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STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 345
File BK. 37
Date of Application July 24, 1975

MALE
Medical Examination Report Dated 7/16/75
Name of Physician John Elliott, Jr. M.D.

FEMALE
Medical Examination Report Dated 7/16/75
Name of Physician John Elliott, Jr. M.D.

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

MALE APPLICANT

Name Richard G. Parker
Date of Birth December 24, 1945
Place of Birth (State or foreign country) Greencastle Putnam Ind.
Residence Address R.R. #1 Stilwell Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages one

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1971-1975
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Farmer
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree
☒ Other (Specify) See Serial # 126745141

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

Name Age Address

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

11. Full name of father George Houston Parker
Residence of father (if deceased so state) R.R. #1 Fullerton Ind.
Occupation of father retired Race of father White
Birthplace of father (State or foreign country) Greencastle Ind.
12. Full maiden name of mother Freda Marie Hurst
Residence of mother (if deceased so state) R.R. #1 Fullerton Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Greencastle Ind.

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

Signed Richard G. Parker

New Address R.R. Stilwell Ind.

Subscribed and sworn to before me this 24 day of July, 1975
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Marjorie L. Clark
Date of Birth May 29, 1948
Place of Birth (State or foreign country) Putnam Co. Ind.
Residence Address R.R. #1 Coatesville Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1971-1975

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

Usual Occupation School Teacher - South Putnam
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree
☒ Other (Specify) See Serial # 1317-50-6421

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

7. Full name of father Bert Wayne Clark
Residence of father (if deceased so state) R.R. #4 Greencastle Ind.
Occupation of father School Principal Race of father White
Birthplace of father (State or foreign country) Greencastle Ind.
8. Full maiden name of mother Ida Alice Walton
Residence of mother (if deceased so state) R.R. #4 Greencastle Ind.
Occupation of mother School Teacher Race of mother White
Birthplace of mother (State or foreign country) Greencastle Ind.

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

Signed Marjorie L. Clark

New Address R.R. #1 Stilwell Ind.

Subscribed and sworn to before me this 24 day of July, 1975
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Current Court by written order issued 3 day waiver and filed
in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 24 day of July, 1975, authorizing the joining together as husband and wife
Richard G. Parker and Marjorie L. Clark
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ray L. Swihart hereby certify that on the 25 day of July,
one thousand nine hundred and 75 at Greencastle, County of Putnam,
State of Indiana, Groom Richard G. Parker of Putnam County, State of Indiana
and, Bride Marjorie L. Clark of Putnam County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.

Dated this 25 day of July, 1975
Signed Ray L. Swihart

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of July, 1975
Signed Glen M. Harney Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 346

File 37

7-24-75

Date of Application

MALE
Medical Examination Report Dated 7-14-75
Name of Physician James Black

FEMALE
Medical Examination Report Dated 7-14-75
Name of Physician M. O. Scamahorn

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

MALE APPLICANT

Name First Robert Middle Reed Last Reed
Date of Birth Month January Day 6 Year 1956
Place of Birth (State or foreign country) Indianapolis Marion Indiana
Residence Address Street or R. R. 3539 Church, Indianapolis, Marion Ind.
City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Grocery Stock Boy

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree #482

☐ Other (Specify)

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

Name	Age	Address

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

11. Full name of father Robert Lee Reed
Residence of father (if deceased so state) North Carolina
Occupation of father restaurant owner Race of father It
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Sarah Ann Harrison
Residence of mother (if deceased so state) 3539 Church, Indpls Ind.
Occupation of mother cashier Race of mother It
Birthplace of mother (State or foreign country) Indiana

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

Signed Robert Lee Reed Jr.

New Address 3805 Bennett, Indpls

Subscribed and sworn to before me this 24 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 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:
I, Gilbert A. Schreiber, hereby certify that on the second day of August
one thousand nine hundred and 75, at Indianapolis, County of Marion,
State of Indiana, Groom Robert Lee Reed Jr., of Marion
and, Bride Linda Sue Hagemier, of Hendricks County, State of Indiana,
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 second day of August, 1975.

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

Signed Gilbert A. Schreiber
Official Designation Christian Minister
Signed Glen M. Harvey August 19, 1975
HENDRICKS Clerk
Circuit Court

FEMALE APPLICANT

Name First Linda Middle Hagemier Last Hagemier
Date of Birth Month June Day 26 Year 1956
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 3539 Church, Indianapolis, Marion Ind.
City County State
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Secretary

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

☐ Other (Specify) Hospital, Bedford, Ind.

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

7. Full name of father Robert L. Hagemier
Residence of father (if deceased so state) Camby, Ind.
Occupation of father truck driver Race of father It
Birthplace of father (State or foreign country) Missouri
8. Full maiden name of mother Betty Muehan
Residence of mother (if deceased so state) 3043 Elizabeth, Indpls Ind.
Occupation of mother clerk typist Race of mother It
Birthplace of mother (State or foreign country) Indiana

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

Signed Linda Hagemier

New Address 3805 Bennett, Indpls

Subscribed and sworn to before me this 24 day of July, 1975

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 3477
File AK 37
Date of Application July 25, 1975

HENDRICKS County

MALE
Medical Examination Report Dated 7/23/75
Name of Physician Glen Baker

FEMALE
Medical Examination Report Dated 7/23/75
Name of Physician Glen Baker

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

MALE APPLICANT
Name Bradley M. Haines
Date of Birth November 20, 1946
Place of Birth (State or foreign country) Methodist Hospital Indpls. In.
Residence Address 720 Maple Lane, Brownsburg, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1970 Ind.
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Constantly Emp. Super Market
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 11661
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☒
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Mark E. Haines Age 6 Address Brownsburg, Ind.
(b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐
11. Full name of father La Verne Haines
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Mr. Super Market Race of father White
Birthplace of father (State or foreign country) Sullivan, Ind.
12. Full maiden name of mother Rena M. Mervical
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Sullivan, Ind.

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

Signed Bradley M. Haines
New Address 720 Maple Lane Brownsburg
Subscribed and sworn to before me this 25 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

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

Clerk

FEMALE APPLICANT
Name Nancy J. Beard
Date of Birth December 3, 1951
Place of Birth (State or foreign country) Methodist Hospital Indpls. In.
Residence Address 4 Marland Ct. Brownsburg, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1974 Ind.
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Teacher - Hnd. Co. BK. and Trust
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-51-093748
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Marshall Beard
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Johnston Whitefield Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Rosemond Lee
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indiana

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

Signed Nancy J. Beard
New Address 720 Maple Lane Brownsburg
Subscribed and sworn to before me this 25 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ HENDRICKS County _____ Circuit Court by written order issued _____ 3 day Warner and filed in _____ Clerk 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 25 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:

I, William Charles Mc Graw hereby certify that on the 26 day of July, 1975, at Pittsboro, County of Hendricks, State of Indiana, Groom Bradley Mark Haines of Hendricks County, State of Indiana, and, Bride Nancy Jo Beard of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 28 day of July, 1975.

Signed William Charles Mc Graw
Official Designation Minister, Christian Church
Signed Glen M. Harvey Clerk
_____ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of July, 1975.

A

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 348
File BK 37
Date of Application July 25, 1975

MALE
Medical Examination Report Dated 7/23/75
Name of Physician Marvin C. Christie, M.D.

FEMALE
Medical Examination Report Dated 7/23/75
Name of Physician Marvin C. Christie, M.D.

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

MALE APPLICANT
Name Richard E. Daugherty
Date of Birth October 20, 1953
Place of Birth Indianapolis, Ind.
Residence Address 2832 South E. County Line Rd., Indianapolis, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Plater
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St. Francis Hosp. Birth Cert.

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

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father: Richard Gerald Daugherty
Residence of father (if deceased so state): Deceased
Occupation of father: Plater Race of father: White
Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Christine Marie Ott
Residence of mother (if deceased so state): Indianapolis, Ind.
Occupation of mother: Unknown Race of mother: White
Birthplace of mother (State or foreign country): Indiana
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Signed Richard G. Daugherty, Jr.
New Address 2832 S. E. County Line Rd.
Subscribed and sworn to before me this 25 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

FEMALE APPLICANT
Name Nancy Jo Moore
Date of Birth November 24, 1952
Place of Birth Indianapolis, Ind.
Residence Address 278 S. Indiana, Nashville, Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Montgomery Co. Union Hosp.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: Lora Eugene Moore
Residence of father (if deceased so state): 278 S. Indiana, Nashville, Ind.
Occupation of father: Unknown Race of father: White
Birthplace of father (State or foreign country): Hendricks County
8. Full maiden name of mother: Dorothy Ellen Simon
Residence of mother (if deceased so state): 278 S. Indiana, Nashville, Ind.
Occupation of mother: Unknown Race of mother: White
Birthplace of mother (State or foreign country): Johnson County
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Signed Nancy Jo Moore
New Address 2832 S. E. County Line Rd.
Subscribed and sworn to before me this 25 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 30 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:
I, Ray Raymond L. Rader, hereby certify that on the Second day of August, 1975, at Linton, Hendricks County, State of Indiana, Groom Richard G. Daugherty, Jr. and, Bride Nancy Jo Moore were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 30th day of July, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of August, 1975.
Signed Ray Raymond L. Rader
Official Designation Pastor - 1st Baptist Church
Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 349

HENDRICKS County

File
July 25, 1975
Date of Application

MALE

Medical Examination Report Dated July 23, 75
Name of Physician Carl L. Hendrick

FEMALE

Medical Examination Report Dated 7-22-75
Name of Physician Carl L. Hendrick

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

MALE APPLICANT

Name Daniel Devar Clark
Date of Birth 7/30/1955
Place of Birth Indianapolis, Ind.
Residence Address P.O. Box 165 Danville, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify) #113-55-064834

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

Name Age Address

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

11. Full name of father Thomas Jesse Clark
Residence of father (if deceased so state) Same
Occupation of father Self Employed Race of father
Birthplace of father (State or foreign country) Chicago Ill.
12. Full maiden name of mother Barbara Nell Foley
Residence of mother (if deceased so state) Same
Occupation of mother None Race of mother
Birthplace of mother (State or foreign country) Indiana

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

Signed Daniel Devar Clark

New Address

Subscribed and sworn to before me this 25 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1975
Clerk

FEMALE APPLICANT

Name Amelia Gail Shawver
Date of Birth 12/3/1954
Place of Birth Indianapolis, Ind.
Residence Address 432 Hickory Lane, Ellettsville, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Dental Assistant

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

☐ Other (Specify) 12/1/98

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

Residence of father (if deceased so state) Same

Occupation of father Account Race of father

Birthplace of father (State or foreign country) Bloomington

8. Full maiden name of mother Carolyn Rose Callahan

Residence of mother (if deceased so state) Same

Occupation of mother Housewife Race of mother

Birthplace of mother (State or foreign country) Bloomington

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

Signed Amelia Gail Shawver

New Address

Subscribed and sworn to before me this 25 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1975
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the
of Indiana dated the 12 day of 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:
I, H. Orval Moore hereby certify that on the 16 day of August

one thousand nine hundred and 75 at Plainfield, Hendricks

State of Indiana, Groom Daniel Devar Clark of Hendricks County, State of Indiana
and, Bride Amelia Gail Shawver of Hendricks County, State of Indiana

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

Dated this 16 day of August, 1975

Signed H. Orval Moore

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of August, 1975

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. #351

File

July 25, 1975
Date of Application

HENDRICKS

County

MALE

Medical Examination Report Dated 8-1-75

Name of Physician Eric D. Clark M.D.

