La "Folgo st	atement—Whoever procures the issuance of a license to marry by any false statement, representa-
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes raise of tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".  MALE APPLICANT	FEMALE APPLICANT  Middle Last
Name First 1 Middle 2 Last	Name Shellen Jean Cooper
Date of Birth Month Day Year	Date of Birth Month Day 1955
Place of Birth (State or foreign of untry)	Place of Birth (State or foreign country)
metholist Jose Interrepted State	Residence Address Street or R. R. t City County State
304 W. marion St. Darville Hert. J. M.	Maiden Name if Different
Previous Marital Status: Never Married V Number of Previous Marriages	Number of Business Manda
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married Number of Previous Marriages
Color or Race White W Negro Other (specify)	Last Marriage Ended By: Death Divorce Annulment
Usual Occupation & takent	Color or Race White Negro Other (specify)
Date of birth verified by: Birth Cert.  Judicial Decree	Usual Occupation Becularial
Other (Specify) Out ful. He set - Infly	Date of birth verified by: Birth Cert. Judicial Decree
1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? Of Unsound Mind?  Yes	Other (Specify) Voters Registration Cert #6931
2. Are you under guardianship as a person of unsound mind? No Yes   3. Are you now or have you been within five (5) years an inmate of a county asylum or	1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  No Y Yes
home for indigent persons?  If answer to 3 is "yes" has the cause of such condition been removed?  No Yes	An Imbecile?  Of Unsound Mind?  No Yes
4. Are you afflicted with a transmissible disease?	2. Are you under guardianship as a person of unsound mind?
5. Are you related to the bride closer than second cousin? No S Yes   6. Are you now under the influence of intoxicating liquor? No S Yes	3. Are you afflicted with a transmissible disease? No X Yes □
7. Are you now under the influence of a narcotic drug?	4. Are you related to the groom closer than second cousin? No Yes□
8. Are you able to support a family?  9. Are you likely to so continue?  Yes No	5. Are you now under the influence of intoxicating liquor? Now Yes
10. Do you have minor children from one or more former marriages?  (If yes, answer questions a, b, c)	6. Are you now under the influence of a narcotic drug?  No X Yes
(a) List their full names, ages and addresses  Name  Age  Address	7. Full name of father (if deceased so state) R. 3. Boy 16 Dray 14
Name Age Address	Residence of father (if deceased so state)  Occupation of father. Race of father.
	Birthplace of father (State or foreign country). Steleswille Ind
A) A	8. Full maiden name of mother Thattie Thank Walkerst
(b) Are you supporting or contributing to their support?  (c) Are you complying with any court order or orders issued for their support?  Yes \[ \] No \[ \]	Residence of mother (if deceased so state) R: 3, By 16 Danville
11. Full name of father Franklin Lee Hanson	Occupation of mother Eli July Race of mother W
Residence of father (if deceased so state) 304 W. Marin St.	Birthplace of mother (State or foreign country)
Occupation of father Race of father Race of father	
Birthplace of father (State or foreign country) Lafayelle Ind.  12. Full maiden name of mother. Evelyn That Dawson	State of Indiana,  County of
Residence of mother (if deceased so state) 304 W Zyylian	See a. a.
Occupation of mother Head . Co . Hard . Base of mother (4)	New Address 205 Chiefrut ave.
Birthplace of mother (State or foreign country)	Tew Address.
State of Indiana,  County of HENDRICKS  Sas: I depose and state the information given in this application is true and correct.	Subscribed and sworn to before me this. 12 day of Que 19.75
Signed David Aurgon	Blen M. Harry Clerk HENDRICKS Circuit Court
New Address 1208 Chestnut are Working	CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this. 12 day of aug 1975	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
ClerkHENDRICKS Circuit Court	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents of this applicant has been seen as the parents of the applicant has been seen as the parents of the applicant has been seen as the parents of the applicant has been seen as the parents of the applicant has been seen as the parents of the applicant has been seen as the parents of t	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary	
parent differencessary.	
	State of Indiana.
State of Indiana,  County of HENDRICKS 8s:	County ofHENDRICKS
Signed Father	SignedFather
Dig neu	SignedMother
day of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	
in County County	T. A marriage license having been refused to the above named parties, the urt by written order issued
authorizes and directs the issuance of RETURN OF MARRIAGE AND	f a marriage liggree to the design of the de
THE DI Kemembered 41	E AND MADDY (ST
of Indiana dated the	E AND MARRIAGE CERTIFICATE  se issued by the clerk of the HENDRICKS Circuit Court
Be it further remembered in wayne Hand has	, 19.7. Sauthorizing the joining together as hysband and wife
one thousand nine hundred and 75	nd Shelley Jean Cooper ffice, to-wit: hereby certify that on the 17 day of august "Her at Danville County of Indiana
State of Indiana Groom 40	at A) a land of water of
and, Bride Miller ()	of July of the state of the sta
were by me united in marriage as authorized in marriage as a substitution in marriage	County, State of malland
Dated this	that purpose by the Clerk of the Circuit Court of HENDRICKS
19.7.	
Filed and recorded in accordance with	Signed her Jaseph D. Stump
with the laws of the State of Indiana this	19 Castor
Filed and recorded in accordance with the laws of the State of Indiana this	Signed Glen M. Harries Clerk
	Clerk

------HENDRICKS.

....Circuit Court

#### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE Chap. 126, Ind. Acts 1905 HENDRICKS County MALE Date of Application Medical Examination Report Dated\_ FEMALE Medical Examination Report Dated Name of Physician Areas 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, representa-MALE APPLICANT FEMALE APPLICANT Date of Birth Date of Birth Previous Marital Status: Never Married Number of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married Number of Previous Marriages. Color or Race White Negro Other (specify)... Last Marriage Ended By: Death | Divorce | Annulment | Usual Occupation Color or Race White Negro Other (specify). Date of birth verified by: Birth Cert. Judicial Decree 14675 Other (Specify)... Usual Occupation Are you now or have you been adjudged, diagnosed or considered as:
 An Imbecile? Date of birth verified by: Birth Cert. | Judicial Decree Yes 🗆 Of Unsound Mind? Yes | Yes | Other (Specify). 2. Are you under guardianship as a person of unsound mind? 3. Are you now or have you been within five (5) years an inmate of a 1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? If answer to 3 is "yes" has the cause of such condition been removed? No B No 🗆 Yes 🗌 Of Unsound Mind? 4. Are you afflicted with a transmissible disease? No D Yes 🗌 5. Are you related to the bride closer than second cousin? 2. Are you under guardianship as a person of unsound mind? Yes 🗌 No 🗗 6. Are you now under the influence of intoxicating liquor? Yes 🗆 No Yes 3. Are you afflicted with a transmissible disease? 7. Are you now under the influence of a narcotic drug? Yes 🗌 4. Are you related to the groom closer than second cousin? 8. Are you able to support a family? Yes 🗗 No 🗆 9. Are you likely to so continue? 5. Are you now under the influence of intoxicating liquor? Yes 🗸 No 🗆 No Ves 10. Do you have minor children from one or more former marriages? No 🗆 Yes 🗌 (If yes, answer questions a, b, c) No Yes (a) List their full names, ages and addresses Name Address Occupation of father Book Bender (b) Are you supporting or contributing to their support? No 🗆 (c) Are you complying with any court order or orders issued for their support? Indiana Birthplace of mother (State or foreign country). Occupation of father Salesmo Birthplace of father (State of foreign country) Theadrelle State of Indiana. HENDRICKS Residence of mother (if deceased so state) 3105 Birthplace of mother (State or foreign country). State of Indiana, CONSENT OF PARENTS, PARENT OR GUARDIAN New Address. Subscribed and sworn to before me this. We, the parents, of this applicant hereby give consent for this marriage. If only one parent Clerk HENDRICKS signs, state facts which render the consent of the other parent unnecessary. CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary... State of Indiana, County of..... HENDRICKS County of HENDRICKS Signed. Mother Subscribed and sworn to before me this......day of...... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County...... Court by written order issued..... authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage, license issued by the clerk of the HENDRICKS of Indiana dated, the..... day of Gugust, 19.75, authorizing the joining together as husband and wife Steven L. Ingram Jaan m. Jasterman Be it further remembered, the following marriage certificate was filed in my office, to-wit: .....and..... James a Bonke hereby certify that on the 3! day of lugues one thousand nine kundred and .... at Brownsburg State of Indiana, Groom Steven & Ingram of Clermont County, State of and, Bride Joan M. Gesterman 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 ....... Dated this .. lugust, 19 75. Official Designation .. Filed and recorded in accordance with the laws of the State of Indiana this..... Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No	378
File	BK 37
The Ch	Mariet 13, 1972
Co	Date of Application

Form Prescribed By Indiana State Board of APPLI	CATION FOR M	IARRIAGE LICENSE	File Die 3
Health under Authority Chap. 126, Ind. Acts 1905	HENDRICK		Date of Application
	1161 (21)		9/13/25
MALE	75	FEMALE Medical Examination Report D	pated // /
Medical Examination Report Dated	4210	Name of Physician Thon	nas Walper, Ma.
Name of Physician Wlen W. Baker	10110		cense to marry by any false statement, representa-
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts tion or pretense shall be fined in any sum not exceeding five hundred	1905 prescribes "False stated dollars (\$500.00)".	ement—whoever process	E APPLICANT
MALE APPLICANT	7	Finet.	Middle A Last
Name First Middle	Harrison .	Fay	Day Year
Date of Birth Month Day	Year 1957	Actalur	3, 1957
Place of Birth (State or foreign country)	7707	Place of Birth (State or foreign country)	marion In.
Residence Address Street or R. R. City Co	unty State	Residence Address Street or R. R.	+ Plainfully State
Pt But 18 Camby	1	Maiden Name if Different	and the second
Previous Marital Status: Never Married Number of Previous Ma		Previous Marital Status: Never Married	Number of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment		Last Marriage Ended By: Death	Divorce Annulment
Color or Race White Negro Other (specify)			
Usual Occupation U. S. Marine Corp.		Color or Race White Negro	Other (specify)
Date of birth verified by: Birth Cert. Dudicial Decree	_	Usual Occupation In sap	lajed
1. Are you now or have you been adjudged, diagnosed or considered as:	No □ Yes □	# 125	Judicial Decree
An Imbecile? Of Unsound Mind? 2. Are you under guardianship as a person of unsound mind?	No Yes No Yes	Other (Specify)	, diagnosed or considered as:
Are you now or have you been within five (5) years an inmate o home for indigent persons?	_ / _	An Imbecile?	No 🖸 Yes 🗆
If answer to 3 is "yes" has the cause of such condition been removed	? No 🖸 Yes 🗆	Of Unsound Mind?	No Yes 🗆
<ul><li>4. Are you afflicted with a transmissible disease?</li><li>5. Are you related to the bride closer than second cousin?</li></ul>	No Yes No Yes	2. Are you under guardianship as a person	
6. Are you now under the influence of intoxicating liquor? 7. Are you now under the influence of a narcotic drug?	No Yes No Yes	3. Are you afflicted with a transmissible d 4. Are you related to the groom closer tha	
8. Are you able to support a family?	Yes No	5. Are you now under the influence of int	
<ul><li>9. Are you likely to so continue?</li><li>10. Do you have minor children from one or more former marriages?</li></ul>	Yes	6. Are you now under the influence of a	
(If yes, answer questions a, b, c) (a) List their full names, ages and addresses		7. Full name of father Walfal	J. Uclon
Name Age Add	ress	Residence of father (if deceased so state	3/3 hadden Till
		Occupation of father	Race of father, Milk
		Birthplace of father (State or foreign	vita m Janlar
(b) Are you supporting or contributing to their support? (c) Are you complying with any court order or orders issued for	Yes 🗌 No 🗎	8. Full maiden name of mother	3/3 h Mine PIII
their support?  11. Full name of father	Yes No No	Residence of mother (if deceased so st	11/6/40
Residence of father (if deceased so state) 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 lamby		Trace of aposter was provided
Occupation of father June Armely Race of f	ather	Birthplace of mother (State or foreign	country)
Birthplace of father (State or foreign country)	0	State of Indiana,	ss: I depose and state the information given in this application is true and correct.
12. Full maiden name of mother Soul 6 Nec	pert	County of HENDRICKS	n and approach is true and correct
Residence of mother (if deceased so state)		Signed Jay	Acton
Birthplace of mother (State or foreign country) A a day ga	other	New Address /C	BOX 118 Camby rend.
State of Indiana, I depose and state	the information given	Subscribed and sworn to before me this	2 day of Malfill 19 13
County of HENDRICKS in this application	is true and correct.	Den Marney	Clerk HENDRICKSCircuit Court
New Address.		CONSENT OF PARENTS, PARENT OR G	HAPDIAN
Subscribed and sworn to before me this / 3 day of Que	Must 1925		rive consent for this marriage. If only one parent
Sless M. Harvey ClerkHENDRICKS	Circuit Court		of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN			or the other parent uninecessary
We, the parents, of this applicant hereby give consent for this marriag sign, state facts which render the consent of the other parent unneces	e. If only one parent		
de other parent unnece	ssary		
		State of Indiana,	
State of Indiana,  County of HENDRICKS 8s:		County ofHENDRICKS	} ss:
Signed		Signed	Father
Signed Jessie M. Harrison	Father Mother	Signed South	M. acton Mother
Subscribed and sworn to before me this. 22 day of Ull	gust 1979	Subscribed and sworn to before me this	13 de la Messal 15
The state of the s	Clerk	Ale	m. Hungary
COMPLETE IF MARRIAGE LICENSE ISSUED BY HENDRICKS County	ORDER OF COURT	A	J. J. J. Clerk
in authorizes and county	Court.	A marriage license having been re	efused to the above named parties, the
authorizes and c	lirects the issuance of	a marriage license to the st	and filed
of Indiana dated the 22 day of	fice a marriage license	issued by the clerk of the	HENDRICKS Cinquit Court
De William remembered 11		a dullorizing the	e anima a together as beat and anite
of Indiana dated the day of day of Be it further remembered, the following marriage certifical thousand nine hundred and 75  State of Indiana, Groom Lacel allen Man	te was filed in my offic	ce, to-wit: 6. acton	System as masteria and wys
one thousand nine hundred and 7.5	he	reby certify that on the 24	+
State of Indiana Con-		A. !	aay of
and, Bride All College O	resort	7/ 1	, County of
and, Bride Say Ellen Actor were by me united in marriage as authorized by a marriage County.  Dated this 24 day of Augus	e license issued for the	endricks (	County, State of Indiana,
County.  Dated this 24 day of a guestien	t	- purpose by the Clerk of the Circuit	Court of HENDRICKS
Filed and recorded in accordance with the laws of	Of	ficial Designation	& G wade
the Stat	e of Indiana this	day of A	Janes Church
Filed and recorded in accordance with the laws of the Stat	S	igned Alen m	t , 19.75.
		HENDRICA	ZVelf Clerk

HENDRICKS Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of Health under Authority	PLICATION FOR M	ARRIAGE LICENSE	File DN 37
Chap. 126, Ind. Acts 1905	HENDRICKS		Date of Application
T WINE	22 75	FEMALE Medical Examination Report Da	sted 8/13/25
MALE Medical Examination Report Dated	-22-75 bear 40710	Name of Physician Thon	cas Walper mid.
Name of Physician ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indian any sum not exceeding five h	Acta 1905 prescribes "False state	ment-Whoever procures the issuance of a lice	ense to marry by any false statement, representa-
tion or pretense shall be filled in this	nundred dollars (\$500.00)".	FEMALE	ATTECANT
Name Wirst Middle	Harrison -	Name First	Middle Acton
Date of Birth Mogth Day 33	Year 1957	Date of Birth Actalur	Day Year 1957
Place of Birth (State or foreign country)	od.	Place of Birth (State or foreign country)  Residence Address Street or R. B.	County State
Residence Address Street or R.R. City (a)	mby Ind	Maiden Name if Different	Plainfuld In.
Previous Marital Status: Never Married Number of Previ	ious Marriages	Previous Marital Status: Never Married	Number of Previous Marriages
Last Marriage Ended By: Death Divorce Ann		Last Marriage Ended By: Death	Divorce Annulment
Color or Race White Negro Other (speci	fy)	Color or Race White Negro	Other (specify)
Usual Occupation	orp.	Usual Occupation Amonable	luced
Other (Specify) # 12 82 7  1. Are you now or have you been adjudged, diagnosed or consider the second of the secon	ered as:	4 7	Judicial Decree
An Imbecile? Of Unsound Mind? 2. Are you under guardianship as a person of unsound mind?	No	Other (Specify)	diagnosed or considered as:
Are you now or have you been within five (5) years an inhome for indigent persons?		An Imbecile?	No 🗗 Yes 🗆
If answer to 3 is "yes" has the cause of such condition been 4. Are you afflicted with a transmissible disease?	removed? No Yes No Yes	Of Unsound Mind?  2. Are you under guardianship as a person	of unsound mind? Yes
5. Are you related to the bride closer than second cousin? 6. Are you now under the influence of intoxicating liquor?	No Yes T	3. Are you afflicted with a transmissible dis	· / · · ·
7. Are you now under the influence of a narcotic drug? 8. Are you able to support a family?	No A Yes No	4. Are you related to the groom closer than	
9. Are you likely to so continue? 10. Do you have minor children from one or more former marria	Yes No No Yes	5. Are you now under the influence of into: 6. Are you now under the influence of a na	
(If yes, answer questions a, b, c) (a) List their full names, ages and addresses	10 100	7. Full name of father Walfal	delon
Name Age	Address	Residence of father (if deceased so state)	7 3/3 n. Visil, Pff.
		Occupation of father	Race of father, William
		Birthplace of father (State or foreign co	
(b) Are you supportin (c) Are you complying their support?			
11. Full name of father			
Residence of father (if			
Occupation of father  Birthplace of father (S	1 anta	, hereby	give my consent for
12. Full maiden name of n	The Day	an at	to
Residence of mother (if Occupation of mother	the hay	ellen Mccoro	and a series of the series of
Birthplace of mother (S marry	sul allen H	arrison.	
State of Indiana, County of HENDRICKS		(1)	
Sign		March	action of the second
New Address Subscribe	ed and sworn to be	efore me this 19th	day of luquet 19/3
Alex M.		1 11	1 201 - 129
CONSENT OF PARENTS, P We, the parents, of this appl		Vanela Ce	v Public
sign, state facts which rende		Notar	y Fuolic
State of Indiana,		State of Indiana,	S8 :
County ofHENDRICK		County of HENDRICKS	55:
Signed			483.4
Subscribed and sworn to be	0		
complete in w	les W. It	1111	
COMPLETE IF MA my Don	Paid	hereby	give my consent for
in marry 7	ay Elo	llen Harris	m to
Be It 3 County on	dellen	action.	
of Indiana dated the	marion	000	
Be it further rememt Subscribed	om d	- Charles W	Harrison
1, der da	and sworn to bef	fore me this //	
one thousand nine hi My Comme &	VA.	of the de	ay of Aug 1975
and, Bride Lay	Xpires 1-20-7	Haura 9.	· Day
County as authorized by		Notary	Public
Dated this 24 day of day	t de license issued for thu	t par pour og our occion, og an	
The state of the s	, 19 75		
Filed and recorded in accordance with the laws of the	Offi	Signed Sex Salph	6 Wade
the law wa	State of Indiana this	27 day of Quay	plest hurch
	$Si_{t}$	V. Vant. M.	velf Clerk
		HENDRICKS	V