FEMALE

Medical Examination Report Dated 7-25-75

Name of Physician David B. Haggard

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

MALE APPLICANT

Name First Roger Middle Dale Last Ping
Date of Birth Month 8 Day 29 Year 56
Place of Birth (State or foreign country) Kentucky

Residence Address Rt 2 Box 65, Indianapolis, Ind.
City Indianapolis County State

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation U.S. Navy
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

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

Name Age Address

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

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

11. Full name of father James M. Ping
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Repairman Race of father wh
Birthplace of father (State or foreign country) Kentucky

12. Full maiden name of mother Martha Taylor
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother wh
Birthplace of mother (State or foreign country) Kentucky

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

County of HENDRICKS

Signed Roger Dale Ping
New Address Great Lakes N.T.C. Illinois

Subscribed and sworn to before me this 1 day of Aug. 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:

County of HENDRICKS

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Rebecca Middle Lynn Last Johnson
Date of Birth Month May Day 2 Year 1954
Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address Rt 2 Box 65 Indianapolis, Ind.
City Indianapolis County State

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

☐ Other (Specify) # 54-055446

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

7. Full name of father Sidney Wayne Johnson
Residence of father (if deceased so state) 215 W. St. Plfd.

Occupation of father Chaplain Race of father

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

8. Full maiden name of mother Carolyn Sue Syc
Residence of mother (if deceased so state) 215 W. St. Plfd.

Occupation of mother School Bus Race of mother

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

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

County of HENDRICKS

Signed Rebecca Lynn Johnson
New Address Great Lakes N.T.C. Illinois

Subscribed and sworn to before me this 25 day of July 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:

County of HENDRICKS

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1 day of 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:

I, Wilson Adkins hereby certify that on the 3th day of August 1975, at 2:30 P.M., County of Hendricks

one thousand nine hundred and 75, State of Indiana, Groom Roger Dale Ping of Hendricks County, State of Indiana

and, Bride Rebecca Lynn Johnson of Hendricks County, State of Indiana

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

Dated this 3th day of August 1975

Signed Wilson Adkins
Official Designation Preacher

Subscribed and sworn to before me this 7th day of August 1975
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 352
File July 28 1975
Date of Application

MALE
Medical Examination Report Dated 7-25-75
Name of Physician Wm Winter

FEMALE
Medical Examination Report Dated 7-25-75
Name of Physician William Winter

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

MALE APPLICANT

Name David Bruce Sizemore
Date of Birth Jan 3 1955
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address 486 9 Plainfield, Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Press Operator
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 55094779
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Nedley Sizemore
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Harlan Co Kentucky
12. Full maiden name of mother Lida Jay Baldwin
Residence of mother (if deceased so state) 486 9 Plainfield Ind
Occupation of mother Home Maker Race of mother _____
Birthplace of mother (State or foreign country) Indianapolis
State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed David B. Sizemore
New Address _____

Subscribed and sworn to before me this 25 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name Rita Lail McCarry
Date of Birth Jan 7 1957
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address 437 Murphy Ave, Brownsburg
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation _____
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 12922
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father James Owen McCarry
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Mary Hicks
Residence of mother (if deceased so state) 437 Murphy Ln
Occupation of mother File Clerk Race of mother _____
Birthplace of mother (State or foreign country) Kentucky

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

Signed Rita L. McCarry
New Address _____

Subscribed and sworn to before me this 25 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN 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 1st day of August, 1975, authorizing the joining together as husband and wife of David Bruce Sizemore and Rita Lail McCarry.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Frank T. Anderson, hereby certify that on the 1st day of August, 1975, at Brownsburg, County of Hendricks, State of Indiana,
one thousand nine hundred and 75, of Marion, County, State of Indiana,
State of Indiana, Groom David B. Sizemore and, Bride Rita Lail McCarry were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.
Dated this 1st day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed Rev. Frank T. Anderson
Official Designation Ordained Minister
Signed Glen M. Harvey
_____ Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 353

File

HENDRICKS

County

July 28, 1975
Date of Application

MALE

Medical Examination Report Dated 7-25-75

Name of Physician Carl Heinlein, M.D.

FEMALE

Medical Examination Report Dated 7-25-75

Name of Physician Carl Heinlein, M.D.

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

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)

Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation

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

☐ Other (Specify)

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

Name Age Address

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

11. Full name of father: Oliver Douglas Finchum
Residence of father (if deceased so state) North Salem, Ind.
Occupation of father: Home Farmer Race of father: wh
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother: Goldie Marie Hilland
Residence of mother (if deceased so state) North Salem, Ind.
Occupation of mother: None Race of mother: wh
Birthplace of mother (State or foreign country) Indiana

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

Signed: Larry W. Finchum

New Address: RR 2 Roachdale, Ind.

Subscribed and sworn to before me this 28 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of: HENDRICKS

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1975
Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)

Residence Address Street or R. R. City County State
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation

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

☐ Other (Specify)

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

7. Full name of father: Harry R. Lanham
Residence of father (if deceased so state) North Salem, Ind.
Occupation of father: Mechanic Race of father: wh
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother: Betty J. Robinson
Residence of mother (if deceased so state) North Salem, Ind.
Occupation of mother: Grocery Clerk Race of mother: wh
Birthplace of mother (State or foreign country) Indiana

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

Signed: Diana Lanham

New Address: RR 2 Roachdale, Ind.

Subscribed and sworn to before me this 28 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of: HENDRICKS

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1975
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 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:

I, Rev. Albert H. Allie hereby certify that on the 1st day of August, 1975, at Roachdale, Indiana, County of Hendricks, State of Indiana, Groom Larry Wayne Finchum of Hendricks County, State of Indiana, and, Bride Diana Lee Lanham of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of July, 1975.

Signed: Rev. Albert H. Allie

Official Designation: Pastor

Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of August, 1975.

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 354
File 37
Date of Application 7-28-75

MALE
Medical Examination Report Dated 7-25-75
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 7-25-75
Name of Physician David B. Haggard

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

MALE APPLICANT

Name Jackie Rinberger Jr.
Date of Birth Sept 6 1956
Place of Birth (State or foreign country) Indianapolis Marion Indiana
Residence Address 1403 Rose Ct. Plainfield Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Marion Co. General Hospital

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

☒ Other (Specify) Selective Service Card

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

Name	Age	Address

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

11. Full name of father Jackie L. Rinberger
Residence of father (if deceased so state) 1403 Rose Ct. Plainfield, Ind.
Occupation of father Dry wall Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Larene Duncan
Residence of mother (if deceased so state) Miami, Florida
Occupation of mother Self-employed Race of mother W
Birthplace of mother (State or foreign country) Tennessee

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

Signed Jack Rinberger
New Address 1212 Stanley Rd. Plainfield
Subscribed and sworn to before me this 28 day of July, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 1st day of August, 1975, authorizing the joining together as husband and wife of Jackie L. Rinberger Jr. and Julie M. Strather.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, G. Kent Allen, hereby certify that on the 2 day of August, 1975, at Plainfield, County of Hendricks, State of Indiana, and, Bride Julie M. Strather of Hendricks County, State of Indiana were 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 2 day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1975.

Signed G. Kent Allen
Official Designation Minister
Signed Glen M. Harvey Clerk
_____ HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 355

HENDRICKS County

File

July 28 1975
Date of Application

MALE

Medical Examination Report Dated 7-23-75
Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 7-23-75
Name of Physician David Haggard M.D.

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

MALE APPLICANT

Name Joseph Thomas Kirkman, Jr.
Date of Birth Month 8 Day 4 Year 54
Place of Birth (State or foreign country) El Paso, Texas
Residence Address Rt. 1 Paragon, Morgan, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation clayton
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

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

Name	Age	Address

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

11. Full name of father Joseph Thomas Kirkman, Sr.
Residence of father (if deceased so state) Paragon, Ind.
Occupation of father Bridgeport Books Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Carolyn Ann Simon
Residence of mother (if deceased so state) Paragon, Ind.
Occupation of mother None Race of mother wh
Birthplace of mother (State or foreign country) Indiana

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

Signed Joseph Thomas Kirkman, Jr.

New Address RR #1 Quincy, Ind.

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Debra Sue Settles
Date of Birth Month 7 Day 25 Year 57
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Rt. 1 Clayton, Indiana
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation None
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

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

7. Full name of father Joseph L. Settles
Residence of father (if deceased so state) Clayton, Ind.
Occupation of father Chrysler Truck Race of father wh
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Ruby A. Biggs
Residence of mother (if deceased so state) Clayton, Ind.
Occupation of mother None Race of mother wh
Birthplace of mother (State or foreign country) Indiana

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

Signed Debra Sue Settles

New Address RR #1 Quincy, Ind.

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
_____ Circuit Court of Indiana dated the 4 day of August, 19 75, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Charles E. Septon hereby certify that on the 9 day of August,
one thousand nine hundred and 75 at Martinsville, County of Morgan,
State of Indiana, Groom Joseph Thomas Kirkman, Jr. County, State of Indiana
and, Bride Debra Sue Settles of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 9 day of August, 19 75.
Signed Rev. Charles E. Septon
Official Designation Pastor, St. Martin's Church
Signed Glen M. Harvey Clerk
_____ HENDRICKS _____ Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 356
File BK 39
Date of Application July 28, 1975

MALE
Medical Examination Report Dated 7-23-75
Name of Physician M. D. Scammon

FEMALE
Medical Examination Report Dated 7/23/75
Name of Physician M. D. Scammon

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

MALE APPLICANT

Name First Henry Middle Lee Last Heginbotham
Date of Birth Month 3 Day 21 Year 44
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address Street or R. R. City County State
Rt. 2 Box 172-C, Brownsburg, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Police Officer (Japs)
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

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

Name Age Address

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

11. Full name of father Raymond Wesley Heginbotham
Residence of father (if deceased so state) Indianapolis, Indiana
Occupation of father R.R. Brotherhood Race of father White
Birthplace of father (State or foreign country) Tennessee
12. Full maiden name of mother Lyle Myrae Buck
Residence of mother (if deceased so state) Spaulding, Ind.
Occupation of mother F.M.C. Shipp's Race of mother White
Birthplace of mother (State or foreign country) Kentucky

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

Signed Henry Lee Heginbotham
New Address P.R. #2, Box 172-C, Brownsburg

Subscribed and sworn to before me this 1 day of August, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1 day of August, 1975, authorizing the joining together as husband and wife of Henry Lee Heginbotham and Cynthia Lyle Ramey. Be it further remembered, the following marriage certificate was filed in my office, to wit:
I, James A. Yater, one thousand nine hundred and August, 1975, hereby certify that on the 2 day of August, 1975, at Maplewood, Hendricks County, State of Indiana, Groom Henry Lee Heginbotham and, Bride Cynthia Lyle Ramey, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana. Dated this 2 day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of September, 1975.

Signed Rev. James A. Yater
Official Designation Minister
Signed Glen M. Harvey September 2, 1975
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Cynthia Middle Lyle Last Ramey
Date of Birth Month 8 Day 8 Year 1955
Place of Birth (State or foreign country) Illinois
Residence Address Street or R. R. City County State
27 West Poplar, Hannibal, Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Sales Clerk - K. Mart
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

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

8. Full maiden name of mother Faye Ann Payfield
Residence of mother (if deceased so state) W. Poplar, Hannibal
Occupation of mother Nurse Aide Race of mother White
Birthplace of mother (State or foreign country) Kentucky

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

Signed Cynthia Lyle Ramey
New Address Rt. 2 Box 172-C, Brownsburg

Subscribed and sworn to before me this 28 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 357
File 37
Date of Application 7-28-75

HENDRICKS County

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

FEMALE
Medical Examination Report Dated 7-25-75
Name of Physician Carl L. Heinlein

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

MALE APPLICANT

Name Richard T. Tindall
Date of Birth March 14 1950
Place of Birth (State or foreign country) Indiana
Residence Address 125 E. 175 N. Danville, Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Black Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Selective Service Card

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

Name	Age	Address

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

11. Full name of father Richard Walden Tindall
Residence of father (if deceased so state) Rt 1 Westfield, Ind.
Occupation of father Optician Race of father Ir
Birthplace of father (State or foreign country) Texas

12. Full maiden name of mother Helen Louise Gross
Residence of mother (if deceased so state) Rt 1 Westfield, Ind.
Occupation of mother Housewife Race of mother Ir
Birthplace of mother (State or foreign country) Texas

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

Signed Richard T. Tindall
New Address 809 Broken Bow St. Apt 303
Indiana Ind.
Subscribed and sworn to before me this 28 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Ethel K. Townsley
Date of Birth March 31 1952
Place of Birth (State or foreign country) Indiana
Residence Address 5511 Scarlett Terrace Indianapolis, Marion, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Sales Clerk

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

☐ Other (Specify) #113-52-032098

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

7. Full name of father Claf Arnold Townsley
Residence of father (if deceased so state) Hanover Dr. New Whiteland, Ind.
Occupation of father Hatchery Manager Race of father Ir
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Bessie E. Elizabeth McConney
Residence of mother (if deceased so state) Hanover Dr. New Whiteland, Ind.
Occupation of mother Housewife Race of mother Ir
Birthplace of mother (State or foreign country) Ohio

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

Signed Ethel K. Townsley
New Address 809 Broken Bow St. Indianapolis, Ind.