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 MALE Date of Application Medical Examination Report Dated FEMALE Medical Examination Report Dated Name of Physician Ther 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)". FEMALE APPLICANT Middle Date of Birth Date of Birth Place of Birth (State or foreign country) Previous Marital Status: Never Married Number of Previous Marriag State Death Divorce Annulment Last Marriage Ended By: Previous Marital Status: Never Married Number of Previous Marriages. White Negro Other (specify)... Last Marriage Ended By: Death Divorce Annulment Usual Occupation rechanic Date of birth verified by Birth Cert. | Judicial Decree Color or Race White Negro Other (specify). Other (Specify) (Specify) Licerise & 316-52-5258 Usual Occupation 1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? Birth Cert. Judicial Decree Yes 🗆 Of Unsound Mind? 2. Are you under guardianship as a person of unsound mind? Other (Specify) Wriving License Yes 🗌 Are you under guardians.
 Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? 1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? If answer to 3 is "yes" has the cause of such condition been removed? No Yes Yes 🗆 4. Are you afflicted with a transmissible disease? Of Unsound Mind? No Yes Yes 5. Are you related to the bride closer than second cousin? 2. Are you under guardianship as a person of unsound mind? 6. Are you now under the influence of intoxicating liquor? No Yes 3. Are you afflicted with a transmissible disease? 7. Are you now under the influence of a narcotic drug? No Yes 🗆 No Yes 8. Are you able to support a family? 4. Are you related to the groom closer than second cousin? Yes No No No Yes 9. Are you likely to so continue? 5. Are you now under the influence of intoxicating liquor 10. Do you have minor children from one or more former marriages? No Yes No Yes (If yes, answer questions a, b, c) 6. Are you now under the influence of a narcotic drug? No Yes (a) List their full names, ages and addresses Address (b) Are you supporting or contributing to their support? Yes 🗌 No□ (c) Are you complying with any court order or orders issued for their support? No 🗆 11. Full name of father .... Occupation of mother / Houseufe Birthplace of mother (State or foreign country)... Birthplace of father (State or foreign country) depose and state the information given this application is true and correct. 12. Full maiden name of mother... County of..... Residence of mother (if deceased so state) Occupation of mother. Birthplace of mother (State or foreign country). State of Indiana, County of HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN Subscribed, and sworn to before me this. We, the parents, of this applicant hereby give consent for this marriage. If only one parent Seen In Harvey Clerk HENDRICKS signs, state facts which render the consent of the other parent unnecessary... CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the State of Indiana, State of Indiana, HENDRICKS County of..... County of ..... HENDRICKS Signed. Signed. Father Signed. .. Mother Subscribed and sworn to before me this......day of..... COMPLETE IF MARRIAGE LICENSE ISSUED, BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS. County arcent Court by written order issued I waiver & feel authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the ... August , 1975, authorizing the joining together as husband and wife summend Ernest neelee and Lavada Be it further remembered, the following marriage certific ie was filed in my office, to-wit: 1, Elder Don A Mc Itelliams hereby certify that on the 17 day of deegust one thousand nine hundred and 75 at Brownsburg, County of Hendricks State of Indiana, Groom Baymond, E. nelly of Kendricks County, State of Indiana and, Bride Lavada L Harp 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 .. august , 19 75. Official Designation Minister Signed Glen M Harvey Clerk

Form Prescribed By

APPLICATION 1	ATE OF OR	MARRIA	GE	LICENSE
APPLICATION			C	+ 37

HENDRICKS

County

re			-	
1.		. /	111	10.
111	copi	21	17,	1975
	Bate	of A	pplic	ation
	1 /			

Indiana State Board of Health under Authority Chap. 126, Ind. Acts 1905 FEMALE Medical Examination Report Dated Name of Physician MALE Medical Examination Report Dated ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, represented to the presentation of pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT Date of Birth Maiden Name if Differen Previous Marital Status: Never Married Number of Previous Previous Marital Status: Never Married Number of Previous Marriages Death Divorce Annulment Death Divorce Annulment Last Marriage Ended By: Last Marriage Ended By: White Negro Other (specify)... Other [ (specify). Color or Race Color or Race Usual Occupation Birth Cert. Judicial Decree Usual Occupation Date of birth verified by: Birth Cert. | Judicia Decree Meeteril Date of birth verified by:/ Other (Specify) Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No 🛛 Yes 🗌 No Q 1. Are you now or have you been adjudged, diagnosed or considered as: Of Unsound Mind? 2. Are you under guardianship as a person of unsound mind? No D county asylum or 3. Are you now or have you been within five (5) years an inmate of a home for indigent persons? An Imbecile? Yes 🗌 Of Unsound Mind? Yes 🗌 If answer to 3 is "yes" has the cause of such condition been removed? Yes 🗌 No 🗆 2. Are you under guardianship as a person of unsound mind? Yes [ Yes 🗌 No 🗵 4. Are you afflicted with a transmissible disease? Yes 🗌 No D 5. Are you related to the bride closer than second cousin? 3. Are you afflicted with a transmissible disease? Yes 🗌 Yes 🗌 6. Are you now under the influence of intoxicating liquor? No D 4. Are you related to the groom closer than second cousin? Yes 🗆 No 📮 Yes [ 7. Are you now under the influence of a narcotic drug? Yes [ No 🗌 5. Are you now under the influence of intoxicating liquor? Yes 🗌 8. Are you able to support a family? No 🗌 Yes 🗆 9. Are you likely to so continue? 6. Are you now under the influence of a narcotic drug? No 🗌 Yes 🗌 10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) (a) List their full names, ages and addresses Residence of father (if deceased so state) 37 Address Age Name Occupation of father Dallers Birthplace of father (State or foreign country) No 🗌 Yes 🗆 (b) Are you supporting or contributing to their support? (c) Are you complying with any court order or orders issued for their support? Residence of mother (if deceased Birthplace of mother (State or foreign country). State of Indiana, I depose and state the information given in this application is true and correct. Birthplace of father (State or foreign County of HENDRICKS Residence of mother (if deceased so state), Chentry Birthplace of mother (State or foreign country). State of Indiana. Clerk HENDRICKS County of HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent . ClerkHENDRICKS signs, state facts which render the consent of the other parent unnecessary... CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana, State of Indiana County of ..... HENDRICKS County of ......HENDRICKS Signed. Signed... Mother Subscribed and sworn to before me this......day of...... Subscribed and sworn to before me this \_\_\_\_\_day of\_\_\_\_\_ ...., 19..... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued..... authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court dated the 19+1 liana dated the 19th day of Allfall of Indiana dated the ... allquest and like sutherizing the joining together as husband and wife my office, to-wit: Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1, A Howard Davidson marriage certificate was filed in my office, to-wit:

one thousand nine hundred and 75 hereby certify that on the 23 day of August one thousand nine hundred and 73 hereby certify that on the 23 day of disgusteries state of Indiana, Groom John Michael Matthews of Marion County of Hendricks and, Bride Willed Sedberry of Hendricks County, State of Judishaw were by me united in marriage as authorized by a marriage license issued for the 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.

, 19.75

Official Designation Minister

HENDRICKS

.Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE Chap. 126, Ind. Acts 1905 HENDRICKS \_County MALE Date of Application Medical Examination Report Dated FEMALE Medical Examination Report Dated. Name of Physician\_ 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, representa-Name FEMALE APPLICANT Date of Birth Date of Birth Place of Birth (State Place of Birth (State or for Residence Address Previous Marital Status: Never Married | Number of Previous Marriager Death Divorce Annulment Last Marriage Ended By: Previous Marital Status: Never Married 

Number of Previous Marriages White Negro Other (specify). Color or Race Death | Divorce Annulment | Marion Last Marriage Ended By: Usual Occupation Date of birth verified by :/ Birth Cert. Judicial Decree Color or Race White Negro Other (specify). Other (Specify) Valvers License # \$303-42-1090 1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No Yes No Yes Date of birth verified by | Birth Cert. | Judicial Decree Of Unsound Mind? Other (Specify) Wrivers License # 3/40-62841 2. Are you under guardianship as a person of unsound mind? No D Yes 🗆 3. Are you now or have you been within five (5) years an inmate of a home for indigent persons? 1. Are you now or have you been adjudged, diagnosed or considered as: county asylum or Yes An Imbecile? If answer to 3 is "yes" has the cause of such condition been removed? No Yes No 🗆 Yes 🗆 4. Are you afflicted with a transmissible disease? Of Unsound Mind? No Yes No 🗗 Yes 🗌 5. Are you related to the bride closer than second cousin? 2. Are you under guardianship as a person of unsound mind? No I Yes 🗌 6. Are you now under the influence of intoxicating liquor? Yes 🗌 No Yes 3. Are you afflicted with a transmissible disease? 7. Are you now under the influence of a narcotic drug? No 🖸 Yes 🗆 8. Are you able to support a family? 4. Are you related to the groom closer than second cousin? Yes D No 🗆 Yes 🗌 9. Are you likely to so continue? Yes No 🗆 5. Are you now under the influence of intoxicating liquor? 10. Do you have minor children from one or more former marriages? No Yes No 🗌 Yes 🗎 (If yes, answer questions a, b, c) 6. Are you now under the influence of No Yes (a) List their full names, ages and addresses Address Birthplace of father (State or foreign country) (b) Are you supporting or contributing to their support? Yes No 🗆 (c) Are you complying with any court order or orders issued for their support? Residence of father (if deceased so state). Birthplace of mother (State or foreign country) ... Occupation of father Birthplace of father (State or foreign country).... State of Indiana, Residence of mother (if deceased so state). Occupation of mother Allered Birthplace of mother (State or foreign country)... County of HENDRICKS .Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN New Address. Subscribed and sworn to before me this ... We, the parents, of this applicant hereby give consent for this marriage. If only one parent Clerk HENDRICKS signs, state facts which render the consent of the other parent unnecessary. CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana. State of Indiana. HENDRICKS County of ..... County of ..... HENDRICKS ...Father Signed Father Mother Signed. Mother Subscribed and sworn to before me this..... ...day of..... day of.... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Circuit Court by written order issued 3 day warver authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS of Indiana dated the day of Muglish , 19 75, authorizing the joining together as husband and wife and Linds C. Hakn Be it further remembered, the following marriage certificate was filed in my office, to-wit: myron Barnard hereby certify that on the one thousand nine hundred and ..... at Indianapales County of Marion State of Indiana, Groom Lil of Marion, County, State of Indiana An of Tendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of .... Dated this ... august 19 75 Official Designation Justice a Filed and recorded in accordance with the laws of the State of Indiana this...... ....day of .....

Signed Glen M.

.HENDRICKS.

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 401
File 37
Date of Application

.. Circuit Court

........ HENDRICKS...

HENDRICKS

County

Date of Application

FEMALE

Medical Examination Report Dated

7-29-75

Name of Physician

Figure 1 Clark

Name of Physician

Medical Examination Report Dated 7-29-75		Name of Physician Grie C. Clark
Name of Physician Eric Clark		tatement—Whoever procures the issuance of a license to marry by any false statement, representa-
ALL OUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 pre	escribes "False s' (\$500.00)".	PEMALE APPLICANT
tion of precense share		Figst Middle 1 Last
MALE APPLICANT  Middle	Last	Name Sarah Day Year
Name Marchial L. Jud	gins	Date of Birth Month 12 1955
Date of Birth Month Day 4	50	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Ind.	indianapoles P. P. City County St.
Residence Address Street or R. R. City County	State	Residence Address Vallet Jordals Marcon Ind
432 Lindon on. Glainfield Hender	seks, In	Maiden Name if Different
Previous Marital Status: Never Married Number of Previous Marriages		Previous Marital Status: Never Married Number of Previous Marriages.
Last Marriage Ended By: Death Divorce Annulment		
AND MAINTENANCE OF THE PROPERTY OF THE PROPERT		Last Marriage Ended By: Death Divorce Annulment
Color or Race White Negro Other (specify)		Color or Race White Negro Other (specify)
Usual Occupation Baden + Gender Tepair	M/2-041	Color or race
Date of birth verified by: Birth Cert.   Judicial Decree St. Bd. of	759	Usual Occupation January 11 Ba DHI AND
Other (Specify)		Date of birth verified by: Birth Cert. Judicial Decree M. Bd. of Wealth
An Imbecile?	Ves Ves	Other (Specify)
Of Unsound Mind?  Are you under quardianship as a person of unsound mind?	No Yes 🗌	1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  No   Yes □
	nty asylum or Yes	
If answer to 3 is "yes" has the cause of such condition been removed?	No Yes Ves	Of Unsound Mind?
4. Are you afflicted with a transmissible disease?	Ves T	2. Are you under guardianship as a person of unsound mind? No F Yes
5. Are you related to the bride closer than second cousin.	No Yes	3. Are you afflicted with a transmissible disease? No ▶ Yes □
7. Are you now under the influence of a narcotic drug?	es No 🗆	4. Are you related to the groom closer than second cousin? No P Yes
8. Are you able to support a family:	es No No	5. Are you now under the influence of intoxicating liquor? No Yes
10. Do you have minor children from one or more former marriages?	Vo Yes	6. Are you now under the influence of a narcotic drug? No - Yes -
(If yes, answer questions a, b, c) (a) List their full names, ages and addresses		7. Full name of father Alason Brack
Name Age Address		Residence of father (if deceased so state)
	••••••	Occupation of father Race of father 72
		Birthplace of father (State or foreign country) Mississifical
		8. Full maiden name of mother Sarah L. Luchster
(b) Are you supporting or contributing to their support?  (c) Are you complying with any court order or orders issued for	les No No	2817n. Galhat and Is
their support?	les 🗌 No 🗌	Accordance of motion (i.e.
11. Full name of father Blath Holdans		Occupation of mother Allasta A Race of mother Management
Residence of father (if deceased so state)		Birthplace of mother (State or foreign country) Massachal flight
Occupation of father Desabled Detail. Race of father		Chat of Juliana
Birthplace of father (State or foreign country)		State of Indiana,  County of HENDRICKS  State of Indiana,  I depose and state the information given in this application is true and correct.
12. Full maiden name of mother Sarah Tunnel Well	U.	0 0 0
Residence of mother (if deceased so state) sudgets, Ind.		Signed Sarah & Spatt
Occupation of mother Self Massettel Race of mother.	<u>n</u> .	New Address 432 Linden Lane (Plaintiela)
Birthplace of mother (State or foreign country)		Subscribed and sworn to before me this /5 day of August 19.75
State of Indiana,  County of HENDRICKS  Ses: I depose and state the info in this application is true	ormation given	
	e and correct.	Glen m Harvey Oerk HENDRICKS Circuit Court
Signed Mauril Andgus	0 1 00	
New Address 438 Lande Lane 1	anfield)	CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this day of legislated		We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Allen M. Harvey ClerkHENDRICKS	Circuit Court	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN		
We, the parents, of this applicant hereby give consent for this marriage. If or	nly one parent	
signs, state facts which render the consent of the other parent unnecessary		
State of Indian		State of Indiana,
State of Indiana,  County ofHENDRICKS		County ofHENDRICKS.
)		Signed
Signed	Father	
Signed	Mother	Signed Mother
day of	, 19	Subscribed and sworn to before me thisday of
		Clark
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER	P OF T	
HENDRICKS County	K OF COU	RT. A marriage license having been refused to the above named parties, the court by written order issuedand filed of a marriage license to the above named parties, the
in authorizes and di	C	court by written order issued and filed
DEWINS		a marriage license to the above named parties.
we of Kemembered, there was fled	AGE LICENS	SE AND MARRIAGE CERTIFICATION
of Indiana dated the	marriage lice	SE AND MARRIAGE CERTIFICATE  the issued by the clerk of the HENDRICKS Circuit Court  TO 75
maurice & The Law of Issue	just	10 7.5
be at further remembered, the following marriage certificate		and Sarah Strack  hereby certify that on the
one thousand nine hundred and 75	d	hereby certify that on the 19
State of Indiana Communication		aay of Illhought
and, Bride Sarah & M.	no	of my County of Letter County
County we united in marriage as authorized by a	ofof	Hendricks County, State of State
Dated this	ise issued for	that purpose by the Clerk of the Circuit Court of HENDRICKS  The Sanville County, State of Indiana County, State of Indiana HENDRICKS
Dated this		HENDRICKS
		2
Filed and recorded in accordance with the		Signed Jul Stevenson, Official Designation Judge Tro Jem  Zo day of luguet , 1975
with the laws of the State of In	ndiana this	Official Designation Judge Tro Jem
Magistration of the Control of the C	onts	day of Cursust 19.75.
		Signed Jless In No.

#### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE 403 Chap. 126, Ind. Acts 1905 HENDRICKS County 8-15-75 Date of Application Medical Examination Report Dated 8-15-75 FEMALE Medical Examination Report Dated\_\_\_ Name of Physician\_ Carl & Klein ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-MALE APPLICANT FEMALE APPLICANT Previous Marital Status: Never Married Number of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married Number of Previous Marriages... White Negro Other (specify)... Color or Race Last Marriage Ended By: Death | Divorce | Annulment | Usual Occupation Color or Race Date of birth verified by: Birth Cert. | Judicial Decree Vital Statistics Usual Occupation Other (Specify). 03655 1. Are you now or have you been adjudged, diagnosed or considered as: No Yes No Yes Yes Yes Yes Date of birth verified by: Of Unsound Mind? Other (Specify).. 2. Are you under guardianship as a person of unsound mind? 3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? 1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No Yes If answer to 3 is "yes" has the cause of such condition been removed? No 🗆 Yes 🗌 Of Unsound Mind? 4. Are you afflicted with a transmissible disease? No Yes Yes 🗌 5. Are you related to the bride closer than second cousin? 2. Are you under guardianship as a person of unsound mind? Yes 🗌 6. Are you now under the influence of intoxicating liquor? 3. Are you afflicted with a transmissible disease? Yes 🗆 7. Are you now under the influence of a narcotic drug? Yes 🗌 4. Are you related to the groom closer than second cousin? 8. Are you able to support a family? No 🗆 9. Are you likely to so continue? 5. Are you now under the influence of intoxicating liquor? Yes 🖾 No 🗆 No Yes 10. Do you have minor children from one or more former marriages? No 🗆 Yes 🗀 6. Are you now under the influence of a narcotic drug? (If yes, answer questions a, b, c) 7. Full name of father Genry Edward Sheets (a) List their full names, ages and addresses Address Residence of father (if deceased so state) & 4, maresvelle Ind. Occupation of father Farmer Birthplace of father (State or foreign country) ..... 8. Full maiden name of mother Myrtle Evelyn edams (b) Are you supporting or contributing to their support? (c) Are you complying with any court order or orders issued for their support? Residence of mother (if deceased so state) 2. 4, marresvelle, Ind 11. Full name of father Helliam Edward Occupation of mother 2 Residence of father (if deceased so state) Danvelle Ind. Birthplace of mother (State or foreign country) .. Occupation of father Construction Birthplace of father (State or foreign country) Indiana 12. Full maiden name of mother. Maris Alecta Van Behrens Residence of mother (if deceased so state) Danville, Ind. Occupation of mother Hausewell Birthplace of mother (State or foreign country) Michigan ss: I depose and state the information given in this application is true and correct. Glen M. Harvey County of HENDRICKS New Address R. R. 4 Box 272 Moorewille CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent Slen m. Harvey Clerk HENDRICKS signs, state facts which render the consent of the other parent unnecessary... CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent State of Indiana, State of Indiana, County of ..... HENDRICKS County of HENDRICKS Signed ..Father Signed Mother ....day of..... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court 19.7.5., authorizing the joining together as husband and wife of Indiana dated the .... day of Cucquest Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1, Theron a Castleman hereby certify that on the 22 day of august at Salem U. meth. Church, County of Hendricks one thousand nine hundred and 75 State of Indiang, Groom, Stephen Roger Borer of Hendricks County, State of Indiana and, Bride Sales to Juan Sheets of Hendricks County, State of Indiana, were by me united 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 luguest , 1975 Official Designation United methodist minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of luguet 1975.

Signed Glen M. Harvey

HENDRICKS Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

File Book 37

Oute of Application

.Circuit Court

.....HENDRICKS

HENDRICKS County

8-14-75 FEMALE Medical Examination Report Dated 8/14/75 Eric Club 7. D MALE Medical Examination Report Dated\_\_\_ Name of Physician\_ Eric Clark In ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT Previous Marital Status: Never Married Number of Previous Marriages Previous Marital Status: Never Married Number of Previous Marriages. Death Divorce Annulment Death Divorce Annulment Last Marriage Ended By: White Negro Other (specify)... Color or Race White Negro Other (specify). Color or Race Usual Occupation office marger Birth Cert. UJudicial Decree Jule # Date of birth verified by Usual Occupation Other (Specify) Health supl oak Park, Ill Date of birth verified by: Birth Cert. Judicial Decree 1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? Other (Specify) Bulton Co. Hoght & Cent No II Yes 
Yes Of Unsound Mind? 1. Are you now or have you been adjudged, diagnosed or considered as: 2. Are you under guardianship as a person of unsound mind? 3. Are you now or have you been within five (5) years an inmate of a home for indigent persons? county asylum or No Yes An Imbecile? No Yes Of Unsound Mind? If answer to 3 is "yes" has the cause of such condition been removed? No 🗌 Yes 🗌 No D Yes 🗌 4. Are you afflicted with a transmissible disease? 2. Are you under guardianship as a person of unsound mind? Yes 🗌 No No 5. Are you related to the bride closer than second cousin? 3. Are you afflicted with a transmissible disease? 6. Are you now under the influence of intoxicating liquor? No X Yes 🗌 No 🔯 Yes 🗌 4. Are you related to the groom closer than second cousin? Nov Yes [ 7. Are you now under the influence of a narcotic drug? No 🗆 Yes 🔽 8. Are you able to support a family? 5. Are you now under the influence of intoxicating liquor? No Yes No 🗌 9. Are you likely to so continue? 6. Are you now under the influence of a narcotic 10. Do you have minor children from one or more former marriages? No 🗆 Yes 🗌 (If yes, answer questions a, b, c) (a) List their full names, ages and addresses Address Occupation of father Lackage Warhey Race (b) Are you supporting or contributing to their support? Yes 🗌 No 🗌 Yes 🔲 No 🗀 Birthplace of mother (State or foreign country) .... State of Indiana, Birthplace of father (State or foreign country). ss: I depose and state the information given in this application is true and correct. County of ..... HENDRICKS Occupation of mother Louiside Ridgewood or Planfield Birthplace of mother (State or foreign country) Dt. Paul . Mein . CONSENT OF PARENTS, PARENT OR GUARDIAN Subscribed and sworn to before We, the parents, of this applicant hereby give consent for this marriage. If only one parent Gle-m Harve signs, state facts which render the consent of the other parent unnecessary... CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary...... State of Indiana, State of Indiana, County of ..... HENDRICKS... County of HENDRICKS Signed ... Signed... Signed... Signed... Mother ..Mother Subscribed and sworn to before me this ... .....day of..... Subscribed and sworn to before me this......day of...... ..., 19..... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 Crimmins, Jr Be it surther remembered, the following marriage certificates was filed in my office, to-wit: , 1975, authorizing the joining together as husband and wife and Debra Suzanne Costin one thousand nine hundred and 75 hereby certify that on the 24 day of leaguest State of Indiana, Groom John Soul at Stilesville , County of Thendricks and, Bride Debra Suganne Castin of Hendricks County, State of Indiana Cummins Ja of Marion County, State of Indiana Official Designation Sastor, Signed Yllen

#### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County MALE Medical Examination Report Dated FEMALE Medical Examination Report Dated Elmir Name of Physician\_ 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)". FEMALE APPLICANT Name Middle Previous Marital Status: Never Married Number of Previous Marriages Death | Divorce | Annulment | Maries Co Last Marriage Ended By: Previous Marital Status: Never Married Number of Previous Marriages. White Negro Other (specify) Color or Race Last Marriage Ended By: Death Divorce Annulment Usual Occupation Color or Race White Negro Other Date of birth verified by: Birth Cert. Judicial Decree (specify) Other (Specify)... Usual Occupation 1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No Yes No Yes Yes Of Unsound Mind? 2. Are you under guardianship as a person of unsound mind? Other (Specify)... Yes 🗆 3. Are you now or have you been within five (5) years an inmate of a home for indigent persons? 1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? If answer to 3 is "yes" has the cause of such condition been removed? No Yes 🗆 No 🗆 Yes 🗆 Of Unsound Mind? 4. Are you afflicted with a transmissible disease? No Yes Yes 🗆 5. Are you related to the bride closer than second cousin? 2. Are you under guardianship as a person of unsound mind? Yes 🗌 No 6. Are you now under the influence of intoxicating liquor? Yes 🗌 No Yes 3. Are you afflicted with a transmissible disease? 7. Are you now under the influence of a narcotic drug? No Yes Yes 🗌 4. Are you related to the groom closer than second cousin? 8. Are you able to support a family? No Yes Yes 🕡 No 🗆 9. Are you likely to so continue? 5. Are you now under the influence of intoxicating liquor? Yes No 🗆 10. Do you have minor children from one or more former marriages? No Yes No 🗆 Yes 🖸 6. Are you now under the influence of a narcotic drug (If yes, answer questions a, b, c) (a) List their full names, ages and addr (b) Are you supporting or contributing to their support? Yes No 🗆 (c) Are you complying with any court order or orders issued for their support? Yes No 🗆 Residence of father (if deceased so state) Occupation of father. Birthplace of father (State or foreign State of Indiana, I depose and state the information given HENDRICKS Residence of mother (if deceased so state) Birthplace of mother (State or foreign country) State of Indiana, Clerk HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .... Clerk HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent which render the consent of the other parent unnec State of Indiana, County of ...... HENDRICKS State of Indiana, County of HENDRICKS Signed. Signed Signed. Signed. .. Mother Subscribed and sworn to before me this..... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the. Jugust , 1975, authorizing the joining together as husband and wife Be it further remembered, the following marriage certificate was filed in my office, to-wit: Juhn C. Mawren hereby certify that on the 30 day of one thousand nine hundred and ..... at Danville , County of Hendricks State of Indiana, Groom Salett Glenn Tudson of marion, County, State of Indiana of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this..... 30 day of luguest , 19 75. Official Designation .... Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Date of Application

HENDRICKS \_County Chap. 126, Ind. Acts 1905 FEMALE Medical Examination Report Dated. MALE Medical Examination Report Dated\_\_\_ Name of Physician Daved ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT Previous Marital Status: Never Married Number of Previous Marriages Previous Marital Status: Never Married | Number of Previous Marriages. Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: White Negro Other (specify).... White Negro Other (specify)... Color or Race Usual Occupation Date of birth verified by: Birth Cert. Judicial Decree Usual Occupation (1) retress □ Other (Specify) 1/3-53-073/65 Date of birth verified by: Birth Cert. Judicial Decree Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? Other (Specify) #1/3-55-104258 No Yes No 🗗 Yes 🗌 Of Unsound Mind? 1. Are you now or have you been adjudged, diagnosed or considered as: No D Yes [ 2. Are you under guardianship as a person of unsound mind? 3. Are you now or have you been within five (5) years an inmate of a home for indigent persons? county asylum or No Yes An Imbecile? No Yes Of Unsound Mind? No TYes Yes 🗌 If answer to 3 is "yes" has the cause of such condition been removed? No 🗌 2. Are you under guardianship as a person of unsound mind? No 🖻 Yes 🗌 4. Are you afflicted with a transmissible disease? Yes 🗌 No O 5. Are you related to the bride closer than second cousin? 3. Are you afflicted with a transmissible disease? Yes 🗆 6. Are you now under the influence of intoxicating liquor? Yes 🗌 No P 4. Are you related to the groom closer than second cousin? No 🖯 Yes [ 7. Are you now under the influence of a narcotic drug? No 🗌 Yes 🗗 8. Are you able to support a family? 5. Are you now under the influence of intoxicating liquor? No Yes Yes No 9. Are you likely to so continue? 6. Are you now under the influence of a narcotic drug? No Yes No Yes 10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) 7. Full name of father Killis (a) List their full names, ages and addresses Residence of father (if deceased so state) .... Address Name Birthplace of father (State or foreign country) Place (b) Are you supporting or contributing to their support? No 🗌 (c) Are you complying with any court order or orders issued for their support? Yes 🗌 No 🗆 Occupation of mother Jules Residence of father (if deceased so state) Flain Birthplace of mother (State or foreign country) State of Indiana, Birthplace of father (State or foreign country) ... depose and state the information given n this application is true and correct. County of ..... HENDRICKS 12. Full maiden name of mother Mances Residence of mother (if deceased so state) Llca Occupation of mother... Birthplace of mother (State or foreign country) State of Indiana. I depose and state the information given in this application is true and correct. Clerk .HENDRICKS. CONSENT OF PARENTS, PARENT OR GUARDIAN Subscribed and sworn to before me this. We, the parents, of this applicant hereby give consent for this marriage. If only one parent Blen M Dawe . ClerkHENDRICKS .Circuit Court signs, state facts which render the consent of the other parent unnecessary..... CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana, State of Indiana. County of HENDRICKS County of ......HENDRICKS ..Father Subscribed and sworn to before me this..... .....Mother Subscribed and sworn to before me this..... ...., 19.... .....day of..... 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...... .....authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the .... Be it further remembered, the following marriage certificate was filed in my office, to-wit: gy, 19.75., authorizing the joining together as husband and wife 1, Lather Friedrich Joeschlaub hereby certify that on the 29 day of State of Indiana, Groom Dannie Saiel Berlin of Hendricks County, State of Indiana at Slainfield , County of Gendricks and, Bride Sherry Lynn Long of Mendricks County, State of Industries. 

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

, 19.75 Official Designation Rector, It marks Episcopal Signed Glen M. Harvey

HENDRICKS.

......Circuit Court

#### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE Chap. 126, Ind. Acts 1905 HENDRICKS \_County Date of Application MALE FEMALE Medical Examination Report Dated Medical Examination Report Dated Name of Physician 701. 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 FEMALE APPLICANT Name Date of Birth Place of Birth (State or foreign country County Previous Marital Status: Never Married Number of Previous Marriages. Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married [ Number of Previous Marriages. White Negro Other (specify). Color or Race Last Marriage Ended By: Death Divorce Annulment ransportation Usual Occupation Color or Race White Negro Other (specify).... Date of birth verified by: Birth Cert. Judicial Decree Other (Specify) Book 30. Usual Occupation 1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No Yes D Date of birth verified by: Birth Cert, | Judicial Decree Of Unsound Mind? William Memorial 2. Are you under guardianship as a person of unsound mind? No Yes 1. Are you now or have you been adjudged, diagnosed or considered as: 3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? An Imbecile? If answer to 3 is "yes" has the cause of such condition been removed? Yes 🗆 Of Unsound Mind? No Yes 4. Are you afflicted with a transmissible disease? No 2 Yes 🗆 5. Are you related to the bride closer than second cousin? 2. Are you under guardianship as a person of unsound mind? No 🖸 Yes 🗆 Yes 🗌 6. Are you now under the influence of intoxicating liquor? Yes 🗌 3. Are you afflicted with a transmissible disease? No D No Yes 7. Are you now under the influence of a narcotic drug? No Yes 4. Are you related to the groom closer than second cousin? 8. Are you able to support a family? Yes No 🗆 9. Are you likely to so continue? Yes D 5. Are you now under the influence of intoxicating liquor? Yes 🗆 No 🗆 10. Do you have minor children from one or more former marriages? No 🗆 Yes 🗀 Yes 🗆 (If yes, answer questions a, b, c) (a) List their full names, ages and addresses Name Address Residence of father (if deceased so state) ... Machinist A Race Occupation of father .... Birthplace of father (State or foreign country). (b) Are you supporting or contributing to their support? Yes 🗌 No 🗆 (c) Are you complying with any court order or orders issued for their support? Pes 🗆 No 🗆 Occupation of mother Alchelaly Birthplace of mother (State or foreign country) Indiana) Residence of father (if deceased so state) Occupation of father.... State of Indiana. I depose and state the information given in this application is true and correct. Birthplace of father (State or foreign country). Ville HENDRICKS County of ..... 12. Full maiden name of mother... State of Indiana, I depose and state the information given in this application is true and correct. .Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent 19.70 signs, state facts which render the consent of the other parent unnecessary... Clerk.HENDRICKS. CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary...... State of Indiana, HENDRICKS County of..... State of Indiana, County of ..... HENDRICKS Signed Signed. Subscribed and sworn to before me this.....day of..... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the... 1975, authorizing the joining together as husband and wife Be it further remembered, the following marriage certificate was filed in my office, to-wit: of Indiana dated the .. h Duilson hereby certify that on the 29 day of August at Brownsburg, County of Hendricks one thousand nine hundred and 75 State of Indiana, Groom Larry C Rogers of Leentain County, State of Indiana and, Bride Deans & Blair of Hendricks County, State of County. Dated this .... Official Designation ...

> Harvey Clerk HENDRICKS Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE APPLICATION FOR MARRIAGE LICENSE Aug 20 1975

Form Prescribed By	MARRIAGE LICENSE  Aug 20, 1975
Indiana State Board of Health under Authority Chap. 126, Ind. Acts 1905  APPLICATION FOR IN	
	FEMALE Medical Examination Report Dated  8-/3-75
MALE Medical Examination Report Dated 8-13-75	Name of Physician James Black
1 21 6	Name of 1 hydronic of a license to marry by any false statement, represent
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False state	tement—Whoever procures the issuance of a license to marry by any false statement, represent
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".  MALE APPLICANT	FEMALE APPLICANT  Middle Last
Name First Middle 6 Last	Name Closothy Suc Reeste
Date of Birth Month Day Year	Date of Birth
Place of Birth (State of foreign county)	Place of Birth (State or foreign country)
Indianapoles, Indiana County State	Residence Address Street or R. R. City County State
427 n. allen Brownsburg Senducks Stad	Maiden Name if Different
Previous Marital Status: Never Married Number of Previous Marriages	Previous Marital Status: Never Married Number of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Color or Race White Negro Other (specify)	
Usual Occupation Unemployed Sail off Date of birth verified by: Defirth Cert.   Judicial Decree	Usual Occupation
□ Other (Specify) #1/3-56-004887	Date of birth verified by: Birth Cert.  Judicial Decree
1. Are you now or have you been adjudged, diagnosed or considered as:  No  Yes  No  Yes  No  Yes  No  Yes	Other (Specify) #14913
2. Are you under guardianship as a person of unsound mind?	1. Are you now or have you been adjudged, diagnosed or considered as:
3. Are you now or have you been within five (5) years an inmate of a county asylum or No . Yes .	An Imbecile?  Of Unsound Mind?  No  Yes
4. Are you afflicted with a transmissible disease? No 🔲 Yes	2. Are you under guardianship as a person of unsound mind? No 🗹 Yes
5. Are you related to the bride closer than second cousin?  No  Yes    6. Are you now under the influence of intoxicating liquor?  No  Yes	3. Are you afflicted with a transmissible disease?  No  Yes
7. Are you now under the influence of a narcotic drug?	4. Are you related to the groom closer than second cousin? No Yes
8. Are you able to support a family?  9. Are you likely to so continue?  Yes □ No □  Yes □ No □	5. Are you now under the influence of intoxicating liquor? No Yes
10. Do you have minor children from one or more former marriages?  No (If yes, answer questions a, b, c)	6. Are you now under the influence of a narcotic drug? No S Yes
(a) List their full names, ages and addresses	7. Full name of father (if deceased so state)
Name Age Address	Occupation of father Plus Aura Supple Race of father W
	Birthplace of father (State or foreign country) Sudple Jel
	8. Full maiden name of mother Bulbaras Kay Shomas
(b) Are you supporting or contributing to their support?  (c) Are you complying with any court order or orders issued for their support?  Yes No	Residence of mother (if deceased so state)
11. Full name of father Sowell D. Robenson	Occupation of mother Markens & Research Face of mother W
Residence of father (if deceased so state) Lownsburg, Ind	Birthplace of mother (State or foreign country). Anderson, Jan
Occupation of father well freman Race of father w	Oles of T. H.
Birthplace of father (State or foreign country)	State of Indiana,  County of
Residence of mother (if deceased so state) bleds Duo	simila Dolothy Luc Nicila
Occupation of mother Stre Managery Race of mother W	New Address 42 0 allen De Riginsho
Birthplace of mother (State or foreign country) Stalples Snot	Subscribed and sworn to before me this 30 day of 192
State of Indiana,  County of HENDRICKS  SS: I depose and state the information given in this application is true and correct.	
Signed Bauf Robinson	Llen M. Haury Clerk HENDRICKS Circuit Cou
New Address 427 VAllen Brownsburg IND.	CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this 20 day of aug 1975	We, the parents, of this applicant hereby give consent for this marriage. If only one parer
ClerkHENDRICKS Circuit Court	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	
ancessal)	
	State of Indiana,
State of Indiana,  County ofHENDRICKS	County ofHENDRICKS
Signed	SignedFathe
Digited	Signed Mothe
day of	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	Cler
DENDRICKS County County	A marriage license having been refused to the above named parties, the rt by written order issued
authorizes and directs the issuance of	a marriage license to the same and file
DEMITTAL	and the second the above named parties
of Indiana dated the	AND MARRIAGE CERTIFICATE  e issued by the clerk of the HENDRICKS Circuit Cour
Bassey Blan Cohings	19 7 Sauthorizing Alexinia
Be it further remembered, the following marriage certificate was filed in my office one thousand nine hundred and 7.5	e issued by the clerk of the HENDRICKS Circuit Cour  d. Joseph Lee Lee Lee Lee Lee Lee Lee Lee Lee Le
ne thousand nine hundred and 75 State of Indiana, Groom Barry Dean Sul	creby certify that
State of Indiana Groom Barrier D	day of degest
and, Bride Adverther for The Time on	, County of
one thousand nine hundred and 75  State of Indiana, Groom Barry Dean Johnson at and, Bride Parathy Sul Newste of County.  Dated this 29  day of 4	Vendricks County, State of Suchana
vere by me united in marriage as authorized by a marriage license issued for the Dated this 29 day of lugust , 19.75	at purpose by the Clerk of the Circuit County, State of Andle Mills
any of lengust , 19.75	HENDRICKS
Of the State of Indiana 41.	ficial Designation Judge, County Court
	Signal 910 day of Sept 1975
S. S	to be be a few
	HENDRICKS Cinquist Court

HENDRICKS

..Circuit Court

### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE File 8-20-75 HENDRICKS County

MALE	Date of Application
Medical Examination Report Dated 8-19-75	FEMALE Medical Examination Report Dated 8-19-75
Name of Physician Waved M. Hadley	Name of Physics A 1 2 2 21 4 4
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False states or prefere shall be fined in any sum not exceeding for the state of the s	statement—Whoever procures the issuance of a license to marry by any false statement, representa-
MALE APPLICANT	Whoever procures the issuance of a license to marry by any false statement, representa-
Name First Middle Last	Name FEMALE APPLICANT
Date of Birth Month Day Vear	Middle Last
Place of Birth (State or foreign country)	Date of Birth Month Day Year
( at 1. Box 290 Slainfield Hendrick 1. 1.	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different
Last Marriage Ended By: Death Divorce Annulment	Transport States as an experience of the states of the sta
	Previous Marital Status: Never Married V Number of Previous Marriages
Color or Race White Negro Other (specify)	Last Marriage Ended By: Death Divorce Annulment
Date of birth verified by: Birth Cert.  Judicial Decree	Color or Race White Negro Other (specify)
Date of birth verified by: Birth Cert. Judicial Decree	Usual Occupation Pota 1 Man (specify)
1. Are you now or have you been adjudged, diagnosed or considered at:	regar palls
Of Unsound Mind?  2. Are you under guardianship as a person of unsound mind?  No Yes Ves	Date of birth verified by: Birth Cert.   Judicial Decree Carmi Lup, Haspit
3. Are you now or have you been within five (5) years an inmate of a county sould	1. Are you now or have you been adjudged, diagnosed or considered as:
home for indigent persons?  Yes   If answer to 3 is "yes" has the cause of such condition been removed?  No Yes	An Imbecile?
4. Are you afflicted with a transmissible disease?	Of Unsound Mind?
5. Are you related to the bride closer than second cousin?  6. Are you now under the influence of intoxicating liquor?  No ✓ Yes ☐  Yes ☐	2. Are you under guardianship as a person of unsound mind? No Yes
7. Are you now under the influence of a narcotic drug?  No Yes	3. Are you afflicted with a transmissible disease?  No Yes   4. Are you related to the groom closer than second cousin?
9. Are you likely to so continue?	5. Are you now under the influence of interjection lines.
10. Do you have minor children from one or more former marriages? No Yes (If yes, answer questions a, b, c)	6. Are you now under the influence of a narcotic drug?
(a) List their full names, ages and addresses	7. Full name of father Larest Devare
Name Age Address	Residence of father (if deceased so state)
	Occupation of father
	Birthplace of father (State or foreign country) Laussville
(b) Are you supporting or contributing to their support?  (c) Are you complying with any court order or orders issued for	8. Full maiden name of mother Martha Law Hall
their support?	Residence of mother (if deceased so state) 1544 Waltert, Flight
11. Full name of father ack & Gutaid allegat  Residence of father (if deceased so state) L Bot 390 Thursdula	Occupation of mother Husellife Race of mother.
Residence of father (if deceased so state) The 190 Flainfield  Occupation of father Sullance Race of father.	Birthplace of mother (State or foreign country)
Birthplace of father (State or foreign country)	State of Indiana, I depose and state the information given
12. Full maiden name of mother Sylvio) Sear Mohr	County of HENDRICKS ss: I depose and state the information given in this application is true and correct.
Residence of mother (if deceased so state)	Signed Tuesa Edna Devoce
Occupation of mother Thusewefe Race of mother.	New Address.
Birthplace of mother (State or foreign country)	Subscribed and sworn to before me this 21 day of August, 1975
State of Indiana,  County of	When the Alexand
Signed Jonathan Quant allught	Clerk HENDRICKS Circuit Court
New Address.	CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this 21 day of August 19 75	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Allen J) Harry Clerk HENDRICKS Circuit Court	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	
State of Indiana,	State of Indiana, County ofHENDRICKS
County ofHENDRICKS	Signed. Father
SignedFather	Signed Mother
SignedMother	Temporal to the control of the contr
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	r. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Cou	art by written order issued 3 day wavel and filed
in Clarks of authorizes and directs the issuance of	
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage licens	e issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 21 day of fugues	t, 19.75, authorizing the joining together as husband and wife
Be it further repembered, the following marriage certificate was filed in my of	d Teresa Edna Devore
l, Lenny H. Lasp	ereby certify that on the 24 day of august
one thousand nine hundred and 75	t Slaenfield, County of Hindricks
of Indiana, Groom on athan hume Cherianto	Hendricks County, State of Indiana
Bride Strisa & dna herrare of	Tendricks County, State of Indiana
vere by me united in marriage as authorized by a marriage license issued for the County.	nat purpose by the Clerk of the Circuit Court of
Dated this 24 day of August, 19 75	Signed Sonney D. July
	ficial Designation Baptist Gastor
and recorded in accordance with the laws of the State of Indiana this	27 day of allegist , 19 Lot.
the state of the s	Signed All Melling States
	HENDRICKS. Circuit Court

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No	770	
File_	PK 37	
riie	2	
_4	Mariet 20	19
	Date of Application	an .

Chap. 126, Ind. Acts 1905 HENDRICKS \_County FEMALE Medical Examination Report Dated MALE Medical Examination Report Dated Name of Physician\_ ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT Previous Marital Status: Never Married Number of Previous Marriages Previous Marital Status: Never Married Number of Previous Marriages. Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: White Negro Other (specify)... Color or Race White Negro Other (specify) Color or Race Usual Occupation Date of birth verified by: Birth Cert, Judicial Decree Other (Specify) Self. Surger 21 Date of birth verified by: Birth Cert. | Judicial Decree Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No D No D Yes 🗌 Other (Specify)... Of Unsound Mind? 1. Are you now or have you been adjudged, diagnosed or considered as: 2. Are you under guardianship as a person of unsound mind? Yes [ 3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? An Imbecile? No Yes No 🔲 Yes 🗌 Of Unsound Mind? No 🗆 Yes 🗌 If answer to 3 is "yes" has the cause of such condition been removed? Yes [ 2. Are you under guardianship as a person of unsound mind? No Z 4. Are you afflicted with a transmissible disease? No Yes No 🛛 Yes 🗌 5. Are you related to the bride closer than second cousin? 3. Are you afflicted with a transmissible disease? No D Yes 🗌 6. Are you now under the influence of intoxicating liquor? Yes 🗌 4. Are you related to the groom closer than second cousin? No D 7. Are you now under the influence of a narcotic drug? No Yes 8. Are you able to support a family? Yes 🗐 No 🗌 5. Are you now under the influence of intoxicating liquor No F Yes Yes 🛛 No 🗆 9. Are you likely to so continue? Yes 🗌 6. Are you now under the influence of a narcotic drug! No 🗌 10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) (a) List their full names, ages and addresses Residence of father (if deceased so state) \_\_\_\_\_\_\_ Address Occupation of father. Birthplace of father (State or foreign country) 8. Full maiden name of mother ..... (b) Are you supporting or contributing to their support? Yes 🗌 No 🗌 Residence of mother (if decease Residence of father (if deceased so state) Birthplace of mother (State or foreign country) ..... Occupation of father... State of Indiana, County of ..... HENDRICKS Mmemaker Occupation of mother ...... Birthplace of mother (State or foreign country).... State of Indiana. County of HENDRICKS Clerk HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent ClerkHENDRICKS signs, state facts which render the consent of the other parent unnecessary... CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary... State of Indiana. State of Indiana. County of ..... HENDRICKS. ...Father Signed. Signed. ..Mother Mother Subscribed and sworn to before me this..... Subscribed and sworn to before me this 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..... .....authorizes and directs the issuance of a marriage license to the above named parties. and filed RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1, Ass. Brills & Brillian hereby certify that on the 29 day of august State of Indiana, Groom Bruce & Batten of Marion, County of Indiana County, State of Indiana at Danville , County of Hendricks and, Bride Lincla Marie Mc Que of Hendricks County, State of Indiana, were 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 29 day of August , 1975. Filed and recorded in accordance with the laws of the State of Indiana this..... Official Designation Dastor - White .....day of ..... Signed Ylen In

......HENDRICKS.

Circuit Court

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Date of Application

MALE 8-20-75 Medical Examination Report Dated\_ FEMALE Medical Examination Report Dated\_ Name of Physician Crea Cloub 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, representa-FEMALE APPLICANT Date of Birth Previous Marital Status: Never Married Number of Previous Marriage Death Divorce Annulment Last Marriage Ended By: Previous Marital Status: Never Married Number of Previous Marriages. White Negro Other (specify). Color or Race Last Marriage Ended By: Death Divorce Annulment Usual Occupation Color or Race White Negro Other (specify). Date of birth verified by: Birth Cert. Judicial Decree □ Other (Specify) # 03762 Usual Occupation Unemployed Are you now or have you been adjudged, diagnosed or considered as:
 An Imbecile?
 Date of birth verified by: Birth Cert. Judicial Decree No Yes Of Unsound Mind? Other (Specify) # 7866 2. Are you under guardianship as a person of unsound mind? No D 3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? 1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? If answer to 3 is "yes" has the cause of such condition been removed? No Yes 🗆 No 🗆 Yes 🗌 Of Unsound Mind? 4. Are you afflicted with a transmissible disease? No 🗸 Yes 🗌 5. Are you related to the bride closer than second cousin? 2. Are you under guardianship as a person of unsound mind? No 🗹 Yes 🗌 6. Are you now under the influence of intoxicating liquor? No 🗹 3. Are you afflicted with a transmissible disease? Yes 🗌 7. Are you now under the influence of a narcotic drug? Yes [ No 🗹 Yes 🗆 4. Are you related to the groom closer than second cousin? 8. Are you able to support a family? Yes 🗗 No 🗆 9. Are you likely to so continue? 5. Are you now under the influence of intoxicating liquor? Yes 🖪 No 🗆 10. Do you have minor children from one or more former marriages? No 🗗 Yes 🗌 6. Are you now under the influence of a narcotic drug? (If yes, answer questions a, b, c) (a) List their full names, ages and addresses Birthplace of father (State or foreign country). Jannesse (b) Are you supporting or contributing to their support? No 🗆 (c) Are you complying with any court order or orders issued for their support? Yes 🗆 Residence of mother (if deceased so state)... No [ 11. Full name of father Wilbur Residence of father (if degeased so state) Plain Birthplace of mother (State or foreign country). Occupation of father Supervisor Birthplace of father (State or foreign country) State of Indiana. County of ..... HENDRICKS 12. Full maiden name of mother /Lovea Residence of mother (if deceased so state) .... Occupation of mother Housewell New Address KE HNESEE Birthplace of mother (State or foreign country) ... Ilankler State of Indiana, ss: I depose and state the information given in this application is true and correct. County of HENDRICKS Signed Wilber A.
New Address Frnesse CONSENT OF PARENTS, PARENT OR GUARDIAN Subscribed and sworn to before me this 2/st day of We, the parents, of this applicant hereby give consent for this marriage. If only one parent Elen IK Haway Clerk HENDRICKS signs, state facts which render the consent of the other parent unnecessary... CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent facts which render the consent of the other parent unnecessary State of Indiana, State of Indiana, County of HENDRICKS County of ..... HENDRICKS Signed Father Signed Mother Subscribed and sworn to before me this .... Subscribed and sworn to before me this \_\_\_\_\_day of \_\_\_\_ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Superior Court by written order issued 3-day Wave and filed Office authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the ... August 1975, authorizing the joining together as husband and wife Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 23 day of... one thousand nine hundred and 75 State of Indiana, Groom Wilber James of Thendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ...... Dated this .. Sextember, 19 75. Official Designation .... Filed and recorded in accordance with the laws of the State of Indiana this....