Subscribed and sworn to before me this 28 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 1st day of 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:

I, Marilyn W. Spry hereby certify that on the second day of August, 1975, at Westfield, County of Hamilton

one thousand nine hundred and 75, State of Indiana, Groom Richard T. Tindall of Marion County, State of Indiana

and, Bride Ethel K. Townsley of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS _____ County.

Dated this Second day of August, 1975. Signed Marilyn W. Spry

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of August, 1975.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 358
File BK 37
Date of Application July 28, 1975

MALE
Medical Examination Report Dated 7-28-75
Name of Physician Irving Cohen, M.D.

FEMALE
Medical Examination Report Dated 7/14/75
Name of Physician Irving Cohen

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

MALE APPLICANT

Name Jeffrey Lee Hughes
Date of Birth Jan 13 1954
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. 1, Box 664, Plainfield, Hendricks Co., Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Coop. Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Religious Service Card # 12-30-54-16

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

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

11. Full name of father Charles Lowell Hughes
Residence of father (if deceased so state) 2416 E. Broadway, Ind.
Occupation of father Delivery Truck Driver Race of father W.
Birthplace of father (State or foreign country) Lebanon, Boone Co.
12. Full maiden name of mother Anne Lucille Wright
Residence of mother (if deceased so state) 912 Ridgwood Dr.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Hendricks Co.

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Jeffrey Lee Hughes
New Address R.R. 1, Box 664, Plainfield, Ind.
Subscribed and sworn to before me this August day of 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ in _____ 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 1st day of August, 1975.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Rev. Walter L. Mapson hereby certify that on the 9 day of August, 1975, at Plainfield, County of Hendricks, State of Indiana,
one thousand nine hundred and 75 hereby certify that on the _____ day of _____, 19____, at _____, County of _____, State of _____, Indiana,
State of Indiana, Groom Jeffrey Lee Hughes of Hendricks County, State of Indiana,
and, Bride Janita Jo Edwards of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of _____, Indiana.
Dated this 1st day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed Walter L. Mapson
Official Designation United Methodist Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Janita Jo Edwards
Date of Birth Jan 28 1954
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. 1, Box 664, Plainfield, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) #02425

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Full name of father Harold Richard Edwards
Residence of father (if deceased so state) 444 Cordell, Mooresville
Occupation of father Insurance Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Peggy Jean Fogleman
Residence of mother (if deceased so state) R.R. 1, Plainfield, Ind.
Occupation of mother Secretary Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Janita Jo Edwards
New Address R.R. 1, Box 664, Plainfield, Ind.
Subscribed and sworn to before me this 28 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 359

File Book

Date of Application July 29, 1975

MALE

Medical Examination Report Dated July 28, 1975
Name of Physician David B. Taggard

FEMALE

Medical Examination Report Dated July 28, 1975
Name of Physician David B. Taggard

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

MALE APPLICANT

Name First Richard Middle Lawrence Last Glass Jr.
Date of Birth Month 12 Day 26 Year 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. 1255 N. Harley St. City Indpls. County Ind. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Carpenter

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

☐ Other (Specify) #2187

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

Name Age Address

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

11. Full name of father Richard Lawrence Glass Jr.
Residence of father (if deceased so state) 7046 Doris Dr. Indpls.
Occupation of father National Electronics Service Dealer
Birthplace of father (State or foreign country) Arkansas
12. Full maiden name of mother Dorothy Mae Harold
Residence of mother (if deceased so state) 7046 Doris Dr.
Occupation of mother Secretary
Birthplace of mother (State or foreign country) Indianapolis

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

Signed Richard Lawrence Glass Jr.

New Address 1255 N. Harley Indpls.

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Vicki Middle Sue Last Rousch
Date of Birth Month June Day 1 Year 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. 118 Price Rd. City Plainfield, County Ind. State Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Secretary

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

☐ Other (Specify) #5800

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

Residence of father (if deceased so state) Same

Occupation of father Electrician Race of father

Birthplace of father (State or foreign country) Indianapolis

8. Full maiden name of mother Norma Jean Got

Residence of mother (if deceased so state) Same

Occupation of mother Secretary Race of mother

Birthplace of mother (State or foreign country) Indianapolis

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

Signed Vicki Sue Rousch

New Address 1255 N. Harley Dr. Indpls.

Subscribed and sworn to before me this 29 day of July, 1975

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 2 day of August, 1975, authorizing the joining together as husband and wife

Richard Lawrence Glass Jr. and Vicki Sue Rousch

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

I, John C. Modesitt, hereby certify that on the 2nd day of August, 1975, at Union U. M. Church, County of Hendricks,

one thousand nine hundred and 75, _____ County, State of Indiana,

State of Indiana, Groom Richard Lawrence Glass Jr. and _____ County, State of Indiana,

and, Bride Vicki Sue Rousch of _____ County, State of Indiana,

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

Dated this 2nd day of August, 1975.

Signed John C. Modesitt

Official Designation Minister

5 day of August, 1975

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 360

File Bk 37

Date of Application July 29, 1975

MALE
Medical Examination Report Dated 7-21-75

Name of Physician Donald D. Cheesman

FEMALE
Medical Examination Report Dated 7-21-75

Name of Physician Donald D. Cheesman

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

MALE APPLICANT

Name First Middle Last
Lynn Dale Ellison
Date of Birth Month Day Year
January 20 1957
Place of Birth (State or foreign country)
Indianapolis, Indiana
Residence Address Street or R. R. City County State
R#1 Box 148-A Camby Hendricks Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages: _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Service Station Attendant

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

☒ Other (Specify) Selective Service # 12-57-57-16

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

Name Age Address

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

11. Full name of father Bernard Lynn Ellison
Residence of father (if deceased so state) Camby, Ind.
Occupation of father Bank Truck Operator Race of father W.
Birthplace of father (State or foreign country) Cpt Mills, West Va.
12. Full maiden name of mother Rosalee Jane Oliver
Residence of mother (if deceased so state) Camby, Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Miller, Illinois

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

Signed Lynn D. Ellison
New Address R 1 Box 73c Camby Ind.

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

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

one thousand nine hundred and _____ hereby certify that on the _____ day of _____, 1975, at _____, County of _____, State of Indiana, Groom _____ and, Bride _____ of _____ County, State of _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ Dated this _____ day of _____, 1975.

Signed _____ Official Designation _____

Signed _____ Clerk _____

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1975.

Signed _____ Clerk _____

Signed _____ Clerk _____

_____ Clerk _____

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 360

File Bk 37

July 29, 1975
Date of Application

MALE

Medical Examination Report Dated 7-21-75

Name of Physician Donald D. Chasman

FEMALE

Medical Examination Report Dated 7-21-75

Name of Physician Donald D. Chasman

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

MALE APPLICANT

Name First Lynn Middle Dale Last Ellison
Date of Birth Month January Day 20 Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address Rt 1 Box 148-A Street or R. R. Camby City Hendricks County Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Senior Station Attendant
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Indiana License # 12-57-57-16

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

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

11. Full name of father Bernard Lynn Ellison
Residence of father (if deceased so state) Camby, Ind
Occupation of father Bank Truck Operator Race of father W.
Birthplace of father (State or foreign country) Ind
12. Full maiden name of mother Rosalie Jane Oliver
Residence of mother (if deceased so state) Camby, Ind
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Ind

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

FEMALE APPLICANT

Name First Teresa Middle Lynn Last Hubbard
Date of Birth Month November Day 2 Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address Rt 1 Box 684 Street or R. R. Phungfield City Hendricks County Ind
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Sales Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Local # 13619

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father James Ronald Hubbard
Residence of father (if deceased so state) Phungfield, Ind
Occupation of father Lat. Instructor Race of father W.
Birthplace of father (State or foreign country) Arkansas
8. Full maiden name of mother Rosalie Jane Oliver
Residence of mother (if deceased so state) Phungfield, Ind
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Ind

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

Signed Teresa Lynn Hubbard
New Address RR 1 Box 73C Camby Ind.
Subscribed and sworn to before me this 29 day of July, 1975
Allen M. Harvey Clerk HENDRICKS Circuit Court

I, James R. Hubbard (father)
Rosalie J. Hubbard (mother), hereby give my consent for
my daughter, Teresa Lynn Hubbard to
marry Lynn Dale Ellison.

County of Marion James R. Hubbard Rosalie J. Hubbard
Subscribed and sworn to before me this 1 day of Aug. 1975
my comm expires 1-20-77 Laura E. Day
Notary Public

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 4th day of 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:
I, Rev. Ralph C. Wade, hereby certify that on the 9 day of August,
one thousand nine hundred and 75, at Friendswood, County of Marion,
State of Indiana, Groom Lynn Dale Ellison and, Bride Teresa Lynn Hubbard of Morgan County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 9 day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of August, 1975.
Signed Rev. Ralph C. Wade Official Designation Pastor
Signed Allen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 361

File

Date of Application

HENDRICKS

County

MALE

Medical Examination Report Dated 7-28-75

Name of Physician A. M. Scudder, M.D.

FEMALE

Medical Examination Report Dated 7-28-75

Name of Physician A. M. Scudder, M.D.

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

MALE APPLICANT

Name Samuel William Richard
Date of Birth 10/13/56
Place of Birth (State or foreign country) Brunswick, Ind.
Residence Address Box 16, Clayton, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Blue & White Service

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

☒ Other (Specify) Delinquent Service Card

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

Name Age Address

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

11. Full name of father Sylvan Wallace Richard
Residence of father (if deceased so state) Clayton, Ind.
Occupation of father Machine Repair Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Marjorie Marie Franklin
Residence of mother (if deceased so state) Clayton, Ind.
Occupation of mother None Race of mother wh
Birthplace of mother (State or foreign country) Indiana

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

Signed Samuel Richard
New Address Marion Street, Danville, Indiana
Subscribed and sworn to before me this 29 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Jill Ann Hubble
Date of Birth 10/6/57
Place of Birth (State or foreign country) Brunswick, Ind.
Residence Address Box 19, Coatesville, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation _____

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

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father John Austin Hubble
Residence of father (if deceased so state) Coatesville, Ind.
Occupation of father Carpenter Race of father wh
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Evelyn Francis With
Residence of mother (if deceased so state) Coatesville, Ind.
Occupation of mother None Race of mother wh
Birthplace of mother (State or foreign country) Indiana

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

Signed Jill Hubble
New Address Marion Street
Subscribed and sworn to before me this 29 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Mother has custody

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed Evelyn Hubbard Mother

Subscribed and sworn to before me this 29 day of July, 1975
Glen M. Harvey Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
_____ 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:

I, Frank Bunn hereby certify that on the 1st day of August,
one thousand nine hundred and 75 at Coatesville, County of Hendricks,
State of Indiana, Groom Samuel W. Richard of Hendricks County, State of Indiana,
and, Bride Jill Ann Hubble of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 29 day of July, 1975

Signed Frank Bunn
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of August, 1975

Signed Glen M. Harvey Clerk
_____ HENDRICKS _____ Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 362

File 37

7-29-75

Date of Application

MALE
Medical Examination Report Dated July 25, 1975
Name of Physician Glen Jr. Baker

FEMALE
Medical Examination Report Dated July 25, 1975
Name of Physician Glen Jr. Baker

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

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Henry Allen Keene
Date of Birth May 23, 1953
Place of Birth (State or foreign country) Shelbyville, Shelby Co., Ind.
Residence Address 5542 Blue Hill Circle, Indianapolis, Marion Co., Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Computer Operator
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selection Service Card

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

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

11. Full name of father Walter Nelson Keene
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father Gr
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Helena Ford
Residence of mother (if deceased so state) Sullivan, Ind.
Occupation of mother Housewife Race of mother Gr
Birthplace of mother (State or foreign country) Indiana

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

Signed Henry Allen Keene
New Address 5542 Blue Hill Cir.
Subscribed and sworn to before me this 29 day of July, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, _____ } ss:
County of HENDRICKS

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

Clerk

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

RETURN 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 4th day of August, 1975, authorizing the joining together as husband and wife of Henry Allen Keene and Vickie Sue Tindle.
I, Rev. Elmer L. Jenkins, hereby certify that on the 9 day of August, 1975, at Brownsburg, County of Hendricks, State of Indiana, and, Vickie Sue Tindle of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____, Indiana.
Dated this 4 day of August, 1975.

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

Signed Rev. Elmer L. Jenkins
Official Designation Minister
Signed Glen M. Harvey
_____ Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 363

File BK 37

Date of Application July 31, 1975

MALE

Medical Examination Report Dated 7/28/75

Name of Physician Eric D. Clark M.D.

FEMALE

Medical Examination Report Dated 7/28/75

Name of Physician Eric D. Clark M.D.

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

MALE APPLICANT

Name James R. Nicholson
Date of Birth 1 20 1952
Place of Birth (State or foreign country) Putnam Ind.
Residence Address 12 Witham Dr. Clay City Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Retail Gen. Sales - Galysare

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

☐ Other (Specify) Hospital # 37628 - B.

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

(a) List their full names, ages and addresses

Name Age Address

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

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

11. Full name of father Richard James Nicholson

Residence of father (if deceased so state) Deceased

Occupation of father..... Race of father.....

Birthplace of father (State or foreign country) Hendricks Co.

12. Full maiden name of mother Rosalie Barnes

Residence of mother (if deceased so state) 12 Witham Dr. Henry Ind.

Occupation of mother Home School Race of mother White

Birthplace of mother (State or foreign country) Hendricks

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

County of..... HENDRICKS

Signed James R. Nicholson

New Address Pharm #1010 Ind 2312 2nd St

Subscribed and sworn to before me this 31 day of July, 1975

Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed..... Father

Signed..... Mother

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

..... Clerk

FEMALE APPLICANT

Name Karen L. Main
Date of Birth 2 27 1957
Place of Birth (State or foreign country) Putnam Ind.
Residence Address R.R. #1 Box 159 Clayton Ind.
Maiden Name if Different.....

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Unemployed

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

☐ Other (Specify) Local # 2408

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

7. Full name of father Keith Duell Main

Residence of father (if deceased so state) R.R. #1 Clayton Ind.

Occupation of father Sales Rep. Race of father White

Birthplace of father (State or foreign country) Hendricks Co.

8. Full maiden name of mother Patricia Ann Cook

Residence of mother (if deceased so state) R.R. #1 Clayton Ind.

Occupation of mother Homemaker Race of mother White

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

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

County of..... HENDRICKS

Signed Karen L. Main

New Address 2312 Second Street

Subscribed and sworn to before me this 31 day of July, 1975

Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed..... Father

Signed..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... HENDRICKS..... Circuit Court of Indiana dated the 4th day of August, 1975, authorizing the joining together as husband and wife

James R. Nicholson and Karen L. Main

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

I, Ronald C. Gallard, hereby certify that on the 16 day of August

one thousand nine hundred and 75 at Clayton, County of Hendricks

State of Indiana, Groom James R. Nicholson of Hendricks County, State of Indiana

and, Bride Karen L. Main of Hendricks County, State of Indiana

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

Dated this 4th day of August, 1975.

Signed Ronald C. Gallard

Official Designation Ordained Minister

19 day of August, 1975

Signed Glen M. Harney Clerk

HENDRICKS..... Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 364
File BK 37
Date of Application July 31, 1975

MALE
Medical Examination Report Dated 7/8/75
Name of Physician Carl L. Hendrick, M.D.

FEMALE
Medical Examination Report Dated 7/8/75
Name of Physician Carl L. Hendrick, M.D.

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

MALE APPLICANT

Name First Middle Last
Joel Keith Honeycutt
Date of Birth Month Day Year
March 8 1954
Place of Birth (State or foreign country) S. Carolina
Residence Address Street or R. R. City County State
Dnd S. Carolina

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Full Time Worker

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

☒ Other (Specify) Selective Service # 3842 54 991

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

Name Age Address

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

11. Full name of father Benjamin R. Honeycutt

Residence of father (if deceased so state) S. Carolina

Occupation of father Navy Race of father White

Birthplace of father (State or foreign country) Wadsworth S. Carolina

12. Full maiden name of mother Callie Spang

Residence of mother (if deceased so state) Florida

Occupation of mother Homemaker Race of mother White

Birthplace of mother (State or foreign country) North Carolina

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

County of HENDRICKS } in this application is true and correct.

Signed Joel Keith Honeycutt

New Address.....

Subscribed and sworn to before me this 31 day of July, 1975

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

.....

.....

State of Indiana, } ss:

County of HENDRICKS }

Signed.....

Signed.....

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

..... Clerk

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

in..... County..... Court by written order issued.....

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 4 day of August, 1975

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

I, John C. Mawrer, hereby certify that on the 4th day of August

one thousand nine hundred and 75, at Danville, County of Hendricks,

State of Indiana, Groom Joel Keith Honeycutt of Hendricks,

and, Bride Lorraine Ann Hudson of Hendricks,

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

County, State of Indiana.

Dated this 4 day of August, 1975.

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FEMALE APPLICANT

Name First Middle Last
Lorraine Ann Hudson
Date of Birth Month Day Year
December 27 1948
Place of Birth (State or foreign country) Marion, Mo.
Residence Address Street or R. R. City County State
Dnd Indiana

Maiden Name if Different Fabrice

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Homemaker

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

☒ Other (Specify) Value Reg # 472

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

Residence of father (if deceased so state) Danville, Mo.

Occupation of father Retired Race of father White

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Helen May McCloud

Residence of mother (if deceased so state) Quincy, Mo.

Occupation of mother Homemaker Race of mother White

Birthplace of mother (State or foreign country) Missouri

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

County of HENDRICKS } in this application is true and correct.

Signed Lorraine Ann Hudson

New Address.....

Subscribed and sworn to before me this 31 day of July, 1975

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

.....

.....

State of Indiana, } ss:

County of HENDRICKS }

Signed.....

Signed.....

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

..... Clerk

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

Signed John C. Mawrer
Official Designation Judge, Hendricks Co. Court
day of August, 1975

Signed Glen M. Harvey
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 365

File July 31, 1975
Date of Application

HENDRICKS County

MALE

Medical Examination Report Dated 7-30-75
Name of Physician Glen M. Harvey, M.D.

FEMALE

Medical Examination Report Dated 7-30-75
Name of Physician Glen M. Harvey, M.D.

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

MALE APPLICANT

Name David Wayne Hoyt
Date of Birth 7 8 55
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 223 Michael Dr., Plainfield, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Alison's

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

☐ Other (Specify) _____

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

Name	Age	Address
Richard H. Hoyt		

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

11. Full name of father Richard H. Hoyt
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Photographer Race of father wh
Birthplace of father (State or foreign country) Illinois

12. Full maiden name of mother Mary Elizabeth Harris
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother R.C.A. Race of mother wh
Birthplace of mother (State or foreign country) Indiana

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

Signed David W. Hoyt
New Address 223 Michael Dr. Plainfield
Subscribed and sworn to before me this 31 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

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

Clerk

FEMALE APPLICANT

Name Kimberly Ann Martin
Date of Birth 10 1 57
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Rt. 2 B472 Plainfield, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation None

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

☐ Other (Specify) # 7024

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

7. Full name of father Milton Wayne Martin
Residence of father (if deceased so state) Needham, Ind.
Occupation of father Western Electric Race of father wh
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Judith M. Martin
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother None Race of mother wh
Birthplace of mother (State or foreign country) Indiana

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

Signed Kim Martin
New Address 223 Michael Dr. Plainfield
Subscribed and sworn to before me this 31 day of July, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed Judith M. Martin Mother
Subscribed and sworn to before me this 31 day of July, 19 75
Glen M. Harvey Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4 day of August, 19 75, authorizing the joining together as husband and wife of David Wayne Hoyt and Kimberly Ann Martin

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

I, John Hesseldey, hereby certify that on the 4 day of August, 19 75, at Indianapolis, County of Marion, State of Indiana, Groom David Wayne Hoyt of Hendricks County, State of Indiana, and, Bride Kimberly Ann Martin of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4 day of August, 19 75.

Signed John Hesseldey
Official Designation Justice of the Peace
Subscribed and sworn to before me this 7 day of August, 19 75
Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 346
File BK 37
August 1, 1975
Date of Application

MALE
Medical Examination Report Dated 7/25/75
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 7/25/75
Name of Physician Thomas Walker

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

MALE APPLICANT

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation

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

☐ Other (Specify) # 113-55-299213

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

Name Age Address

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

11. Full name of father: William L. Jones
Residence of father (if deceased so state): Indianapolis, Ind.
Occupation of father: Police Officer Race of father: White
Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Wanda J. Kerner
Residence of mother (if deceased so state): Brownsburg, Ind.
Occupation of mother: Homemaker Race of mother: White
Birthplace of mother (State or foreign country): Kentucky

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

Signed Michael Jones

New Address: Brownsburg, Ind.

Subscribed and sworn to before me this 1 day of August, 1975
Ella M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 5 day of 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:
I, _____ one thousand nine hundred and 75 hereby certify that on the 8 day of August
State of Indiana, Groom: Michael Jones at Brownsburg, County of Hendricks
and, Bride: Ellen Marie Broderick of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.
Dated this 5 day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1975.

Signed _____ Official Designation: Catholic Priest
Signed _____ day of August, 1975.
Ella M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation

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

☐ Other (Specify) St. Francis Hospital

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Full name of father: Walter William Broderick
Residence of father (if deceased so state): Brownsburg, Ind.
Occupation of father: Truck Driver Race of father: White
Birthplace of father (State or foreign country): Indiana
- Full maiden name of mother: Linda Marie
Residence of mother (if deceased so state): Brownsburg, Ind.
Occupation of mother: Homemaker Race of mother: White
Birthplace of mother (State or foreign country): Italy

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

Signed Ellen M. Broderick

New Address: Brownsburg

Subscribed and sworn to before me this 1 day of August, 1975
Ella M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 367

File

August 1, 1975
Date of Application

MALE

Medical Examination Report Dated 7-21-75

Name of Physician Thomas Walker, M.D.

FEMALE

Medical Examination Report Dated 7-21-75

Name of Physician Thomas Walker, M.D.

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

MALE APPLICANT

Name First Robert Middle Eric Last Duncan
Date of Birth Month 11 Day 18 Year 54
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 220 Welcome Way Dr. Apt 309D, Indpls.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify)

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

Name Age Address

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

11. Full name of father William A. Duncan
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Doctor Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary Catherine Branshaw
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Housewife Race of mother wh
Birthplace of mother (State or foreign country) Indiana

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

Signed Robert Eric Duncan

New Address 220 Welcome Way Dr. Apt 309D, Indpls.

Subscribed and sworn to before me this 1 day of August, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name First Debra Middle Lynn Last Morrow
Date of Birth Month 10 Day 16 Year 54
Place of Birth (State or foreign country) Huntingdon, Pennsylvania
Residence Address 602 S. Green, Brownsburg, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Accountant Clerk

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

☐ Other (Specify)

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

7. Full name of father Robert Lee Ray Morrow
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Linotype Operator Race of father wh
Birthplace of father (State or foreign country) Pennsylvania
8. Full maiden name of mother Pearl Ada Snyder
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Nurse Race of mother wh
Birthplace of mother (State or foreign country) Pennsylvania

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

Signed Debra Lynn Morrow

New Address 220 Welcome Way Dr. Apt 309D, Indpls.

Subscribed and sworn to before me this 1 day of August, 1975

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 5 day of August, 1975, authorizing the joining together as husband and wife
Robert Eric Duncan and Debra Lynn Morrow

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

I, Rev. Donald Tyler hereby certify that on the 9 day of August, 1975, at Brownsburg, County of Hendricks

one thousand nine hundred and 75 State of Indiana, Groom Robert Eric Duncan of Hendricks County, State of Indiana
and, Bride Debra Lynn Morrow of Hendricks County, State of Indiana

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

Dated this 9 day of August, 1975

Signed Rev. Donald Tyler

Official Designation Baptist Minister

11 day of August, 1975

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 368
File BK 39
August 1, 1975
Date of Application

MALE
Medical Examination Report Dated 8/1/75
Name of Physician James Black

FEMALE
Medical Examination Report Dated 8/1/75
Name of Physician James Black

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

MALE APPLICANT

Name First David Middle D. Last Shapton
Date of Birth Month 5 Day 17 Year 1951
Place of Birth (State or foreign country) Charleston W. Virginia
Residence Address Street or R. R. City County State
208 E. Tilden Brunswick Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify) # 24127

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

Name	Age	Address
Lucy Wilbert Shapton		

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

11. Full name of father: Lucy Wilbert Shapton
Residence of father (if deceased so state): unknown
Occupation of father: Race of father:

Birthplace of father (State or foreign country): Charleston W. Va.