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### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 4/2 File Bk 37 Ang. 21 1975

Date of Application

	FEMALE singlish Report Dated Qua . 19 1975
MALE Report Dated Quy . 19, 1975	Medical Examination Report Dated
Medical Examination Report Dated Change	Name of Physician
Name of Physician (A)	atement—Whoever procures the issuance of a license to marry by any false statement, representa-
tion or pretense shall be miles	FEMALE APPLICANT  First  Middle  Last
Name O First Compidate Heat	Mary Luann Woodson
Date of Birth Month Day Year 1937	Date of Birth Oct. 25 1959
Place of Birth (State or foreign country)	Place of Birth (State or foreign gountry)
Residence Address Street or R. R. City County State	Residence Address Street of R. R. City County State 40.3 Williams Dr. Hard Brownshing J.J.
R. R. I Brownsburg Hend.	Maiden Name if Different
Previous Maritai Status. 2007	Previous Marital Status: Never Married Number of Previous Marriages
Last Marriage Ended By: Death   Death	Last Marriage Ended By: Death Divorce Annulment
Color or Race White Negro Other (specify)	Color or Race White Negro Other (specify)
Date of birth verified by:   Birth Cert.   Judicial Decree	Usual Occupation unemplayed
Other (Specify) Baptismal	Date of birth verified by: Birth Cert. Udicial Decree
1. Are you now or have you been adjudged, diagnosed or considered as:  No Yes  No Yes	Other (Specify) Withan Men. Hosp.
Of Unsound Mind?  No Was a person of unsound mind?  No Was a person of unsound mind?	1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Yes □
2. Are you made guardanash of a county asylum or No. Yes.  3. Are you now or have you been within five (5) years an inmate of a county asylum or No. Yes.  1. Yes.  1. If answer to 3 is "yes" has the cause of such condition been removed?  1. No. Yes.	Of Unsound Mind?
If answer to 3 is "yes" has the cause of such condition been removed.  No Yes   4. Are you afflicted with a transmissible disease?	2. Are you under guardianship as a person of unsound mind? No Yes [
6. Are you now under the influence of intoxicating liquor?  No Yes	3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug?  8. Are you able to support a family?  Yes No	4. Are you related to the groom closer than second cousin?  No Yes
9. Are you likely to so continue?	5. Are you now under the influence of intoxicating liquor? No ✓ Yes ☐ 6. Are you now under the influence of a narcotic drug? No ✓ Yes ☐
10. Do you have minor children from one or more former marriages?  (If yes, answer questions a, b, c)  (a) List their full names, ages and addresses	7. Full name of father Robert Woodson
(a) List their full names, ages and addresses  Name  Age  Address	Residence of father (if deceased so state)
	Occupation of father
	8. Full maiden name of mother Anita R. J. H.
(b) Are you supporting or contributing to their support? Yes □ No □ (c) Are you complying with any court order or orders issued for	
their support? Yes No	Residence of mother (if deceased so state) Sance Occupation of mother Cashiw Race of mother.
11. Full name of father Admas Serbert  Residence of father (if deceased so state) Same	Birthplace of mother (State or foreign country) Bawling Duen Ky.
Occupation of father Canstruction Race of father W.	
Birthplace of father (State or foreign country) Batesville, S.	State of Indiana,  County of HENDRICKS I depose and state the information given in this application is true and correct.
2. Full maiden name of mother. Cana S. Drain.	Signey Ruann Woodson
Residence of mother (if deceased so state) Same Occupation of mother Hausunfa Race of mother w	
Birthplace of mother (State or foreign country) Danville, Ky.	New Address.  Subscribed and sworn to before me this 2 day of August, 1975.
tate of Indiana,  ounty of HENDRICKS  as: I depose and state the information given in this application is true and correct.	Gerk HENDRICKS Circuit Court
Signed Aus Mulert	
New Address	CONSENT OF PARENTS, PARENT OR GUARDIAN
Ubscribed and sworn to before me this. 2   day of Aug., 19.75.  Slerm. Harry ClerkHENDRICKS Circuit Court	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
CONSENT OF PARENTS, PARENT OR GUARDIAN	signs, state facts which render the consent of the other parent unnecessary
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
igns, state facts which render the consent of the other parent unnecessary	
	State of Indiana.
tate of Indiana,	County ofHENDRICKS
Signed Signed	Signed
Signed Johns & Herbert Man	Signed Typita Q Hoodson Mother
Subscribed and sworn to before me this 2 day of August, 1971.	Subscribed and sworn to before me this 21 day of August 1975
Clerk	Gler M. Harvey Clerk
HENDRICKS HENDRICKS	T. A marriage license having been refused to the above named parties, the
in	T. A marriage license having been refused to the above named parties, the urt by written order issued
DETERMINE O	I a marriage license to the above named parties.
Be It Remembered the MARRIAGE LICENSI	E AND MADDIAGE CERTIFICATION
of Indiana dated the 22 day of Que a marriage licen	se issued by the clerk of the HENDRICKS Circuit Court, 19.75 authorizing the joining together as husband and wife
Be it further remembered the fill	authorizing the joining together as husband and wife
1,	fice to mit.
one thousand nine hundred and 75  State of Indiana, Groom (25 to 1)	hereby certify that on the 23 day of Geoglist at Braconsburg, County of Hendricks of Hendricks County, State of Indiana
and, Bride Mary & Lean Herbert	of The country of Country of
were by me united in marriage as authorized by	of Hendricks County, State of Indiana  that purpose by the Clerk of the County, State of Indiana,
Dated this 23 day of leaguet , 19.7.	that purpose by the Clerk of the Circuit Court of HENDRICKS
day of lessquest , 19 7.	5
Filed and recorded in accorder	Signed Joseph O. Wilson
with the laws of the State of Indiana this	26 Increal Designation Increster
Filed and recorded in accordance with the laws of the State of Indiana this	Signed Glen m Harvey Clerk
	HENDRICKS Circuit Court

.....HENDRICKS...

# STATE OF INDIANA

No. 4/2

File Bk 37 APPLICATION FOR MARRIAGE LICENSE Form Prescribed By ng. 21 1975 Indiana State Board of Date of Application Health under Authority HENDRICKS \_County Chap. 126, Ind. Acts 1905 Medical Examination Report Dated Quag . 19 Medical Examination Report Dated Quy . 19, 1975

Name of Physician A. M. Scudder a. n 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 Date of Birth 403 2 Number of Previous Marriage Previous Marital Status: Never Married Previous Marital Status: Never Married Number of Previous Marriages... Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: White Negro Other (specify).... Color or Race White Negro Other (specify).... Color or Race Date of birth verified by: Birth Cert. Judicial Decree

Other (Specify) Baptamal

1. Are you now or have you been adjudged, diagnosed or considered as:

An Imbecile? Usual Occupation Date of birth verified by: Birth Cert. | Judicial Decree Other (Specify) Witham Men Hosp. No Yes | Yes | Yes | Yes | Of Unsound Mind? 1. Are you now or have you been adjudged, diagnosed or considered as: 2. Are you under guardianship as a person of unsound mind? No Yes 3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? An Imbecile? Of Unsound Mind? No Yes Yes 🗌 No 🗌 If answer to 3 is "yes" has the cause of such condition been removed? No Yes No Yes 2. Are you under guardianship as a person of unsound mind? 4. Are you afflicted with a transmissible disease? No Yes 5. Are you related to the bride closer than second cousin? 3. Are you afflicted with a transmissible disease? No Yes No Yes 6. Are you now under the influence of intoxicating liquor? No Yes No Yes No 4. Are you related to the groom closer than second cousin? No 🗸 7. Are you now under the influence of a narcotic drug? Yes [ 8. Are you able to support a family? 5. Are you now under the influence of intoxicating liquor? 9. Are you likely to so continue? No 🗌 Yes 🗌 6. Are you now under the influence of a narcotic drug? 10. Do you have minor children from one or more former marriages? Robert Woodean (If yes, answer questions a, b, c) (a) List their full names, ages and addresses Residence of father (if deceased so state) Address Birthplace of father (State or foreign country) 8. Full maiden name of mother anita R. Tille (b) Are you supporting or contributing to their support? Yes 🔲 No 🖂 (c) Are you complying with any court order or orders issued for their support? Residence of mother (if deceased so state) Yes 🔲 No 🗌 Occupation of mother Cashier 11. Full name of father Thomas Herbert Birthplace of mother (State or foreign country) Bawling Suen, Ky. Residence of father (if deceased so state). the information given is true and correct. , hereby give my consent for eret 1975 .. Circuit Court home 1. Herbirt Subscribed and sworn to before me this 2/ pommission Experis. Signed Exista I Hoodson Mother ...., 1971. 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..... ...authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the. Chris allen Herbert and Marty Lucions in Journal Be it further remembered, the following marriage certificate was filed in my office, to-wit: aug. ....., 19.75, authorizing the joining together as husband and wife Joseph D. Wilson hereby certify that on the 23 day of alequest one thousand nine hundred and 75 State of Indiana, Groom Chris allen Herbert of Hendricks County, State of Indiana, and, Bride Mary Suann Woodson of Hendricks County, State of Indiana, County, State of Indiana, at Brownsburg, County of Glendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

, 19.75 Official Designation Minister

> -----HENDRICKS. ...Circuit Court

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 413 File Bk 37

HENDRIC	County Aug. 22, 1975
MALE Medical Examination Report Dated 7-23.75	FEMALE Date of Application
Name of Physician Robert D. annal Q	Medical Examination Report Dated 7-23-75
	Name of Marin Pale 1
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False st	tatement—Whoever procures the issuance of a license to marry by any false statement, representa-
MALE APPLICANT	Hoever procures the issuance of a license to marry by any false statement, representa-
Name First Middle Last	FEMALE APPLICANT
Date of Birth & Month Day Walden	Name First Middle Last
Place of Birth (State or foreign country)	Date of Birth Month Day Year
Kokomo, Ind.	Place of Birth (State or foreign country) 1951
Residence Address Street or R. R. City - County State.	Residence Address Strate P. D.
Previous Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different Steeld Ln. Danielle Her Duck
V. V. view Fedel Po.	Dad Image Paralles
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married   Number of Previous Marriages
Color or Race White Negro Other (specify)	Last Manuface, P. 1.1.D.
Usual Occupation Manager	Annulment Galy 14
Date of birth verified by: Birth Cert.  Judicial Decree	Color or Race White Negro Other (specify)
Other (Specify) Student I.D. #315-50-9349	Usual Occupation Unemployee
1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Of Unsound Mind?	Date of birth verified by: Birth Cert. Judicial Decree
2. Are you under guardianship as a person of unsound mind?	Pother (Specify) Dr. Lucas # \$3/3-56-7178
a. Are you now or have you been within five (5) years an inmate of a county sylum or home for indigent persons?	1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?
If answer to 3 is "yes" has the cause of such condition been removed? No Yes	Of Unsound Mind?
4. Are you afflicted with a transmissible disease?  No Yes   No Yes   No Yes   Yes  Yes	2. Are you under guardianship as a person of uncound minds
6. Are you now under the influence of intoxicating liquor?	3. Are you afflicted with a transmissible disease?
8. Are you able to support a family?	4. Are you related to the groom closer than second course?
9. Are you likely to so continue?	5. Are you now under the influence of intovicating linear?
10. Do you have minor children from one or more former marriages? No Yes \(\sigma\)	6. Are you now under the influence of a narcotic drug?  No Yes
(a) List their full names, ages and addresses  Name	7. Full name of father Donald Dail Wallne
Name Age Address	Residence of father (if deceased so state) Madeson, Wisconsin.
	Occupation of father Unknown, Race of father
	Birthplace of father (State or foreign country) Shalple Und
(b) Are you supporting or contributing to their support?  (c) Are you complying with any court order or orders issued for their support?	8. Full maiden name of mother Emma Lulia Smith
Yes No	Residence of mother (if deceased so state)
11. Full name of father Welliam Bleeves Walden Jo	Occupation of mother Race of mother
Residence of father (if deceased so state) Kakema,	Birthplace of mother (State or foreign country) Gelevelle James
Occupation of father Vice Lies Jool & Dy Race of father W	State of Indiana.
Birthplace of father (State or foreign country) Xokomo Lol.  12. Full maiden name of mother Changle	County of
Residence of mother (if deceased so state)	$\mathcal{R}_{1}$ $\mathcal{R}_{2}$ $\mathcal{R}_{3}$
Occupation of mother Sulf Employed Race of mother W	Signed A # P O 1 1 1
Birthplace of mother (State or foreign country) X akama Ja	New Address 72 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
State of Indiana,	Subscribed and sworn to before me this 32 day of dug 1975
County of HENDRICKS in this population is true and correct.	Kler M Hawey Clerk HENDRICKS Circuit Court
Signed X Garage Man Man College	CONSIDER OF BEHAVIOR OF BEHAVI
New Address 75 From fully Lane	CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this. 22 day of duy, 1975	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
ONGENIT OF THE OFFICE COURT CO	signs, state facts which render the consent of the other parent unnecessary
ONSENT OF PARENTS, PARENT OR GUARDIAN	
gns, state facts which render the consent of the other parent unnecessary.	
the consent of the other parent unnecessary.	
	State of Indiana,
ate of Indiana,	County of HENDRICKS ss:
ounty ofHENDRICKS 88:	SignedFather
Signed Father	Signed Mother
Signed Mother	Subscribed and sworn to before me this day of 19
bscribed and sworn to before me thisday of	Subscribed and sworn to before me this
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE 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 - Clay Wave and filed
Clek's Office authorizes and directs the issuance of a	marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE A	
Be It Remembered, there was filed in my office a marriage license	issued by the clerk of the HENDRICKS Circuit Court
Indiana dated the 22 day of August	, 19.75, authorizing the joining together as husband and wife
it further remembered, the following marriage certificate was filed in my office	Rebecca a Donovan
Myrion Barnard here	chy contifu that on the 11 the day of Portuler
thousand nine hundred and 7.5 at	Indianana line Country of Marion
tte of Indiana, Groom Vaughn Blan Walden of	Marion County State of Indiana,
d, Bride Release a Donavan of	Jahnson County State of In deriver
e by me united:	purpose by the Clerk of the Circuit Court of HENDRICKS
inty.	
	purpose by the otern of the otreat court of
ed this	
ed this	
ed this // day of Deloher , 19 75.	signed Myron Barnard
od and recorded in accordance with the laws of the State of Indiana this	signed Myron Barnard

HENDRICKS Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 414 File Book 37 Aug 12. 1975
Date of Application