12. Full maiden name of mother: Fudey Wilbert Walker
Residence of mother (if deceased so state): Charleston, W. Va.
Occupation of mother: Race of mother: White
Birthplace of mother (State or foreign country): Charleston, W. Va.

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

Signed: David D. Shapton
New Address: 208 E. Tilden Brunswick Ind.

Subscribed and sworn to before me this 1 day of August 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

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

State of Indiana, } ss:
County of: HENDRICKS

Signed: _____ Father
Signed: _____ Mother

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

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

HENDRICKS County Court by written order issued 3 day waiver and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 _____, 1975, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert H. Smith, hereby certify that on the _____ day of _____, 1975, at _____ of _____ County, State of _____, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____, Indiana.

Dated this _____ day of _____, 19____

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1975.

Signed: Robert H. Smith
Official Designation: Minister

Signed: Glen M. Harvey
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Toni Middle Ann Last Maynard
Date of Birth Month 1 Day 19 Year 1958
Place of Birth (State or foreign country) New Castle Ind.
Residence Address Street or R. R. City County State
208 E. Tilden Brunswick Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify) # 59507A

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father: Leonard Banks Maynard
Residence of father (if deceased so state): E. Tilden, B. Burg
Occupation of father: Pastor Race of father: White
Birthplace of father (State or foreign country): Tipton, Ky.
8. Full maiden name of mother: Barbara Ann Johnson
Residence of mother (if deceased so state): E. Tilden, B. Burg Ind.
Occupation of mother: Homemaker Race of mother: White
Birthplace of mother (State or foreign country): New Castle Ind.

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

Signed: Toni Maynard
New Address: 208 E. Tilden B. Burg Ind.

Subscribed and sworn to before me this 1 day of August 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

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

State of Indiana, } ss:
County of: HENDRICKS

Signed: Leonard B. Maynard Father

Signed: Barbara A. Maynard Mother

Subscribed and sworn to before me this 1 day of August 1975
Glen M. Harvey Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 369
File 37
Date of Application 8-1-75

MALE

Medical Examination Report Dated 8-1-75
Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 8-1-75
Name of Physician David B. Haggard

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

MALE APPLICANT

Name Thomas E. Taylor
Date of Birth 26 1946
Place of Birth (State or foreign country) Columbus, Ohio
Residence Address 2686 Wenthorn Rd. Columbus, Ohio
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Draftsman

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

☒ Other (Specify) Draft Card

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

Name	Age	Address

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

11. Full name of father Edwin Michael Taylor
Residence of father (if deceased so state) Columbus, Ohio
Occupation of father retired Race of father It
Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Lucille Esther Ruefley
Residence of mother (if deceased so state) Columbus, Ohio
Occupation of mother Housewife Race of mother It
Birthplace of mother (State or foreign country) Ohio

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

Signed Thomas E. Taylor
New Address 563 S. TERRACE AVE #B CAG, QVO

Subscribed and sworn to before me this 1 day of Aug, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Debra K. Estes
Date of Birth 11 1953
Place of Birth (State or foreign country) Indianapolis, Marion Co. Ind.
Residence Address 316 W. North St. Plainfield, Hendricks, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Secretary

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

☐ Other (Specify) _____

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

7. Full name of father Edward B. Estes
Residence of father (if deceased so state) 310 W. North Plainfield, Ind.
Occupation of father Mechanic Race of father It
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Patricia D. Langmire
Residence of mother (if deceased so state) 310 W. North Plainfield, Ind.
Occupation of mother Housewife Race of mother It
Birthplace of mother (State or foreign country) Indiana

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

Signed Debra K. Estes
New Address 563 S. TERRACE AVE #B CAG, QVO

Subscribed and sworn to before me this 1 day of Aug, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the _____ day of _____, 1975, authorizing the joining together as husband and wife

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

I, Glen M. Harvey, hereby certify that on the 6th day of September, one thousand nine hundred and 75, at Plainfield, County of Hendricks, State of Indiana, Groom Thomas E. Taylor of Hendricks County, State of Indiana, and, Bride Debra T. Estes of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 6 day of September, 1975.

Signed Glen M. Harvey

Official Designation Minister

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1975.

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 370

File 37

8-4-75

Date of Application

MALE
Medical Examination Report Dated 8/2/75
Name of Physician Donald R. Chesser, M.D.

FEMALE
Medical Examination Report Dated 8/2/75
Name of Physician H.W. Berner, M.D.

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

MALE APPLICANT

Name Jeffrey Kenton Baldwin
Date of Birth August 8, 1954
Place of Birth Palestine, Crawford County, Illinois
Residence Address 201 High St. Nashville, Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Student Loan # 12 30 54 315

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

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

11. Full name of father: Howard Keith Baldwin
Residence of father (if deceased so state): 201 High St. Nashville, Ind.
Occupation of father: Union Rep. 4th Race of father: White
Birthplace of father (State or foreign country): Crawford Co. Illinois

12. Full maiden name of mother: Aurea Belle Lee Rintz
Residence of mother (if deceased so state): 201 High St. Nashville, Ind.
Occupation of mother: Clerk Office Race of mother: White
Birthplace of mother (State or foreign country): Crawford Co. Illinois

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

Signed Jeffrey Kenton Baldwin
New Address 5520 N. Webster # 81 Muncie, IN.

Subscribed and sworn to before me this 4 day of August, 1975
Glen M. Hervey Clerk HENDRICKS Circuit Court

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County of _____ Indiana dated the 13 day of August, 1975, authorizing the joining together as husband and wife of Jeffrey K. Baldwin and Patricia Ann Mathews.

Be It further remembered, the following marriage certificate was filed in my office, to-wit:
I, Edward J. Stone, _____ hereby certify that on the 23 day of August, 1975, at Muncie, Indiana, Groom Jeffrey Kenton Baldwin, of Hendricks County, State of Indiana, and, Bride Patricia A. Mathews, of Delaware County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____, Dated this 23 day of August, 1975.

Signed Edward J. Stone
Official Designation Catholic Priest
Signed Glen M. Hervey, 1975, Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of August, 1975.

FEMALE APPLICANT

Name Patricia Ann Mathews
Date of Birth May 3, 1955
Place of Birth (State or foreign country)
Residence Address 51 Parkwood R.R.#6 Muncie, Delaware Co., Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 17921

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Frank Thomas Mathews
Residence of father (if deceased so state): 51 Parkwood R.R.#6 Muncie, Ind.
Occupation of father: Mich. Wagoner Race of father: White
Birthplace of father (State or foreign country): Pipe Line Co. Missouri

8. Full maiden name of mother: Margaret Elyne Volcke
Residence of mother (if deceased so state): 51 Parkwood, R.R.#6 Muncie, Ind.
Occupation of mother: Housewife Race of mother: White
Birthplace of mother (State or foreign country): Kansas City, Kansas

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

Signed Patricia Ann Mathews
New Address Muncie, Indiana

Subscribed and sworn to before me this 4 day of August, 1975
Glen M. Hervey Clerk HENDRICKS Circuit Court

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 371
File BK 37
August 1, 1975
Date of Application

MALE

Medical Examination Report Dated 7/28/75
Name of Physician Ward B. Haggard, M.D.

FEMALE

Medical Examination Report Dated 7/28/75
Name of Physician Ward B. Haggard, M.D.

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

MALE APPLICANT

Name Frank Marion Love, Jr.
Date of Birth August 4, 1953
Place of Birth (State or foreign country) Columbus, Johnson Ind.
Residence Address RR #1 Box 97, Plainfield Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Plainfield Police Dept.

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

☐ Other (Specify) # 113-53-060906

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

Name Age Address

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

11. Full name of father Frank M. Love
Residence of father (if deceased so state) Plainfield Ind.
Occupation of father Ind. State Police Race of father White
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Marilyn R. Randolph
Residence of mother (if deceased so state) Plainfield Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indiana

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

Signed Frank M. Love, Jr.
New Address 296 N. Mill St. Apt. 4, P.O. Box 97, Plainfield, Ind.

Subscribed and sworn to before me this 1 day of August, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Gayle A. Hageman
Date of Birth May 27, 1954
Place of Birth (State or foreign country) Lafayette, Tippecanoe Indiana
Residence Address 296 N. Mill, Apt. #4, Plainfield, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify) # 3812

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

7. Full name of father Robert Julius Hageman
Residence of father (if deceased so state) Remington Ind.
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Remington, Ind.
8. Full maiden name of mother Mable Lott
Residence of mother (if deceased so state) Remington Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Carter, Miss.

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

Signed Ward B. Haggard
New Address 296 N. Mill St. Apt. 4, P.O. Box 97, Plainfield, Ind.

Subscribed and sworn to before me this 1 day of August, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5 day of August, 1975, authorizing the joining together as husband and wife Frank Marion Love, Jr. and Gayle A. Hageman.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gary L. Reif, hereby certify that on the 9 day of August, 1975, at West Lafayette, County of Tippecanoe, State of Indiana, Groom Frank Marion Love, Jr. of HENDRICKS County, State of Indiana, and, Bride Gayle A. Hageman of HENDRICKS County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 9 day of August, 1975.

Signed Gary L. Reif
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 11 day of August, 1975.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 372

File

August 1, 1975
Date of Application

MALE
Medical Examination Report Dated 8-1-75
Name of Physician A. M. Soudan

FEMALE
Medical Examination Report Dated 8-1-75
Name of Physician A. M. Soudan, M.D.

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

MALE APPLICANT

Name First Roy Middle Kim Last Upchurch
Date of Birth Month 8 Day 9 Year 52
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. City County State
Rt. 8, Box 336, Indianapolis, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Allison's

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

☐ Other (Specify)

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

Name Age Address

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

11. Full name of father James M. Upchurch
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Allison's Race of father Wh.
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Christine Phillips
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother Wh.
Birthplace of mother (State or foreign country) Kentucky

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

Signed Roy Kim Upchurch

New Address 3100 N Meridian Buckingham Apt

Subscribed and sworn to before me this 1 day of August, 1975.
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

in _____ County _____ Court by written order issued _____ and filed _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 5 day of 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:

1. James H. Stevens and Brenda Lee Gardner

one thousand nine hundred and 75 hereby certify that on the 9 day of August

State of Indiana, Groom Roy Kim Upchurch at Brownsburg, County of Hendricks

and, Bride Brenda Lee Gardner of Hendricks County, State of Indiana

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

Dated this 9 day of August, 1975.

_____ Clerk

_____ Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of August, 1975.

Signed James H. Stevens

Official Designation Minister of the Gospel

Signed Allen M. Harvey

_____ Clerk

_____ Circuit Court

FEMALE APPLICANT

Name First Brenda Middle Lee Last Garner
Date of Birth Month 5 Day 14 Year 51
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. City County State
Rt. 1 Box 76a, Brownsburg, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Out Manager

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

☐ Other (Specify)

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

7. Full name of father Donald L. Garner
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Public Relations Race of father Wh.
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Barbara Lee Atkins
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Purchaser Race of mother Wh.
Birthplace of mother (State or foreign country) Indiana

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

Signed Brenda L. Garner

New Address 3100 N Meridian Buckingham Apt

Subscribed and sworn to before me this 1 day of August, 1975.

Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 373
File BK 37
Date of Application August 4, 1975

HENDRICKS County

MALE
Medical Examination Report Dated 7/28/75
Name of Physician Thomas M. Walker, D.M.

FEMALE
Medical Examination Report Dated 7/28/75
Name of Physician Thomas M. Walker, D.M.

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

MALE APPLICANT

Name Richard Allen McDowell
Date of Birth August 18, 1951
Place of Birth (State or foreign country) St. Vincent's Hospital Indpls. Ind.
Residence Address 4 Brenda Ct. Hammond Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Reg. Pharmacist

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

☐ Other (Specify) # 113-51-061941

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

Name Age Address

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

11. Full name of father Charles R. McDowell
Residence of father (if deceased so state) 4 Brenda Ct. Hammond
Occupation of father Exec. Central R.R. Race of father White
Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Rosemary Campbell
Residence of mother (if deceased so state) 4 Brenda Ct. Hammond
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Illinois

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

Signed Richard Allen McDowell

New Address Hermitage Way Apt 331 Bldg 2305 Speedway Ind.

Subscribed and sworn to before me this 4 day of August, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Janis Elaine Souders
Date of Birth December 25, 1952
Place of Birth (State or foreign country) Watham Memorial Lebanon Boone Ind.
Residence Address Box 158 With Salem Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Secretary

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

☐ Other (Specify) With Salem Hospital

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

7. Full name of father Jessie Hubert Souders
Residence of father (if deceased so state) Box 158 With Salem Ind.
Occupation of father Wagon Repair Race of father White
Birthplace of father (State or foreign country) With Salem Ind.
8. Full maiden name of mother Lois Beth Resner
Residence of mother (if deceased so state) With Salem Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Indianapolis Ind.

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

Signed Janis Elaine Souders

New Address Hermitage Way Apt 331 Bldg 2305 Speedway Ind.

Subscribed and sworn to before me this 4 day of August, 1975

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 8 day of August, 1975, authorizing the joining together as husband and wife
Richard Allen McDowell and Janis Elaine Souders
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Raymond L. Rader, hereby certify that on the 16 day of August,
one thousand nine hundred and 75 at Ligon, County of Hendricks,
State of Indiana, Groom Richard Allen McDowell of Hendricks County, State of Indiana,
and, Bride Janis Elaine Souders of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 8 day of August, 1975.

Signed Rev. Raymond L. Rader

Official Designation Pastor, 1st Baptist Church

22 day of August, 1975

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 374

File

August 4, 1975
Date of Application

MALE

Medical Examination Report Dated 8-1-75

Name of Physician James Black, M.D.

FEMALE

Medical Examination Report Dated 8-1-75

Name of Physician James Black, M.D.

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

MALE APPLICANT

Name First Joe Middle William Last Hayden
Date of Birth Month 1 Day 24 Year 36
Place of Birth (State or foreign country) Brownsville, Kentucky
Residence Address Rt. 1, Brownsville, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Carpenter

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Dr. James S. 274-32-4965

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

Name	Age	Address
Richard Hayden		

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

11. Full name of father Richard Hayden
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father wh
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Hulma Hurd
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother wh
Birthplace of mother (State or foreign country) Kentucky

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

Signed Joe W. Hayden

New Address Brownsville, Indiana

Subscribed and sworn to before me this 4 day of August, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____

Signed _____

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

Clerk

FEMALE APPLICANT

Name First Helen Middle Frances Last Fidler
Date of Birth Month 5 Day 14 Year 41
Place of Birth (State or foreign country) San Diego, California
Residence Address 1345 Box 156 Brownsville, Ind.
Maiden Name if Different Helen Frances Fidler
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☐ Negro ☐ Other ☐ (specify) _____

Usual Occupation None

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

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

7. Full name of father Clarence Harry Fidler
Residence of father (if deceased so state) Brownsville, Ind.
Occupation of father Janitor at Malabar Race of father wh
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Nellie Marie Refford
Residence of mother (if deceased so state) Brownsville, Ind.
Occupation of mother _____ Race of mother wh
Birthplace of mother (State or foreign country) Indiana

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

Signed Helen Fidler

New Address Brownsville, Ind.

Subscribed and sworn to before me this 4 day of August, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____

Signed _____

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County _____ Circuit Court of Indiana dated the 4 day of Aug, 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. Joe W. Hayden and Helen Frances Fidler

one thousand nine hundred and 75 hereby certify that on the 4 day of August

State of Indiana, Groom Joe W. Hayden at Brownsville, _____ County of Hendricks,

and, Bride Helen Frances Fidler of Hendricks County, State of Indiana

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

Dated this 4 day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1975.

Signed Joe Oscar P. Sullivan
Official Designation Minister

Signed Glen M. Harvey, 1975.
Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 375
File Book 37
Aug. 4, 1975
Date of Application

MALE

Medical Examination Report Dated 7-30-75
Name of Physician Donald D. Cheaman

FEMALE

Medical Examination Report Dated 7-30-75
Name of Physician Donald D. Cheaman

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

MALE APPLICANT

Name Maurice D. Thompson
Date of Birth Dec. 22 1924
Place of Birth (State or foreign country) Marquette, Clay Co., Ky.
Residence Address R-1, Box 156, Danville, Herd., Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

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

Usual Occupation Factory Work

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Hon. J. C. Cherry
☒ Other (Specify) U.S. Air Force - 12/10/48 - 12/10/50

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

Name Age Address

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

11. Full name of father Elva Thompson
Residence of father (if deceased so state) Deceased
Occupation of father Factory Work Race of father W.
Birthplace of father (State or foreign country) Marquette, Ky.
12. Full maiden name of mother America Davis
Residence of mother (if deceased so state) Rt 5, Rushville, Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Marquette, Ky.

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

Signed Maurice D. Thompson

New Address R-1, Box 156, Danville, Ind.

Subscribed and sworn to before me this 4 day of August, 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Ida Lee Allen
Date of Birth April 17 1922
Place of Birth (State or foreign country) Jonesboro, Wash. Co., Tenn.
Residence Address 5717 W. Ray, Indianapolis, Marion, Ind.
Maiden Name if Different Ida Lee Crouch

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

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

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

Usual Occupation Baby-Sitter

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree cut # 804 60
☒ Other (Specify) State of Tenn. Dept. of Public Safety

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

7. Full name of father Robert Crouch
Residence of father (if deceased so state) Deceased

Occupation of father Farmer Race of father W.

Birthplace of father (State or foreign country) Wash. Co., Tenn.

8. Full maiden name of mother Alice Barnes

Residence of mother (if deceased so state) Deceased

Occupation of mother Housewife Race of mother W.

Birthplace of mother (State or foreign country) Wash. Co. Tenn.

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

Signed Ida Allen

New Address R-1, Box 156, Danville, Ind.

Subscribed and sworn to before me this 4 day of Aug., 19 75

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 8th day of August, 19 75 authorizing the joining together as husband and wife
Maurice D. Thompson and Ida Lee Allen

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

I, Gano R. Garner hereby certify that on the 9 day of August
one thousand nine hundred and 75 at Avon, County of Hendricks
State of Indiana, Groom Maurice D. Thompson of Hendricks County, State of Indiana
and, Bride Ida Lee Allen 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 8 day of August, 19 75

Signed Gano R. Garner

Official Designation Minister

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of August, 19 75

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 376
File BK 37
Date of Application Aug. 4, 1975

MALE
Medical Examination Report Dated 7/25/75
Name of Physician Eric N. Clark, M.D.

FEMALE
Medical Examination Report Dated 7/25/75
Name of Physician Eric N. Clark, M.D.

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

MALE APPLICANT

Name First Steven Middle N. Last Lynn
Date of Birth Month 10 Day 18 Year 1957
Place of Birth (State or foreign country) Indpls.
Residence Address Street or R. R. City County State
RR #1 Box 223 B Clayton Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation maintenance

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

☐ Other (Specify) # 7136

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

Name Age Address

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

11. Full name of father George N. Lynn
Residence of father (if deceased so state) RR #1 Clayton Ind.
Occupation of father maintenance Race of father white
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Hazel Robinson
Residence of mother (if deceased so state) RR #1 Clayton Ind.
Occupation of mother maintenance Race of mother white
Birthplace of mother (State or foreign country) Indiana

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

Signed Steven N. Lynn

New Address RR #1 Box 223 B Clayton Ind.

Subscribed and sworn to before me this 4 day of August, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ in _____ 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 12 day of 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:
1, _____ and _____
one thousand nine hundred and 75 hereby certify that on the 15 day of August
State of Indiana, Groom Steven Lynn at Belleville _____ County of Hendricks
and, Bride Robin K. Shelton of _____ County of Hendricks
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, State of Indiana.
Dated this 15 day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of August, 1975.

Signed Rev. William J. Bryant
Official Designation Minister
day of August, 1975

Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Robin K. Middle Shelton Last
Date of Birth Month May Day 27 Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
628 Churchill Dr. Mooresville Ind.
Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Secretary

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

☐ Other (Specify) # 6151

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

7. Full name of father Fred Shelton
Residence of father (if deceased so state) Unknown
Occupation of father Unknown Race of father
Birthplace of father (State or foreign country) Unknown
8. Full maiden name of mother Charlotte Jean Wypur
Residence of mother (if deceased so state) Mooresville Ind.
Occupation of mother Smithman Farm Co. White
Birthplace of mother (State or foreign country) Indpls. Ind.

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

Signed Robin K. Shelton

New Address RR #1 Box 223 B Clayton Ind.

Subscribed and sworn to before me this 4 day of August, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 377
File Book 37
Date of Application Aug 5 1975

MALE

Medical Examination Report Dated 8-1-75
Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 8-1-75
Name of Physician David B. Haggard

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

MALE APPLICANT

Name Donnie Ray Durham
Date of Birth May 8 1952
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address 4945 Edinburgh Lane Indpls Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Under Optv.

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

☒ Other (Specify) Indiana Service #12-233-52-171

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

Name Age Address

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

11. Full name of father Wilbert Franklin Durham
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Kentucky

12. Full maiden name of mother Mollie Childress
Residence of mother (if deceased so state) Patliff Rd. Camby Ind.
Occupation of mother housewife Race of mother _____
Birthplace of mother (State or foreign country) Kentucky

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

Signed Donnie Ray Durham

New Address _____

Subscribed and sworn to before me this 5 day of Aug, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Beverly Jean Sherrell
Date of Birth May 26 1958
Place of Birth (State or foreign country) Beers Grove Ind.
Residence Address 632 Vesta Lane Indpls Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation _____

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

☐ Other (Specify) 0 1227

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

7. Full name of father William Hayden Sherrell
Residence of father (if deceased so state) same
Occupation of father used car owner Race of father _____
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Ruth Ann McNew
Residence of mother (if deceased so state) same
Occupation of mother housewife Race of mother _____
Birthplace of mother (State or foreign country) Indiana

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

Signed Beverly Jean Sherrell

New Address _____

Subscribed and sworn to before me this 5 day of Aug, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed William A. Sherrell Father

Signed Ruth Ann Sherrell Mother

Subscribed and sworn to before me this 5 day of August, 1975

Glen M. Harvey Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of August, 1975, authorizing the joining together as husband and wife

of Donnie Ray Durham and Beverly Jean Sherrell

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

I, Rev. Wm. E. Wright hereby certify that on the 30 day of August

at Plainfield, County of Hendricks

one thousand nine hundred and 75 of marion County, State of Indiana

State of Indiana, Groom Donnie Ray Durham of Hendricks County, State of Indiana

and, Bride Beverly Jean Sherrell of Hendricks County, State of Indiana

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

Dated this 11 day of August, 1975
Signed Rev. Wm. E. Wright
Official Designation Ordained Minister
Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of September, 1975
Signed Glen M. Harvey Clerk
_____ HENDRICKS _____ Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 378

File Bk 37

Aug 5, 1975
Date of Application

MALE
Medical Examination Report Dated 7-31-75
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 7-31-75
Name of Physician David M. Hadley

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

MALE APPLICANT

Name First Jeffery Middle Alan Last Gilliatt
Date of Birth Month 30 Day 1956 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. City County State
8843 Box 162 Plainfield Hendricks Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Dock Worker

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

☐ Other (Specify) #113-56-013339

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

Name	Age	Address

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

11. Full name of father: Paul C. Gilliatt
Residence of father (if deceased so state): Plainfield, Ind.
Occupation of father: Set-up man Race of father: W.
Birthplace of father (State or foreign country): Crawford Co., Ind.

12. Full maiden name of mother: Virginia C. (Blodgett)
Residence of mother (if deceased so state): Plainfield, Ind.
Occupation of mother: Group Leader R.R. Race of mother: W.
Birthplace of mother (State or foreign country): Crawford Co., Ind.

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

Signed: Jeffery A. Gilliatt

New Address: 5712 Mrs. Lillian Drive Apt. B

Subscribed and sworn to before me this 5 day of August, 1975.
Shen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed.....

Signed.....

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11 day of August, 1975, authorizing the joining together as husband and wife of Jeffery Alan Gilliatt and Phyllis Elaine Stockhoff. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Rev. Gerald W. Sigler, hereby certify that on the 15 day of August, 1975, at Indianapolis, Indiana, County of Marion, State of Indiana, Groom: Jeffery Alan Gilliatt and, Bride: Phyllis Elaine Stockhoff were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana. Dated this 11 day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of August, 1975.