HENDRICKS

8-20-75 FEMALE
Medical Examination Report Dated

MALE Medical Examination Report Dated  S-20-73  Clark M. D.	Name of Physician Erico-Clark h.s.
Name of Physician Eric D. Clark M. W.	atement—Whoever procures the issuance of a license to marry by any false statement, representa-
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False st tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	FEMALE APPLICANT
MALE APPLICANT	First Middle Last
Name First Middle 1 Lasty	Name anta Louise Settle
Date of Birth Month Day Year	Date of Birth Month 12 1956
June 10 1931	Place of Birth (State or top Ign country)
Place of Birth (State ordoreign country) Sparta, State	Residence Address Street of R. R. City County State
Residence Address Street or R. R. City County State &	Maiden Name if Different
Previous Marital Status: Never Married Number Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Bhatalle	Previous Marital Status: Never Married Number of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment
Color or Race White Negro Other (specify)	Color or Race White Negro Other (specify)
Usual Occupation Hocher Operator	Color of Race
Date of birth verified by: Birth Cert. Judicial Decree	Usual Occupation Cut # 1/3 -50
1. Are you now or have you been adjudged, diagnosed or considered as:	Date of birth verified by: Birth Cert. Judicial Decree
Of Unsound Mind?	1. Are you now or have you been adjudged, diagnosed or considered as:
3. Are you now or have you been within five (5) years an inmate of a county asylum or	An Imbecile?
home for indigent persons?  If answer to 3 is "yes" has the cause of such condition been removed?  No Yes	Of Unsound Mind?
4. Are you afflicted with a transmissible disease?	2. Are you under guardianship as a person of unsound mind? No Yes
5. Are you related to the bride closer than second cousin?  6. Are you now under the influence of intoxicating liquor?  Yes  Yes	3. Are you afflicted with a transmissible disease? No ❤️ Yes□
7. Are you now under the influence of a narcotic drug?  No X Yes	4. Are you related to the groom closer than second cousin? No ➤ Yes □
8. Are you able to support a family?  9. Are you likely to so continue?  Yes No	5. Are you now under the influence of intoxicating liquor? No Yes
10. Do you have minor children from one or more former marriages? No Yes	6. Are you now under the influence of a narcotic drug?
(If yes, answer questions a, b, c) (a) List their full names, ages and addresses	7. Full name of father.
Name Age Address	Residence of father (if deceased so state)
,	Occupation of father
	Birthplace of father (State or foreign country)
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother.
(c) Are you complying with any court order or orders issued for their support?  Yes \[ \] No \[ \]	Residence of mother (if deceased so state)
11. Full name of father Corner Whitson	Occupation of mother Race of mother Co
Residence of father (if deceased so state)	Birthplace of mother (State or foreign country)
Occupation of father Race of father Race of father	State of Indiana,
Birthplace of father (State or foreign country)	County of
12. Full maiden name of mother. Detty Son Belly	Christa Louise Stales
Occupation of mother (if deceased so state) State State Occupation of mother Shallows Turn. State of mother W	Signed Signed
Birthplace of mother (State or foreign country)	New Address Bry 265 Claylan Sun
State of Indiana	Subscribed and sworn to before me this 22 day of day of 1975
County of HENDRICKS  ss: I depose and state the information given in this application is true and correct.	Den M. Haway & HENDRICKS Circuit Court
Signed James Dennes Whitson	
New Address Box 265, Clayton and	CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this 22 day of Que 1975	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
CONSENT OF PARENTS PARENTS AND STATE OF PARENTS PARENTS OF PARENTS	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	
	State of Indiana,
State of Indiana,	County of
County ofHEINDRICKS	
	Signed
Signed Father	SignedFather
Signed	SignedMother
Subscribed and sworn to before me this	
Signed	Signed
Subscribed and sworn to before me this	Signed
Subscribed and sworn to before me this	Signed
Signed	Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the urt by written order issued and filed f a marriage license to the above to the above named parties.
Signed	Signed
Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTER HENDRICKS County County County authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENS day of Marriage licer day of Marriage lic	Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed f a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE se issued by the clerk of the HENDRICKS Circuit Court 19 10 authorizing the joining together as husband and wife fice, to-wit:
Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT COUNTY COUN	Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE se issued by the clerk of the HENDRICKS Circuit Court 19 20 authorizing the joining together as husband and wife fice, to-wit:
Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT COUNTY COUN	Signed Mother  Subscribed and sworn to before me this day of
Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS County C	Signed
Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT COUNTY COUN	Signed Mother  Subscribed and sworn to before me this day of 19
Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT COUNTY COUN	Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the urt by written order issued and filed f a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE se issued by the clerk of the HENDRICKS Circuit Court 19 D, authorizing the joining together as husband and wife ffice, to-wit:  hereby certify that on the 30 day of liquid the particles of Hendricks County of Hendricks Shendricks County State of Indiana.
Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT COUNTY COUN	Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the urt by written order issued and filed f a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  se issued by the clerk of the HENDRICKS Circuit Court  19 70 authorizing the joining together as husband and wife ffice, to-wit:  thereby certify that on the 30 day of licensely certify
Signed	Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the urt by written order issued and filed f a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  se issued by the clerk of the HENDRICKS Circuit Court 19 D authorizing the joining together as husband and wife ffice, to-wit:  hereby certify that on the 30 day of liquid the properties of Jundania County, State of Jundania
Signed	Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the urt by written order issued and filed f a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  se issued by the clerk of the HENDRICKS Circuit Court 19 D authorizing the joining together as husband and wife fice, to-wit:  hereby certify that on the 30 day of liquid together day of Jundania County of Jundania County of Jundania County, State of Indiana County, State of Indiana County of Indiana County, State of Indiana County that purpose by the Clerk of the Circuit Court of HENDRICKS
Signed	Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the urt by written order issued and filed of a marriage license to the above named parties.  E. AND MARRIAGE CERTIFICATE se issued by the clerk of the HENDRICKS Circuit Court of 19 D authorizing the joining together as husband and wife fice, to-wit:  thereby certify that on the 30 day of August at Bullewille County, State of Indiana that purpose by the Clerk of the Circuit Court of HENDRICKS  Signed William & Thipple  Official Designation Marieter M. Muthodist  Official Designation Marieter M. Muthodist  And day of September 19 Muthodist
Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT COUNTY COUN	Signed Mother  Subscribed and sworn to before me this day of 19

HENDRICKS

...Circuit Court

# APPLICATION FOR MARRIAGE LICENSE

\_County

HENDRICKS

No. 415

File Book 37

Aug 25, 1975

Date of Application

Date of Application Medical Examination Report Dated FEMALE Medical Examination Report Dated\_ Name of Physician\_ 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, representa-MALE APPLICANT FEMALE APPLICANT Date of Birth Previous Marital Status: Never Married Number of Previous Marriage Death Divorce Annulment Last Marriage Ended By: Previous Marital Status: Never Married Number of Previous Marriages. White Negro Other (specify). Color or Race Last Marriage Ended By: Death □ Divorce □ Annulment □ Color or Race White Negro Other (specify) Date of birth verified by: Birth Cert. Judicial Decree Other (Specify) Tutnam Usual Occupation 1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? Date of birth verified by: Birth Cert. | Judicial Decree No Yes Of Unsound Mind? Other (Specify). 2. Are you under guardianship as a person of unsound mind? Yes 🗌 3. Are you now or have you been within five (5) years an inmate of home for indigent persons? 1. Are you now or have you been adjudged, diagnosed or considered as: me for indigent persons ! An Imbecile? No Yes If answer to 3 is "yes" has the cause of such condition been removed? No 🗆 Yes 🗌 Of Unsound Mind? 4. Are you afflicted with a transmissible disease? No Z Yes No M Yes 🗌 2. Are you under guardianship as a person of unsound mind? 5. Are you related to the bride closer than second cousin? Yes 🗌 No Ves 6. Are you now under the influence of intoxicating liquor? Yes 🗌 3. Are you afflicted with a transmissible disease? No Yes 🗆 7. Are you now under the influence of a narcotic drug? Yes 🗌 8. Are you able to support a family? 4. Are you related to the groom closer than second cousin? Yes No 🗆 No Yes 9. Are you likely to so continue? Yes No 5. Are you now under the influence of intoxicating liquor? No Ves 🗆 10. Do you have minor children from one or more former marriages? No Yes 6. Are you now under the influence of a narcotic drug? No Ves (If yes, answer questions a, b, c) (a) List their full names, ages and addresses umgardiner Occupation of father Leel Worker Birthplace of father (State or foreign country). (b) Are you supporting or contributing to their support? Yes No 🗆 (c) Are you complying with any court order or orders issued for their support? Yes No 🗆 11. Full name of father .... Occupation of mother / Housew Residence of father (if deceased so state). Birthplace of mother (State or foreign country). State of Indiana HENDRICKS Residence of mother (if dec Occupation of mother / tollevelle Race of mother. Birthplace of mother (State or foreign country) Xreencastle State of Indiana, I depose and state the information given in this application is true and correct. Clerk HENDRICKS County of HENDRICKS .... Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent august, 1975 Dien In Clerk HENDRICKS Harry signs, state facts which render the consent of the other parent unnecessary. CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent state facts which render the consent of the other parent unnecessary. State of Indiana, County of HENDRICKS State of Indiana. County of ..... HENDRICKS. Father Father Mother Signed. Mother Subscribed and sworn to before me this ... Subscribed and sworn to before me this ..... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed ....authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court day of Mugust , 1975, authorizing the joining together as husband and wife of Indiana dated the. Be it further remembered, the following marriage certificate was filed in my office, to-wit: Rebecca & Bunton hereby certify that on the 30 day of august at Catesvelle , County of Hindricks one thousand nine hundred and 75 State of Indiana, Groom David Eugene Welliams of Butnam County, State of Indiana and, Bride Frances arlene Bumgardner of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this .. Official Designation Laston

Signed Slen M. Warvelf Clerk

HENDRICKS. Circuit Court

# STATE OF INDIANA

25 1975 Date of Application

APPLICATION FOR MARRIAGE LICENSE HENDRICKS Chap. 126, Ind. Acts 1905 \_\_County FEMALE Medical Examination Report Dated MALE Medical Examination Report Dated. Name of Physician\_ ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT Middle State Previous Marital Status: Never Married Number of Previous Marriages. Previous Marital Status: Never Married Number of Previous Marriages Death Divorce Annulment Death Divorce Annulment Last Marriage Ended By: White Negro Other (specify). Color or Race White Negro Other (specify)... Color or Race naer served Usual Occupation Date of birth verified by: Birth Cert. Judicial Decree Usual Occupation 7572 Other (Specify)..... Date of birth verified by: Birth Cert. | Judicial Decree 1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No Yes Other (Specify).... No Yes No Yes Of Unsound Mind? 1. Are you now or have you been adjudged, diagnosed or considered as: 2. Are you under guardianship as a person of unsound mind? No Yes 3. Are you now or have you been within five (5) years an inmate of a home for indigent persons? No Yes An Imbecile? No Yes Of Unsound Mind? Yes 🗌 No 🗌 If answer to 3 is "yes" has the cause of such condition been removed? Yes 🗌 2. Are you under guardianship as a person of unsound mind? 4. Are you afflicted with a transmissible disease? No 🗸 No Yes No 🖸 Yes 🗌 5. Are you related to the bride closer than second cousin? No Yes 🗌 3. Are you afflicted with a transmissible disease? Yes 🗌 6. Are you now under the influence of intoxicating liquor? No 🗸 No D Yes 🗌 4. Are you related to the groom closer than second cousin? No T Yes 7. Are you now under the influence of a narcotic drug? Yes No 🗆 8. Are you able to support a family? 5. Are you now under the influence of intoxicating liquor? No Yes Yes 🔽 No 🗆 9. Are you likely to so continue? 6. Are you now under the influence of a narcotic drug? No Yes Yes 🗌 No 🗆 10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) (a) List their full names, ages and addresses Address Occupation of father Mal Y Will 8. Full maiden name of mother. (b) Are you supporting or contributing to their support? Yes 🗌 No 🗌 (c) Are you complying with any court order or orders issued for their support? Residence of mother (if deceased so Yes 🗌 No 🗆 Residence of father (if dece Birthplace of mother (State or foreign country)... Occupation of father. State of Indiana. I depose and state the information given in this application is true and correct. County of ..... HENDRICKS Residence of mother (if deceased so state) MMMMMM Race of mothe Occupation of mother .... Birthplace of mother (State or foreign country) ... Clerk HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent ClerkHENDRICKS signs, state facts which render the consent of the other parent unnecessary. CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana. County of HENDRICKS County of ......HENDRICKS Signed. Signed. ...Father Signed. Signed. .. Mother Subscribed and sworn to before me this .... Subscribed and sworn to before me this..... .....day of..... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ...authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the .... Dennis Edward Clark, 1975, authorizing the joining together as husband and wife Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 30 day of August one thousand nine hundred and 75 State of Indiana, Groom Dennis & dward Clark of Hendricks County, State of Indiana and, Bride Cannie Rena Brown of Hendricks County, State of Indiana, 

...... 19.75 Official Designation Minister - Christian Ch

Signed Glen In Harvey

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE Chap. 126, Ind. Acts 1905 HENDRICKS \_County 25-75 MALE Date of Application Medical Examination Report Dated FEMALE Medical Examination Report Dated. Name of Physician\_ 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, representa-MALE APPLICANT FEMALE APPLICANT Date of Birth Previous Marital Status: Never Married Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married Number of Previous Marriages. Color or Race White Negro Other (specify)... Last Marriage Ended By: Death Divorce Annulment Usual Occupation Date of birth verified by: Birth Cert. | Judicial Decree Health + Naggetal Color or Race Other [ (specify). Other (Specify). Carp of Marion C. 12906 Usual Occupation 1. Are you now or have you been adjudged, diagnosed or considered as An Imbecile? No Yes No Yes Yes Yes Birth Cert. | Judicial Decree Health + Haspetal Of Unsound Mind? Other (Specify). 2. Are you under guardianship as a person of unsound mind? 3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?

No Yes 

Yes 1. Are you now or have you been adjudged, diagnosed or considered as An Imbecile? If answer to 3 is "yes" has the cause of such condition been removed? No Yes No Yes Of Unsound Mind? 4. Are you afflicted with a transmissible disease? No Yes No Yes 5. Are you related to the bride closer than second cousin? 2. Are you under guardianship as a person of unsound mind? No Yes No Yes 6. Are you now under the influence of intoxicating liquor? No Yes 3. Are you afflicted with a transmissible disease? 7. Are you now under the influence of a narcotic drug? No Z Yes No Yes 4. Are you related to the groom closer than second cousin? 8. Are you able to support a family? Yes No No 9. Are you likely to so continue? 5. Are you now under the influence of intoxicating liquor? 10. Do you have minor children from one or more former marriages? No Yes No Yes 6. Are you now under the influence of a narcotic drug? (If yes, answer questions a, b, c) No Yes [ (a) List their full names, ages and addresses 7. Full name of father... Full name of father Sattle M. Residence of father (if deceased so, state) Address Occupation of father Electrician Birthplace of father (State or foreign country). (b) Are you supporting or contributing to their support? Yes 🗆 No 🗆 (c) Are you complying with any court order or orders issued for their support? Yes 🗌 No 🗆 Occupation of mother Hauseur Residence of father (if deceased so state) Algen Birthplace of mother (State or foreign country) ... Occupation of father Machines Birthplace of father (State or foreign country) State of Indiana. HENDRICKS County of..... 12. Full maiden name of mother hard Residence of mother (if deceased so state) Occupation of mother Musikala Birthplace of mother (State or foreign country). State of Indiana, I depose and state the information given in this application is true and correct. County of HENDRICKS Clerk HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent Glen m. Harvey Clerk HENDRICKS signs, state facts which render the consent of the other parent unnecessary. CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .... State of Indiana, State of Indiana, HENDRICKS County of ..... County of HENDRICKS Signed. ..Father Signed Mother Subscribed and sworn to before me this..... .....day of..... Subscribed and sworn to before me this..... .Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the ... Megust, 1975, authorizing the joining together as husband and wife Be it further remembered, the following marriage certificate was filed in my office, to-wit: Charles J. Burnside hereby certify that on the 30 day of august one thousand nine hundred and 7.5 at Brownsburg, County of Hendricks State of Indiana, Groom James Eugene Weaver of Hendricks County, State of Indiana Shirley Lee Jackson of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this .. day of august , 1975 Official Designation Minister 

Signed Glen M. Grarvey Clerk

...HENDRICKS...

......Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Date of Application County HENDRICKS

...Circuit Court

HENDRICKS.

Form Prescribed By Indiana State Board of Health under Authority Chap. 126, Ind. Acts 1905 FEMALE
Medical Examination Report Dated\_\_\_\_\_\_

MALE Medical Examination Report Dated  Medical Examination Report Dated	Name of Physician Thomas J. Black
Name of Physician Thomas H. Black	tement—Whoever procures the issuance of a license to marry by any false statement, representa-
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False sta	tement—Whoever products the
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prestribution or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".  MALE APPLICANT	Middle
Middle Light	Name Dawn G Day Year
marvin Day Year	Date of Birth March 6 1951
May 4 1946	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)  Wing ennes	Residence Address Street or R. R. City County State
Residence Address Street or R. R. City County State	223 S. Center, Mainfulle, Hendrick, Ind. Maiden Name if Different
Provious Marital Status: Never Married Mumber of Previous Marriages	
Freyious marital Seway 1000 Tay Annulment	Previous Marital Status: Never Married Number of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment	Last Marriage Ended By: Death Divorce Annulment
Color or Race White Negro Other (specify)	Color or Race White Negro Other (specify)
Usual Occupation Michanic	Color or Race White Regro
Date of birth verified by: Birth Cert. Judicial Decree Div. of Welat  Statistics CH 11-p. 55	Usual Occupation Secretary
1. Are you now or have you been adjudged, diagnosed or considered as:	Date of birth verified by: Birth Cart. Judicial Decree
An Imbecile?  Of Unsound Mind?	1. Are you now or have you been adjudged, diagnosed or considered as:
2. Are you now or have you been within five (5) years an inmate of a county asylum or No Yes	An Imbecile?
3. Are you now or have you been within live (b) years the No Yes home for indigent persons?  If answer to 3 is "yes" has the cause of such condition been removed?  No Yes	Of Unsound Mind?
4. Are you afflicted with a transmissible disease?	2. Are you under guardianship as a person of unsound mind? No - Yes -
5. Are you related to the bride closer than second cousin? No Yes   6. Are you now under the influence of intoxicating liquor? Yes	3. Are you afflicted with a transmissible disease?
7. Are you now under the influence of a narcotic drug?	4. Are you related to the groom closer than second cousin? No P Yes D
8. Are you able to support a family?  9. Are you likely to so continue?  Yes No	5. Are you now under the influence of intoxicating liquor? No - Yes -
10. Do you have minor children from one or more former marriages?  No Yes   Yes	6. Are you now under the influence of a narcotic drug? No E Yes   No E Yes
(a) List their full names, ages and addresses	7. Full name of father 20.3 S. Center Charlield and
Name Age Address Clubd	Occupation of father Mechanic Race of father 91
mighold Down Para hell 9 918 Kinkland alald	Birthplace of father (State or foreign country)
Tuesley Ray Campbell 4 918 Highland Rufd	8. Full maiden name of mother Marian & Jakertson
(b) Are you supporting or contributing to their support?  Yes No.	223 S. Center (20. 1) 1 1.
their support?	Residence of mother (if deceased so state)
11. Full name of father Juseph Wesley Campbell	Occupation of mother: Hall All Ville Race of mother than
Residence of father (if deceased so state) UNCLENALS, SASUANA.  Occupation of father Sarmlz Race of father St.	Birthplace of mother (State or foreign country)
Birthplace of father (State or foreign country)	State of Indiana, I depose and state the information given
12. Full maiden name of mother Thelms & Burlington	County of HENDRICKS in this application is true and correct.
Residence of mother (if deceased so state) R. #5. Greenastle Jud.	Signed X Nauro 6. Warper
Occupation of mother Heldslevelle Race of mother H	New Address C#5 Box 185 Therefiles on
Birthplace of mother (State or foreign country) Indiana	Subscribed and sworn to before me this 25 day of dug 1975
State of Indiana,  County of HENDRICKS  Ses: I depose and state the information given in this application is true and correct.	Glen M. Harvey Gerk HENDRICKS Circuit Court
Signed X	
New Address S. R. #5 Box 145 Plurifield	CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this 25 day of along, 19.75	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
CONSENT OF PARENTS, PARENT OR GUARDIAN	signs, state facts which render the consent of the other parent unnecessary.
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	
State of Indiana,	State of Indiana,
County ofHENDRICKS	County of HENDRICKS
Signed Father	Signed Father
Signed	SignedMother
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	RT. A marriage license having been refused to the above named parties, the
DENDRICKS County Co	RT. A marriage license having been refused to the above named parties, the purt by written order issued
	a marriage license to the above named nautice
Be It Remembered 11	E AND MARRIAGE
of Indiana dated the	use issued by the cloud of the
Pait total Parvin D. Campbell	t, 19 5, authorizing the joining together as husband and wife
I. Stander tememoered, the following marriage certificate was filed in my	office to write
Be it further remembered, the following marriage certificate was filed in my one thousand nine hundred and 7.5  State of Indiana, Groom Markets of American States of Indiana, Groom Markets of Indiana,	hereby certify that on the 2
State of Indiana, Groom M. C. T. Harris C. A.	at slain less of the grant to
and, Bride Dawn E. Harnos	at Sainfield, County of Thindricks, of Hendricks County, State of Indiana
were by me united in marriage as authorized by a grand of	Lendricks County, State of Small
Dated this 30 day of August, 19.7.	5
	Ciamata and a second a second and a second a second and a second a second and a second a second and a second a second a second and a se
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation Minus Flat
hard the day of Indiana this	9: 19 day of Syst. 19 7.5.
	Signed Alen m Make seed Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE Chap. 126, Ind. Acts 1905 HENDRICKS \_County Date of Application MALE Medical Examination Report Dated FEMALE Medical Examination Report Dated Name of Physician\_ 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 FEMALE APPLICANT Previous Marital Status: Never Married Number of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Previous Marital Status: Never Married Number of Previous Marriages. White Negro Other (specify). Color or Race Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Usual Occupation Color or Race White □ Negro □ Other □ (specify). Date of birth verified by: Birth Cert. Judicial Decree Other (Specify) Attal 12 ple Usual Occupation Are you now or have you been adjudged, diagnosed or considered as
 An Imbecile? Date of birth verified by: Birth Cert. Judicial Decree Maryment Haspeta Yes 🗆 Of Unsound Mind? Other (Specify). 2. Are you under guardianship as a person of unsound mind? Yes 🗌 3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?

No Yes 1. Are you now or have you been adjudged, diagnosed or considered as An Imbecile? No Yes If answer to 3 is "yes" has the cause of such condition been removed? No 🗆 Yes 🗌 Of Unsound Mind? 4. Are you afflicted with a transmissible disease? No Yes 🗆 Yes 🗌 2. Are you under guardianship as a person of unsound mind? 5. Are you related to the bride closer than second cousin? No Yes 🗌 No Yes 🗌 6. Are you now under the influence of intoxicating liquor? Yes 🗆 No D 3. Are you afflicted with a transmissible disease? No 7. Are you now under the influence of a narcotic drug? No 🔲 Yes 🗌 4. Are you related to the groom closer than second cousin? 8. Are you able to support a family? No Yes 🗆 No 🗆 Yes 🗌 9. Are you likely to so continue? you now under the influence of intoxicating liquor? Yes 🗸 No 🗆 No D Yes 🗌 10. Do you have minor children from one or more former marriages? No 🗌 Yes 🗌 (If yes, answer questions a, b, c) (a) List their full names, ages and addresses Address Residence of father (if de Occupation of father. (b) Are you supporting or contributing to their support? No 🗆 (c) Are you complying with any court order or orders issued for their support? Birthplace of mother (State or foreign country). State of Indiana. Birthplace of father (State or foreign country) 12. Full maiden name of mother. Residence of mother (if deceased so state). Occupation of mother... Birthplace of mother (State or foreign country). I depose and state the information given in this application is true and correct. CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary... MILLIUM Clerk HENDRICKS CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary..... HENDRICKS State of Indiana. County of .. County of HENDRICKS Father .Father Mother Signed. Mother Subscribed and sworn to before me this ... . 19...... 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..... .....County... ....authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court , 1975, authorizing the joining together as husband and wife of Indiana dated the ... Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the fers one thousand nine hundred and 75 Hendricks County, State of Indiana State of Indiana, Groom Seggile of Thendricks County, State of Indiana, Dated this. Official Designation Minus

2

HENDRICKS.

.....Circuit Court

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

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

25-75

Chap. 126, Ind. Acts 1905 HENDRICKS Date of Application FEMALE Medical Examination Report Dated MALE Medical Examination Report Dated. Name of Physician\_ ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, represents tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)". MALE APPLICANT Last Middle boom Date of Birth Date of Birth Place of Birth (State or Name if Different Previous Marital Status: Never Married Number of Previous Marriages Previous Marital Status: Never Married [ Number of Previous Marriages. Death Divorce Annulment Last Marriage Ended By: Death Divorce Annulment Last Marriage Ended By: White Negro Other (specify)... Color or Race White Negro Other [ (specify) Color or Race Usual Occupation Usual Occupation Other (Specify) # 3 94 Date of birth verified by: Birth Cert. | Judicial Decree Bureau of Vital Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No Yes 🗌 Statistics Yes 🗌 Of Unsound Mind? No Yes 1. Are you now or have you been adjudged, diagnosed or considered as: 2. Are you under guardianship as a person of unsound mind? 3. Are you now or have you been within five (5) years an inmate of a home for indigent persons? An Imbecile? No 🖰 Yes 🗌 Of Unsound Mind? Yes 🗌 If answer to 3 is "yes" has the cause of such condition been removed? No 🗆 No 🖫 Yes 🗌 2. Are you under guardianship as a person of unsound mind? 4. Are you afflicted with a transmissible disease? No Yes 5. Are you related to the bride closer than second cousin? 3. Are you afflicted with a transmissible disease? No Yes No Yes 6. Are you now under the influence of intoxicating liquor? No Yes 4. Are you related to the groom closer than second cousin? 7. Are you now under the influence of a narcotic drug? Yes No 8. Are you able to support a family? 5. Are you now under the influence of intoxicating liquor ! No Yes Yes No 9. Are you likely to so continue? No 🗌 Yes 🗌 10. Do you have minor children from one or more former marriages? 6. Are you now under the influence of a narcoti Yes [ (If yes, answer questions a, b, c) 7. Full name of father hy annu (a) List their full names, ages and addresses Address Occupation of father / Juchine Birthplace of father (State or forgign (b) Are you supporting or contributing to their support? Yes | No 🗆 Occupation of father Sallaman State of Indiana, and state the information given 12. Full maiden name of mothe Occupation of mother Birthplace of mother (State or foreign moleanapoles 1925 and state the information given HENDRICKS Clerk HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN e this .. , 19.75 We, the parents, of this applicant hereby give consent for this marriage. If only one parent Deen In Harvey ... ClerkHENDRICKS signs, state facts which render the consent of the other parent unnecessary. .Circuit Court CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary. State of Indiana, State of Indiana. County of ..... HENDRICKS County of ......HENDRICKS Signed. Signed. ...Mother Subscribed and sworn to before me this..... ....day of..... Subscribed and sworn to before me this......day of...... COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued and filed authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the .. August , 19.75, authorizing the joining together as husband and wife Roseboom andrew Be it further remembered, the following marriage certificate was filed in my office, to-wit: Elder Billy & adamson hereby certify that on the 30 day of Duggest one thousand nine hundred and ...... 75 State of Indiana, Groom andrew at Ilainfield , County of Gendricks, Coseboom of Gendricks County, State of Indiana and, Bride Timber Lee Bramkamp of Lendricks County, State of Indiana, Signed Elder Belle & adamson 

Official Designation Bastist minister

... Circuit Court

.....HENDRICKS....

Signed Ilen M

### STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICK	S File Dook 3 /
MALE Medical Examination Report Dated 8-22.75	FEMALE Date of Application
Name of Physician James Black, m. D.	Medical Examination Report Dated 8-22.75
	Name of Physician James Block. Sw. D.
MALE APPLICANT	
e O First Middle C Last	FEMALE APPLICANT

Name    First   Middle   Last	Name FEMALE APPLICANT
Date of Birth Month Sear Year Sear	
Bull: 8 1953	Jane 2 Middle : 31 Last
Place of Birth (State of Toreign Country)	Date of Birth Month Day Year
	Place of Birth (State or foreign country)
Residence Address Street or R. R. County State	- Residence Mem. Hoop, Jehans Daore
14 + There have pleasingsters	PHI Boy 167- H By City County State
Previous Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different , Market Stary, Herbriche &
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status, Name V
Color or Race White Negro Other (specify)	Previous Marital Status: Never Married X Number of Previous Marriages
9 1	Last Marriage Ended By: Death Divorce Annulment
Usual Occupation	Color or Race White Negro   Other   (specify)
Date of birth verified by: Birth Cert.  Judicial Decree	U-10
Other (Specify)  1. Are you now or have you been adjudged, diagnosed or considered as:	Usual Occupation Descritory
An Imbedie!  No X Yes   Yes	Date of birth verified by: Birth Cert.   Judicial Decree
2. Are you under guardianship as a person of unsound mind?	Other (Specify) Hispital Cut (2 Wilsh RA
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?	1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?
If answer to 3 is "yes" has the cause of such condition been removed? No Yes	Of Unsound Mind?
4. Are you afflicted with a transmissible disease?  Note Yes   5. Are you related to the bride closer than second cousin?	2. Are you under quardianship as a parson of war 1 1 10
6. Are you now under the influence of intoxicating liquor? No Yes	3. Are you afflicted with a transmissible stars
7. Are you now under the influence of a narcotic drug? No Yes	4. Are you related to the groom closes the
8. Are you able to support a family?  9. Are you likely to so continue?  Yes  No	5. Are you now under the lader
10. Do you have minor children from one or more former marriages? No Yes	6. Are you now under the influence of
(If yes, answer questions a, b, c) (a) List their full names, ages and addresses	7. Full name of father and anes aller Henry
Name Age Address	Residence of father (if deceased so state) Pt #1 Box 167- H. Bra
	Stockyatt . A
	Birthplace of father (State or foreign country)
	2 · Ven P · · ·
(b) Are you supporting or contributing to their support?  (c) Are you complying with any court order or orders issued for	Residence of mother (if deceased so state) 21 Bot 167- H. Blank
their support?	2
01/1/2	Occupation of mother. De tappeager Race of mother.
Residence of father (If deceased so state) It has the face blow	Birthplace of mother (State or foreign country) Walutown Wisc
Race of father	State of Indiana,
Birthplace of father (State or foreign country)	County of HENDRICKS as: I depose and state the information given in this application is true and correct.
12. Full maiden name of mother Lola Kudy Wilson	Oam m the
Residence of mother (if deceased so state) 744 Triple Zan Braws	Signed Market To De Signed
Occupation of mother Hausewife Race of mother W	New Address SII ( Daraloga VII), Howards
Birthplace of mother (State or foreign country)	Subscribed and sworn to before me this day of day of 19.7.5
County of HENDRICKS / ss: I depose and state the information given in this application is true and correct.	Gle In. HENDRICKS Circuit Court
Signey Lawrence D. Timison	
New Address SII Baratons Dr. Blownshu	CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this 26 day of av. Just	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Alen In Harry Clerk MENDRICKS Circuit Court	signs, state facts which render the consent of the other parent unnecessary
Citi n. Almanamiam Citi Cult Court	
CONSENT OF PAPENTS PAPENT OF CHAPPING	
CONSENT OF PARENTS, PARENT OR GUARDIAN  We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
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We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.	State of Indiana, County of HENDRICKS ss:
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.	88:
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana,	County of HENDRICKS Signed Father
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We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana.  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana,  County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTHENDRICKS  County County	County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the urt by written order issued and filed
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana,  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTHERDRICKS  LICENSE ISSUED BY ORDER OF COURTHENDRICKS  authorizes and directs the issuance of the parent unnecessary  State of Indiana,  County of HENDRICKS  County County County  authorizes and directs the issuance of the parent unnecessary  State of Indiana,  County of HENDRICKS  County County County  authorizes and directs the issuance of the parent unnecessary  State of Indiana,  County County County  authorizes and directs the issuance of the parent unnecessary  State of Indiana,  County County County  authorizes and directs the issuance of the parent unnecessary  State of Indiana,  County County County  Authorizes and directs the issuance of the parent unnecessary  State of Indiana,  County County County  Authorizes and directs the issuance of the parent unnecessary  State of Indiana,  County County County  Authorizes and directs the issuance of the parent unnecessary  State of Indiana,  County County County County  Authorizes and directs the issuance of the parent unnecessary  State of Indiana,  County Coun	Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed f a marriage license to the above named parties.
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We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana,  County of HENDRICKS  Signed Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTHENDRICKS  County authorizes and directs the issuance of Indiana dated the day of 19.  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURTH AUTHORIZES and directs the issuance of Indiana dated the day of 19.  Be it further remembered, the following marriage certificate was filed in my of the county of the county of Indiana dated in my of Indiana dated in my of Indiana dated the 19.  Subscribed and sworn to before me this of Indiana dated the 19.  Subscribed and sworn to before me this of Indiana dated the 19.  Additional of Indiana dated the 19.  Subscribed and sworn to before me this of Indiana dated the 19.  Additional of Indiana dated the 19.  Subscribed and sworn to before me this of Indiana dated the 19.  Subscribed and sworn to before me this of Indiana dated the 19.  Subscribed and sworn to before me this of Indiana dated the 19.  Subscribed and sworn to before me this of Indiana dated the 19.  Subscribed and sworn to before me this of Indiana dated the 19.  Subscribed and sworn to before me this of Indiana dated the 19.  Subscribed and sworn to before me this of Indiana dated the 19.  Subscribed and sworn to before me this of Indiana dated the 19.  Subscribed and sworn to before me this of Indiana dated the 19.  Subscribed and sworn to before me this of Indiana dated the 19.  Subscribed and sworn to before me this of Indiana dated the 19.  Subscribed and sworn to before me this of Indiana dated the 19.  Subscribed and sworn to before me this of Indiana dated the 19.  Subscribed and sworn to before me this of Indiana dated the 19.  Subscribed and sworn to before me this of Indiana dated the 19.  Subscribed and sworn to before me this of Indiana dated the 19.  Subscrib	Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the urt by written order issued and filed f a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  se issued by the clerk of the HENDRICKS Circuit Court  19 15, authorizing the joining together as husband and wife fice, to-wit:  thereby certify that on the day of September, the day of September, the day of September, the day of September and the da
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana.  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  HENDRICKS County  authorizes and directs the issuance of Indiana dated the day of 19 CRETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  The Ji Remembered, there was filed in my office a marriage licent of Indiana dated the day of 19 CRETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  The July of Indiana dated the Indiana dated the July of Indiana dated the Indiana dat	Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed f a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  se issued by the clerk of the HENDRICKS Circuit Court  19 1, authorizing the joining together as husband and wife and fice, to-wife  mereby certify that on the day of September, at Drawnsburg County of Hemdricks,
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana.  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  TO THE MARRIAGE LICENSE ISSUED BY ORDER OF COURT HENDRICKS  TO THE MARRIAGE LICENSE ISSUED BY ORDER OF COURT AUTHORITIES and directs the issuance of Indiana dated the day of 19  BE It Remembered, there was filed in my office a marriage licens of Indiana dated the day of 19  Set if jurther remembered, the following marriage certificate was filed in my of 19  Come thousand nine hundred and 7.3  State of Indiana, Groom Analysis of Days Alas Canada Analysis one thousand nine hundred and 7.3  State of Indiana, Groom Analysis of Days Alas Canada Analysis one thousand nine hundred and 7.3	Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  Se issued by the clerk of the HENDRICKS Circuit Court 19 D, authorizing the joining together as husband and wife the fice, to-wit thereby certify that on the day of September 19 Description of Themselves 19 Described 19 Desc
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana,  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  THENDRICKS County  In authorizes and directs the issuance of Indiana dated the day of Marriage licer of Indiana dated the January of Marriage licer of Indiana dated the January of Marriage certificate was filed in my office a marriage licer of Indiana dated the January of Marriage licer of Indiana dated the January of Marriage licer of Indiana dated the January of Marriage licer of Indiana, Groom Advanced Dates of Indiana, Groom Dates of Ind	Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the urt by written order issued and filed f a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  se issued by the clerk of the HENDRICKS Circuit Court  19 1 authorizing the joining together as husband and wife the fice, to-wit:  hereby certify that on the day of September of Themseury County of Themseury of Themseury County, State of Indiana.  Themseures County, State of Indiana.
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana,  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY.  HENDRICKS County County in authorizes and directs the issuance of Indiana dated the day of MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY.  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY.  RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY.  One thousand at the day of MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY.  One thousand nine hundred and 7.3  State of Indiana, Groom A authorized by a marriage license issued for County.	Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the urt by written order issued and filed f a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  se issued by the clerk of the HENDRICKS Circuit Court  19 19, authorizing the joining together as husband and wife and mare marriage license to the day of September of the cereby certify that on the day of September of Themseure County, State of Inclusion that purpose by the Clerk of the Circuit Court of HENDRICKS
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana.  County of HENDRICKS  Signed  Subscribed and sworn to before me this day of 19.  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY.  HENDRICKS  County  In authorizes and directs the issuance of Indiana dated the day of 19.  Be it further remembered, the following marriage certificate was filed in my office and marriage licen one thousand nine hundred and 7.  State of Indiana, Groom Accurate Date glass James Marriage in the pollowing of Indiana in the hundred and 7.  State of Indiana, Groom Accurate Date glass James Marriage in the pollowing and, Bride  Were by me united in marriage as authorized by a marriage license issued for County.	County of HENDRICKS  Signed Father  Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the urt by written order issued and filed f a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  se issued by the clerk of the HENDRICKS Circuit Court  19 19, authorizing the joining together as husband and wife and mare marriage license to the day of September of the ereby certify that on the day of September of Themseury County, State of Inclusive Themseury State of Inclusive County, State of Inclusive Themseury State o
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana, County of HENDRICKS  Signed Mother Signed Mother Subscribed and sworn to before me this day of 19.  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY.  HENDRICKS County in authorizes and directs the issuance of Indiana dated the day of Marriage license issued for county.  The state of Indiana, Groom Advisorable Partiages issued for County.  One thousand nine hundred and 7.5  State of Indiana, Groom Advisorable Partiages issued for County.  One united in marriage as authorized by a marriage license issued for County.  One day of Application, 19.7, 20.	Signed Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the urt by written order issued and filed f a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE se issued by the clerk of the HENDRICKS Circuit Court 19  And Jane Maria the joining together as husband and wife thereby certify that on the day of September 19  The subscribed and sworn to before me this day of September 19  The subscribed
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana.  County of HENDRICKS  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTION.  HENDRICKS County County County  in authorizes and directs the issuance of Indiana dated the day of Marriage licen of Indiana dated the day of Marriage licen of Indiana dated the Marriage licen of Indiana dated the Marriage licen of Indiana dated the Marriage Marriage Certificate was filed in my of Indiana dated the Marriage Marriage Certificate was filed in my of Indiana, Groom Marriage Marriage Certificate was filed in my of Indiana, Groom Marriage Marriage Marriage license issued for County.  Dated this day of Marriage license issued for Outer by me united in marriage as authorized by a marriage license issued for County.  Dated this day of Marriage license issued for Outer by me united in marriage as authorized by a marriage license issued for Outer by me united in marriage as authorized by a marriage license issued for Outer by me united in marriage as authorized by a marriage license issued for Outer by me united in marriage as authorized by a marriage license issued for Outer by me united in marriage as authorized by a marriage license issued for Outer by me united in marriage as authorized by a marriage license issued for Outer by me united in marriage license issued for Outer by me united in marriage license issued for Outer by me united in marriage license issued for Outer by me united in marriage license issued for Outer by me united in marriage license issued for Outer by me united in marriage license issued for Outer by me united in marriage license issued for Outer by me united in marriage license issued for Outer by me united in marriage license issued for Outer by me united in marriage license issued for Date by me united in marriage license issue	Signed Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  T. A marriage license having been refused to the above named parties, the urt by written order issued and filed of a marriage license to the above named parties.  E. AND MARRIAGE CERTIFICATE se issued by the clerk of the HENDRICKS Circuit Court 19  The authorizing the joining together as husband and wife made fines, to-wife the day of September 19  The subscribed County, State of Indiana, that purpose by the Clerk of the Circuit Court of HENDRICKS  Signed Rablett J. Hendricks  Signed Rablett J. Hendricks  Signed Rablett J. Hendricks  Signed Rablett J. Hendricks  Mother Subscription and the Control of HENDRICKS  Michael Posignation and Rablett J. Hendricks  Mother Subscription and Rablett J. Malauhy S.Ch.
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary  State of Indiana.  County of HENDRICKS  Signed Mother  Signed Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTHENDRICKS  County County County County  in authorizes and directs the issuance of Indiana dated the day of Marriage licen of Indiana dated the day of Marriage licen of Indiana dated the Marriage licen for the following marriage certificate was filed in my of Indiana dated the Marriage Marriage County Marriage licen of Indiana, Groom Assurement Marriage as filed in my of Indiana, Groom Assurement Marriage license issued for County.  Dated this day of Marriage license issued for County.  Dated this day of Marriage license issued for County.  Dated this day of Marriage license issued for County.	Signed Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  T. A marriage license having been refused to the above named parties, the curt by written order issued and filed of a marriage license to the above named parties.  E AND MARRIAGE CERTIFICATE  See issued by the clerk of the HENDRICKS Circuit Court  19 15, authorizing the joining together as husband and wife and fine, to wife the certify that on the day of September and Discussion of Members County, State of Indiana, that purpose by the Clerk of the Circuit Court of HENDRICKS  Signed Rablett J. Malday  Official Designation USED Rastar St. Malday Sch.  9 day of September 19.  Signed Rablett J. Malday Sch.  Signed Rablett J. Malday Sch.
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  State of Indiana,  County of HENDRICKS  Signed Mother  Subscribed and sworn to before me this day of 19.  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURTH HENDRICKS.  County in authorizes and directs the issuance of Indiana dated the day of Agriculture was filed in my office a marriage licens of Indiana dated the day of Agriculture was filed in my of the parents of Indiana dated the day of Agriculture was filed in my of the parents of Indiana dated the dollowing marriage certificate was filed in my of the parents of Indiana, Groom Agriculture Parents Parents of Indiana, Bride Martin Parents Parents of Indiana, Groom Agriculture Parents of	Signed Signed Mother  Subscribed and sworn to before me this day of 19 Clerk  T. A marriage license having been refused to the above named parties, the urt by written order issued and filed of a marriage license to the above named parties.  E. AND MARRIAGE CERTIFICATE se issued by the clerk of the HENDRICKS Circuit Court 19 Se authorizing the joining together as husband and wife made fines, to-wife the day of September 19 Septembe