Signed: Rev. Gerald W. Sigler
Official Designation: Ordained Minister
Signed: Shen M. Harvey
Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 379
File _____
Date of Application August 5 1975

HENDRICKS County

MALE
Medical Examination Report Dated 8-4-75
Name of Physician Morton E. Tavel, M.D.

FEMALE
Medical Examination Report Dated 8-4-75
Name of Physician Morton E. Tavel, M.D.

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

MALE APPLICANT

Name Bill E. Sparks
Date of Birth 5 14 33
Place of Birth (State or foreign country) Columbus, Ohio
Residence Address 2926 Embassy Row, Indianapolis, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Manager Vending Co.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Da License # 299-26-2506-10

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

Name Michelle Sparks Age 13 Address Columbus, Ohio

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

11. Full name of father William Evan Sparks
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father wh
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Anna H. Gaston
Residence of mother (if deceased so state) Columbus, Ohio
Occupation of mother None Race of mother wh
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.
Signed Bill E. Sparks
New Address 2926 Embassy Row
Subscribed and sworn to before me this 5 day of August, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

FEMALE APPLICANT

Name Hazel D. Sparks
Date of Birth 7 23 31
Place of Birth (State or foreign country) La Rue, Ohio
Residence Address 9880 W. 10th, Indianapolis, Ind.
Maiden Name if Different Hazel D. Albert
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Da License # 297-26-3909-10

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

8. Full maiden name of mother Margaret Grace Gunn
Residence of mother (if deceased so state) Kenton, Ohio
Occupation of mother None Race of mother wh
Birthplace of mother (State or foreign country) Ohio

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

Signed Bill E. Sparks
New Address 2926 Embassy Row

Subscribed and sworn to before me this 5 day of August, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 9 day of August, 1975, authorizing the joining together as husband and wife Bill E. Sparks and Hazel D. Sparks.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ernest P. Schnippel hereby certify that on the 12 day of August, one thousand nine hundred and 75 at Indianapolis, County of Marion, State of Indiana, Groom Bill E. Sparks of Marion County, State of Indiana and, Bride Hazel D. Sparks of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 12 day of August, 1975.

Signed Ernest P. Schnippel
Official Designation Justice of the Peace
Signed Glen M. Harvey Clerk
_____ HENDRICKS _____ Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 5 day of Sept., 1975.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 380
File BK. 37
Date of Application Aug 5, 1975

MALE
Medical Examination Report Dated 8/4/75
Name of Physician Alvin D. Schaefer

FEMALE
Medical Examination Report Dated _____
Name of Physician _____

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

MALE APPLICANT

Name First Joseph Middle Ray Last Smith
Date of Birth August 29, 1952
Place of Birth (State or foreign country) Indiana
Residence Address 143 Broadway, Danville, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Blue-White Truck Driver
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) #113-52-072697

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

Name Age Address

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

11. Full name of father William Walter Smith
Residence of father (if deceased so state) Florida
Occupation of father Truck Driver Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Marian Jane Ford
Residence of mother (if deceased so state) W. Smith, Ind.
Occupation of mother Mad. Co. Hosp. Race of mother White
Birthplace of mother (State or foreign country) Indiana

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

Signed Joseph Ray Smith
New Address 143 E. Broadway, Danville, Ind.

Subscribed and sworn to before me this 5 day of August, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 9th day of August, 1975, authorizing the joining together as husband and wife of Joseph Ray Smith and Martha Jean Hamilton. Be it further remembered, the following marriage certificate was filed in my office, to-wit: Oscar Hopkins, one thousand nine hundred and 75 hereby certify that on the 10 day of August, 1975, at Advance, County of Boone, State of Indiana, Groom Joseph Ray Smith and, Bride Martha Jean Hamilton of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of Indiana. Dated this 10 day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of August, 1975.

Signed Oscar Hopkins
Official Designation Minister
Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Martha Middle Jean Last Hamilton
Date of Birth August 29, 1952
Place of Birth (State or foreign country) Georgia
Residence Address Box 272, Jamestown, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Georgia - 1975
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Homemaker

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

7. Full name of father Robert Claude Brinkshire
Residence of father (if deceased so state) Georgia
Occupation of father Truck Driver Race of father White
Birthplace of father (State or foreign country) Georgia
8. Full maiden name of mother Linda Lenore Guter
Residence of mother (if deceased so state) Indiana
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Georgia

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

Signed Martha Jean Hamilton
New Address Box 272, Jamestown, Ind.

Subscribed and sworn to before me this 5 day of August, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 381
File BK. 37
August 5, 1975
Date of Application

MALE

Medical Examination Report Dated 8/4/75
Name of Physician M.D. Scenahorn, M.D.

FEMALE

Medical Examination Report Dated 8/4/75
Name of Physician M.D. Scenahorn, M.D.

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

MALE APPLICANT

Name First Middle Last
Phillip L. Reynolds
Date of Birth Month Day Year
March 18 1952
Place of Birth (State or foreign country)
Illinois
Residence Address Street or R. R. City County State
Pittsboro Boone Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Serv. # 123052115

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

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Claude T. Reynolds
Residence of father (if deceased so state) Pittsboro, Ind.
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Hendricks Co.
12. Full maiden name of mother Mary O. Waters
Residence of mother (if deceased so state) Pittsboro, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Hendricks Co.
State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Phillip L. Reynolds
New Address 3504 N. Riplet, Indpls.
Subscribed and sworn to before me this 5 day of August, 1975
Elen M. Harvey Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

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

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

Clerk

Consent of Parents, Parent or Guardian

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

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

Clerk

Consent of Parents, Parent or Guardian

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

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

Clerk

Consent of Parents, Parent or Guardian

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

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

Clerk

FEMALE APPLICANT

Name First Middle Last
Aurelia Anne Cardarelli
Date of Birth Month Day Year
July 6 1953
Place of Birth (State or foreign country)
Indiana
Residence Address Street or R. R. City County State
3504 N. Riplet, Indpls. Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Registered Nurse
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-53-053941

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Victor A. Cardarelli
Residence of father (if deceased so state) Indpls. Ind.
Occupation of father Pharmacist Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Elizabeth J. Zimmerman
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Aurelia A. Cardarelli
New Address 3504 Riplet Indpls.
Subscribed and sworn to before me this 5 day of August, 1975
Elen M. Harvey Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

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

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

Clerk

Consent of Parents, Parent or Guardian

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

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

Clerk

Consent of Parents, Parent or Guardian

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

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

Clerk

Consent of Parents, Parent or Guardian

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

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

Clerk

Consent of Parents, Parent or Guardian

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 9 day of August, 1975, authorizing the joining together as husband and wife of Phillip L. Reynolds and Aurelia Anne Cardarelli.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Francis J. Quine, hereby certify that on the 9th day of August, 1975, at Speedway, County of Marion, State of Indiana, Groom Phillip L. Reynolds of Hendricks County, State of Indiana, and, Bride Aurelia Anne Cardarelli of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 14th day of August, 1975.
Signed Rev. Francis J. Quine
Official Designation Catholic Priest
Signed Elen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of August, 1975.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 382
File BK. 31
August 6 1975
Date of Application

MALE
Medical Examination Report Dated 8/1/75
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8/1/75
Name of Physician David B. Haggard

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

MALE APPLICANT

Name David Michael Thomas
Date of Birth December 24 1953
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. #2 Box 145, Indpls. Hend. Co. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify) # 113-53-105028

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

Name Age Address

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

11. Full name of father John A. Thomas
Residence of father (if deceased so state) R.R. #2 Box 145, Indpls.
Occupation of father Gen. Control R.R. Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Wilma Woodall
Residence of mother (if deceased so state) R.R. #2 Box 145, Indpls.
Occupation of mother Catherine Woodall Race of mother White
Birthplace of mother (State or foreign country) Indiana

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

Signed David Thomas
New Address 414 Ruddle Apt D Anderson

Subscribed and sworn to before me this 6 day of August, 1975
Glen M. Harney Clerk HENDRICKS Circuit Court

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

State of Indiana, ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 13 day of August, 1975, authorizing the joining together as husband and wife of David Michael Thomas and Carol Ann Ragdale. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John P. Ragdale, hereby certify that on the 16 day of August, 1975, at Indianapolis, R.R. #2 Box 145 County of Hendricks, State of Indiana, Groom David M. Thomas and, Bride Carol A. Ragdale, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana. Dated this 16 day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1975.

Signed John P. Ragdale
Official Designation Minister
20 day of August, 1975
Signed Glen M. Harney
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Carol Ann Ragdale
Date of Birth April 5 1954
Place of Birth (State or foreign country) Port Shepstone, S. Africa
Residence Address R.R. #2 Box 430, Indpls. Hend. Co. Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Unemployed

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

☐ Other (Specify) Port Shepstone South Africa

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

7. Full name of father Paul Wesley Ragdale
Residence of father (if deceased so state) R.R. #2 Box 430, Indpls.
Occupation of father Minister Race of father White
Birthplace of father (State or foreign country) S. Dakota
8. Full maiden name of mother North Francis Benfield
Residence of mother (if deceased so state) R.R. #2 Box 430, Indpls.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Alexander, Ind.

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

Signed Carol A. Ragdale
New Address 414 Ruddle Apt D Anderson

Subscribed and sworn to before me this 6 day of August, 1975
Glen M. Harney Clerk HENDRICKS Circuit Court

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

State of Indiana, ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 383
File _____
Date of Application Aug. 6, 1975

HENDRICKS County

MALE
Medical Examination Report Dated 8-1-75
Name of Physician Robert L. Dicks, M.D.

FEMALE
Medical Examination Report Dated 8-1-75
Name of Physician Robert L. Dicks, M.D.

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

MALE APPLICANT

Name David First Leon Middle Thacker Last
Date of Birth Feb. Month 4 Day 47 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 114 E. Garfield Dr. Street or R. R. Indianapolis, Ind. City Ind. County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Factory Worker

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

☐ Other (Specify) _____

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

Name Age Address

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

11. Full name of father Ralph Thacker
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Factory Worker Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Norma Henrietta Hines
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother None Race of mother wh
Birthplace of mother (State or foreign country) Indiana

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

Signed David Leon Thacker

New Address 104 E. Garfield Dr. Indianapolis 46203

Subscribed and sworn to before me this 6th day of August, 1975
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Judy First Ann Middle Richards Last
Date of Birth Sept. Month 4 Day 1950 Year
Place of Birth (State or foreign country) Chaplin, Kentucky
Residence Address Box 424 Rt. 2, Indianapolis, Ind. Street or R. R. City County State
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation None

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

☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Jack Robert Richards
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Retired Race of father wh
Birthplace of father (State or foreign country) Tennessee
8. Full maiden name of mother Floresie Hendricks
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother None Race of mother wh
Birthplace of mother (State or foreign country) Kentucky

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

Signed Judy Ann Richards

New Address 1014 E. Garfield Dr. Indianapolis 46203

Subscribed and sworn to before me this 6th day of August, 1975
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
HENDRICKS County _____ Court by written order issued 3 day waiver and filed in _____
Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 6th day of August, 1975, authorizing the joining together as husband and wife of David Leon Thacker and Judy Ann Richards.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Pastor Louis Gibson hereby certify that on the 9th day of August, 1975, at Indianapolis, County of Marion, State of Indiana, Groom David Leon Thacker of Marion County, State of Indiana, and, Bride Judy Ann Richards of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 9th day of August, 1975.

Signed Pastor Louis Gibson

Official Designation Pastor Charity Tab

14 day of August, 1975

Signed Allen M. Harvey

HENDRICKS Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 384

File Book 37

Aug 7, 1975
Date of Application

MALE
Medical Examination Report Dated 8-6-75
Name of Physician James Black

FEMALE
Medical Examination Report Dated 8-6-75
Name of Physician James Black MD

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

MALE APPLICANT

Name Michael Edward Simmons
Date of Birth 12 28 1951
Place of Birth (State or foreign country) Illinois
Residence Address 403 Woodlawn Lincoln Ill.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Electrician #11-208-51-158

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

Name Age Address

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

11. Full name of father Glen Edward Simmons
Residence of father (if deceased so state) Ill.
Occupation of father Mail Carrier Race of father _____
Birthplace of father (State or foreign country) Illinois

12. Full maiden name of mother Betty Lynn Pennington
Residence of mother (if deceased so state) Ill.
Occupation of mother Real Estate Broker of mother _____
Birthplace of mother (State or foreign country) Illinois

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

Signed Michael Simmons
New Address 307 Sangamon Lincoln Ill.