, 19.7.5...

... Circuit Court

Signed Islen m Harvey

STATE OF INDIANA  Form Prescribed By  File  File		
Indiana State Board of Health under Authority  APPLICATION FOR MATERIAL ACTION FOR MAT		
Chap. 126, Ind. Acts 1905  HENDRIC	CKS County Date of Application	
	FEMALE Medical Examination Report Dated  8-26-75	
MALE Medical Examination Report Dated  8-20.75	Name of Physician Memor Kock, M. R.	
Mark Land	Name of r nysicuspes of a license to marry by any false statement	
1005 prescribes "False st	atement—Whoever procures the issuance of a license to marry by any false statement, representa-	
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prectriction or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".  MALE APPLICANT	First Middle Jast	
Name Pirst Middle Black	Burly Kay Best	
Date of Birth Month Day Year	Date of Birth	
Place of Birth (State on country)	Place of Birth (State or foreign country)	
Residence Address Street, R. R. City County State	Residence Address Street or R. R. City County State	
Previous Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different	
The state of the s	Previous Marital Status: Never Married F Number of Previous Marriages	
Last Marriage Ended By.	Last Marriage Ended By: Death Divorce Annulment	
Color or Race White Negro Other (specify)	Color or Race White Negro Other (specify)	
Date of birth verified by: Definite Cert. Usual Decree	Usual Occupation	
Other (Specify)	Date of birth verified by: Birth Cert.  Judicial Decree	
1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  No Yes  Yes  Yes	Other (Specify)	
2. Are you under guardianship as a person of unsound mind?	1. Are you now or have you been adjudged, diagnosed or considered as:	
3. Are you now or have you been within five (5) years an inmate of a county sylum or home for indigent persons?  If answer to 3 is "yes" has the cause of such condition been removed?  No Yes	An Imbecile?  Of Unsound Mind?  No 2 Yes	
4. Are you afflicted with a transmissible disease?	2. Are you under guardianship as a person of unsound mind? No ☑ Yes □	
5. Are you related to the bride closer than second cousin?  6. Are you now under the influence of intoxicating liquor?  No Yes	3. Are you afflicted with a transmissible disease? No ☑ Yes □	
7. Are you now under the influence of a narcotic drug?  8. Are you able to support a family?  Yes \( \subseteq \) No \( \subseteq \)	4. Are you related to the groom closer than second cousin?  No P Yes	
9. Are you likely to so continue?  10. Do you have minor children from one or more former marriages?  Yes No Yes	<ol> <li>Are you now under the influence of intoxicating liquor?</li> <li>No ☐ Yes ☐</li> <li>Are you now under the influence of a narcotic drug?</li> <li>No ☐ Yes ☐</li> </ol>	
(If yes, answer questions a, b, c)  (a) List their full names, ages and addresses	7. Full name of father Andrew Assemble Blast	
Name Age Address	Residence of father (if deceased so state) That if it is a state of the state of th	
	Occupation of father Add Race of father Management	
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Birthplace of father (State or foreign country)	
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother hands to de Chairman hands to the State of the State	
their support?  11. Full name of father Andre Share Blacks	Occupation of mother (if deceased so state)	
Residence of father (if deceased so state) A. A.M. W. C.	Birthplace of mother (State or foreign country)	
Occupation of father Milland Race of father Will		
Birthplace of father (State or foreign country)	State of Indiana.  County of	
12. Full maiden name of mother.  Residence of mother (if deceased so state)	- Revero Way Erst	
Occupation of mother Alda Aldas Race of mother Land	Signed Land Co. D. A.	
Birthplace of mother (State or foreign country)	Subscribed and sworn to before me this 2 11 happy of August 1975	
County of HENDRICKS   Sa: I depose and state the information given in this application is true and correct.	GLEW 11 Hazurg Gerk HENDRICKS Circuit Court	
Signed Ranch Black	Gerk HENDELLAS CIrcuit Court	
New Address	CONSENT OF PARENTS, PARENT OR GUARDIAN	
Subscribed and sworn to before me this day of Alley 19.75.	We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
CONSENT OF PARENTS, PARENT OR GUARDIAN	signs, state facts which render the consent of the other parent unnecessary	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent		
signs, state facts which render the consent of the other parent unnecessary		
State of Indiana,	State of Indiana.  County ofHENDRICKS	
County ofHENDRICKS		
Signed Father Subscribed and sworn to before a thing.	Signed Father	
Subscribed and sworn to before me thisday of	Signed Mother Subscribed and sworn to before me this 27 day of 242 19.75	
	41/2 m V/2 11	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY	T. A marriage license having been refused to the above named parties, the	
in County Superior County	I. A marriage license having been refused to the above named parties, the	
HENDRICKS County County County Court by written order issued Court by written order issued Court by Walter and filed  RETURN OF MARRIAGE LICENSES		
30 Company of the second of th	AND	
Be it further remembered the fire	authorizing the joining together as husband and wife	
1)	there is a second of the secon	
one thousand nine hundred and 7.5	received that on the 31 day of august	
and Bride Bussel Sandy Hene Black	it Derville Christian Church County of Thendricks	
were by me united in marriage	Wend County, State of Indiana	
County.  Dated this 3/st day of leggest 1975	thereby certify that on the 3/ day of August  Aday of August  Al Denville Christian Church County of Thendricks  Nendricks County, State of Indiana  County, State of Indiana  hat purpose by the Clerk of the Circuit County	
Dated this 3/st day of Greggest 19.75	of the Circuit Court ofHENDRICKS	
	Thank Si Ship	
and recorded in accordance with the laws of the State of India	Official Designation Usuth Mines to	
Filed and recorded in accordance with the laws of the State of Indiana this	2 day of Sept 1975.	

### STATE OF INDIANA

APPLICATION FOR MARRIAGE LI SE

- OL MAIL	MAGE LICEN
HENDRICKS	
	County

MALE Medical Examination Report Dated Qua. 14, 1975	FEMALE Date of Application
Name of Physician David M. Hadlur	Medical Examination Report Dated Qug. 14 1975
	N
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False stion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	tatement—Whoever procures the issuance of a license to marry by any false statement, representa-
Name David Middle That	Name First FEMALE APPLICANT
Date of Birth Month Day Year  March 10	Date of Birth Ange I Igst
Place of Birth (State or foreign country)	Day Year _
Residence Address Street or R. R. City County State	State or foreign country)
64 straight st. uncernate opin	Residence Address Street or R. R. City County State
Previous Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different , Concennate, Ohio
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Manufel T
Color or Race White Negro Other (specify)	Previous Marital Status: Never Married Number of Previous Marriages  Last Marriage Ended By: Death Divorce Divor
Usual Occupation Place. Lech	Death Divorce Annulment
Date of birth verified by: Drirth Cert. U Judicial Decree	Color or Race White Negro Other (specify)
Other (Specify) 2949	Usual Occupation Reg. Nurse
1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?  Of Unsound Mind?  Yes	Date of birth verified by Birth Cert.  Judicial Decree
2. Are you under guardianship as a person of unsound mind?	Other (Specify) 5 4369
home for indigent persons?	1. Are you now or have you been adjudged, diagnosed or considered as:  An Imbecile?
If answer to 3 is "yes" has the cause of such condition been removed? No Yes	Of Unsound Mind?
5. Are you related to the bride closer than second cousin?	2. Are you under guardianship as a porson of uncertainty
6. Are you now under the influence of intoxicating liquor? No Yes	3. Are you afflicted with a transmissible disease? No ✓ Yes ☐
8. Are you able to support a family?	4. Are you related to the groom closer than second cousin? No 🗹 Yes 🗆
9. Are you likely to so continue?  10. Do you have minor children from one or more former marriages?  No Yes	5. Are you now under the influence of intoxicating liquor? No 🖫 Yes 🗆
(If yes, answer questions a, b, c) (a) List their full names, ages and addresses	6. Are you now under the influence of a narcotic drug?  No D Yes
Name Age Address	7. Full name of father William Francis Snigder Residence of father (if deceased so state) 424 Linguistan Fill Ind
	O Pin
	Birthplace of father (State or foreign country)
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother annette Marie Stilo
(c) Are you complying with any court order or orders lasted for their support?	Residence of mother (if deceased so state) 424 Simmons, Pfld In
11. Full name of father Chester Mursel Thanwa	Occupation of mother Race of mother w
Residence of father (if deceased so state) 5 14 Dunnest Pfld. and.	Birthplace of mother (State or foreign country)
Occupation of father Briler Maker Race of father w	Mar intro in tall
Birthplace of father (State or foreign country) 776.  12. Full maiden name of mother Ruth Cleanor Mate)	State of Indiana.  County of HENDRICKS ss: I depose and state the information given in this application is true and correct.
Residence of mother (if deceased so state) 5 14 Quennst, Pall and	~ h o 1.11.1
Occupation of mother 5 14 Dry Teacher Race of mother	Signed Carol ( Sugar)
Birthplace of mother (State or foreign country). Reb.	New Address 1921 Wishmant Su. # 812, Cincinnati, O. Subscribed and, sworn to before me this 2 day of Sept 1975
State of Indiana,	
County of HENDRICKS in this application is true and correct.	Gler M. Harvey Clerk HENDRICKS Circuit Court
New Address 1921 Was mont by # 8/2 Con	CONSENT OF PARENTS, PARENT OR GUARDIAN
subscribed and sworn to before me this Sept. day of 2 1975.	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Gler M. Harvey Clerk HENDRICKS Circuit Court	signs, state facts which render the consent of the other parent unnecessary
ONSENT OF PARENTS, PARENT OR GUARDIAN	
ve, the parents, of this applicant hereby give consent for this marriage. If only one parent	
gns, state facts which render the consent of the other parent unnecessary	The second secon
tate of Indiana,	State of Indiana, County ofHENDRICKS
ounty ofHENDRICKS	Signed Father
Signed Father	
Signed	Signed Mother State of an array to before me this day of
bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	. A marriage license having been refused to the above named parties, the
MENDRICKS County Cou	rt by written order issuedand filed
authorizes and directs the issuance of	a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license	e issued by the clerk of the HENDRICKS Circuit Court
Indiana dated the 8 day of September	, 1975, authorizing the joining together as husband and wife
it further remembered, the following marriage certificate was filed in my offi	ce to-wit:
he he	reby certify that on the 13 day of September,
thousand nine hundred and 75	Clainfield , county of Hendricks,
of Indiana, Groom David Mark Thomas of	Hantilton County, State of Ohio
a, BrideCarol Bons Sounder of	Hamilton County, State of Ohio,
re by me united in marriage as authorized by a marriage license issued for the	at purpose by the Clerk of the Circuit Court of
ted this 13 days Sentember 1975	00.113
ady of	Signed Lev Aschard Jore
ed and	ficial Designation Coman Cathalic Treest
ed and recorded in accordance with the laws of the State of Indiana this	IT day of sufficements, 19 /2.
See Land Control of the Control of t	igned
	HENDRICKS