Subscribed and sworn to before me this 7 day of August, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

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

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

in _____ Court by written order issued _____ and filed _____

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County, State of Indiana, dated the _____ day of _____, 19____, authorizing the joining together as husband and wife

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

I, Jerry P. Nash hereby certify that on the 17 day of August, 1975, at Brownsville, County of Hendricks, State of Indiana, Groom Michael Edward Simmons and, Bride Linda S. Newby were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____, Dated this 17 day of August, 1975.

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

Signed Jerry P. Nash Official Designation Minister
day of August, 1975
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Linda S. Newby
Date of Birth 12 4 1954
Place of Birth (State or foreign country) Illinois
Residence Address RR #4 Box 208 Brownsville Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Witham Memorial Hospital

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

8. Full maiden name of mother Gina Marie Wood
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Brace, Ind.

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

Signed Linda S. Newby
New Address 307 Sangamon Lincoln Ill.

Subscribed and sworn to before me this 7 day of August, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 385

File 37

Aug 7, 1975
Date of Application

MALE

Medical Examination Report Dated Ronald D. Cheesman
Name of Physician 8-6-75

FEMALE

Medical Examination Report Dated 8-6-75
Name of Physician Ronald D. Cheesman

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

MALE APPLICANT

Name Daniel Bruce Wright
Date of Birth April 3, 1955
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 387 N. Washington St. Apt 2 Danville
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

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

Usual Occupation Carpenter

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

☐ Other (Specify) #3447

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

Name Age Address

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

11. Full name of father Chalmers Wright Jr.

Residence of father (if deceased so state) 3215 Alpha Federal Way Washington

Occupation of father _____ Race of father _____

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Dorothy Ruth Williams

Residence of mother (if deceased so state) Daddy Rd. Mooresville Ind.

Occupation of mother Nurse Race of mother _____

Birthplace of mother (State or foreign country) Tennessee

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

County of HENDRICKS

Signed Daniel Bruce Wright

New Address 387 N. Washington Apt 2

Subscribed and sworn to before me this 7 day of August, 1975.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Candace Joyce Butler
Date of Birth April 18, 1958
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address P#3 Box 10 Danville, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation _____

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

☒ Other (Specify) Life Insurance Co. #58066192-JD

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

7. Full name of father Robert James Butler

Residence of father (if deceased so state) Same

Occupation of father Mechanic Race of father _____

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

8. Full maiden name of mother Ruby Ellen Garrett

Residence of mother (if deceased so state) Same

Occupation of mother Waitress Race of mother _____

Birthplace of mother (State or foreign country) Indianapolis

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

County of HENDRICKS

Signed Candace Joyce Butler

New Address 387 N. Washington Apt 2

Subscribed and sworn to before me this 7 day of August, 1975.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:

County of HENDRICKS

Signed Robert J. Butler Father

Signed Ruby E. Butler Mother

Subscribed and sworn to before me this 7 day of August, 1975.

Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 1975, authorizing the joining together as husband and wife

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

I, Rev. Dan E. Larison, hereby certify that on the 9th day of August

one thousand nine hundred and 75 at John Baileys residence, County of Hendricks

State of Indiana, Groom Daniel Bruce Wright of Hendricks County, State of Indiana

and, Bride Candace Joyce Butler of Hendricks County, State of Indiana

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 9th day of August, 1975.

Signed Rev. Dan E. Larison

Official Designation _____

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of August, 1975.

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 386
File BK. 37
Date of Application August 8, 1975

MALE
Medical Examination Report Dated 8/8/75
Name of Physician Joseph C. Kordis

FEMALE
Medical Examination Report Dated 8/8/75
Name of Physician Joseph C. Kordis

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

MALE APPLICANT

Name Gregory Land Sanders
Date of Birth July 29 1958
Place of Birth (State or foreign country) Ind.
Residence Address R.R. #2 Box 20, Coatesville Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

☐ Other (Specify) # 113-58-069819

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

Name Age Address

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

Full name of father De Vee P. Sanders

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

Occupation of father Retired Race of father White

Birthplace of father (State or foreign country) Indiana

2. Full maiden name of mother Ethel Marie Arner

Residence of mother (if deceased so state) Coatesville, Ind.

Occupation of mother Aircraft Mfg. Race of mother White

Birthplace of mother (State or foreign country) Ohio

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

County of HENDRICKS in this application is true and correct.

Signed Greg Land Sanders

New Address P. Coatesville

Subscribed and sworn to before me this 8 day of August, 19 75

Shirley M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

State of Indiana, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this 8 day of August, 19 75

Shirley M. Harvey Clerk

FEMALE APPLICANT

Name Lynn Susan Haymaker
Date of Birth January 24 1956
Place of Birth (State or foreign country) Ind.
Residence Address R.R. #2 Box 20, Coatesville Ind.
Maiden Name if Different Barry
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Unemployed

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

☐ Other (Specify) # 113-56-238529

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

7. Full name of father Estel M. Barry Jr.

Residence of father (if deceased so state) E. Broadway, Danville

Occupation of father Aluminum Worker Race of father White

Birthplace of father (State or foreign country) Ohio

8. Full maiden name of mother Wendy Ann Malott

Residence of mother (if deceased so state) E. Broadway, Danville

Occupation of mother School Teacher Race of mother White

Birthplace of mother (State or foreign country) Indiana

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

County of HENDRICKS in this application is true and correct.

Signed Lynn Susan Haymaker

New Address R.R. Coatesville

Subscribed and sworn to before me this 8 day of August, 19 75

Shirley M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

State of Indiana, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

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

HENDRICKS County _____ Court by written order issued _____ and filed

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 13 day of August, 19 75, authorizing the joining together as husband and wife

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

I, H. Orval Moore hereby certify that on the 23 day of August

one thousand nine hundred and 75 at Danville, County of Hendricks

State of Indiana, Groom Gregory Land Sanders of Hendricks County, State of Indiana

and, Bride Lynn Susan Haymaker of Hendricks County, State of Indiana

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

Dated this 23 day of August, 19 75

Signed H. Orval Moore

Official Designation Minister

26 day of August, 19 75

Signed Shirley M. Harvey Clerk

HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 386
File BK 31
August 8, 1975
Date of Application

MALE
Medical Examination Report Dated 8/8/75
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 8/8/75
Name of Physician Joseph C. Kerlin

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

MALE APPLICANT
Name First Gregory Last Sanders
Date of Birth Month Day Year July 29 1958
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. City County State
R.R. #2 Box 20, Coatesville Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-58-069819
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

FEMALE APPLICANT
Name First Lynn Middle Susan Last Haymaker
Date of Birth Month Day Year January 24 1956
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. City County State
R.R. #2 Box 20, Coatesville Ind.
Maiden Name if Different Barry
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-56-238521
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Estel N. Barry Jr.
Residence of father (if deceased so state) E. Broadway, Nashville, Tenn.
Occupation of father: Alumn. Min. Race of father: White
Place of birth (State or foreign country) Ind.

I DeLee Rice Sanders here by give
Gregory Sand Sanders permission to
marry Lynn Susan Haymaker

Date - 8-7-1975 DeLee Rice Sanders
State of Indiana
County of Hendricks

Dee Dee Rice Sanders did appear
before me and sign.

PHYLLIS LONES SCHILLING
NOTARY PUBLIC STATE OF INDIANA
MY COMMISSION EXPIRES FEB. 19, 1978
ISSUED THRU INDIANA NOTARY ASSOC.

Phyllis Lones Schilling
Notary Public

Subscribed and sworn to before me on this 7th day of August, 1975.
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued
in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 23 day of August, 1975, authorizing the joining together as husband and wife
of Gregory Sand Sanders and Lynn Susan Haymaker
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, H. Orval Moore, hereby certify that on the 23 day of August, 1975,
one thousand nine hundred and 75, at Danville, Hendricks County, State of Indiana, Groom Gregory Sand Sanders
and, Bride Lynn Susan Haymaker of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County, State of Indiana.
Dated this 23 day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of August, 1975.
Signed H. Orval Moore
Official Designation Minister
Signed Glen M. Harvey
Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 386
File BK 31
August 8, 1975
Date of Application

MALE
Medical Examination Report Dated 8/8/75
Name of Physician Joseph C. Kerkis

FEMALE
Medical Examination Report Dated 8/8/75
Name of Physician Joseph C. Kerkis

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

MALE APPLICANT

Name First Gregory Last Sanders
Date of Birth Month July Day 29 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address R.R. #2 Box 20, Coatesville Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Unemployed

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

☐ Other (Specify) # 113-55-069819

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

An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

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

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

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

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

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

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

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

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

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

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

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

(a) List their full names, ages and addresses

FEMALE APPLICANT

Name First Lynn Middle Susan Last Haymaker
Date of Birth Month January Day 24 Year 1956

Place of Birth (State or foreign country) Ind.

Residence Address R.R. #2 Box 20, Coatesville Ind.

Maiden Name if Different Barry

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Unemployed

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

☐ Other (Specify) # 113-56-238529

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

An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

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

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

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

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

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

Aug. 8, 1975
This is to certify that I - Ethel Marie Sanders, the mother of Gregory Land Sanders, give my consent for him to marry Lynn Susan Haymaker.
Ethel Marie Sanders

NOTARY Elsie Friese

See Lee Rice Sanders did appear before me and sign.

PHYLLIS LONES SCHILLING
NOTARY PUBLIC STATE OF INDIANA
MY COMMISSION EXPIRES FEB. 19, 1978
ISSUED THRU INDIANA NOTARY ASSOC.

Phyllis Lones Schilling
Notary Public

Subscribed and sworn to before me this 8 day of August, 1975
Glen M. Harvey
Clerk

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

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 12 day of August, 1975, authorizing the joining together as husband and wife of _____ Gregory Land Sanders _____ and _____ Lynn Susan Haymaker _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, _____ H. Orval Moore _____ hereby certify that on the 23 day of August, 1975, at _____ Danville _____, County of _____ Hendricks _____, State of _____ Indiana _____, County of _____ Hendricks _____, State of _____ Indiana _____, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS _____
Dated this 23 day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1975.

Signed _____ H. Orval Moore _____
Official Designation Minister _____
Signed _____ Glen M. Harvey _____, 1975
Clerk
HENDRICKS _____ Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 387
File Bd 37
Date of Application Aug. 8, 1975

HENDRICKS County

MALE
Medical Examination Report Dated 8-7-75
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 8-7-75
Name of Physician Thomas Walker

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

MALE APPLICANT

Name First Kenneth Middle L. Last Yant Jr.
Date of Birth Month February Day 16 Year 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. City County State
RR #4 Box 305 Brownsburg Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Electronic Appraiser
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Local #1788

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

Name Age Address

FEMALE APPLICANT

Name First Donna Middle Mae Last Beberdick
Date of Birth Month Oct. Day 24 Year 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. City County State
RR #2 Box 225 Indpls Marion Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

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

☐ Other (Specify) #12299 Local to

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

7. Full name of father Norman Thomas Beberdick

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

Occupation of father Staples - Furniture Race of father W.

Birthplace of father (State or foreign country) Indpls, Indiana

8. Full maiden name of mother Blanche Christine Miller

Residence of mother (if deceased so state) Indpls, Ind.

Occupation of mother Housewife Race of mother W.

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County _____ Court of Indiana dated the _____ day of _____, 1975, authorizing the joining together as husband and wife _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the _____ day of _____, 1975, at _____ County of _____ State of Indiana, Groom _____ of _____ County, State of _____ and, Bride _____ of _____ County, State of _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this _____ day of _____, 1975.

Signed _____
Official Designation _____
Signed _____
_____ Clerk
_____ Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1975.

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 388

File

8-11-75
Date of Application

MALE
Medical Examination Report Dated 8-5-75
Name of Physician H. A. Von Dier Hagen, M.D.

FEMALE
Medical Examination Report Dated 8-5-75
Name of Physician H. A. Von Dier Hagen, M.D.

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

MALE APPLICANT

Name Richard First Middle Last
Date of Birth 3 Month 7 Day 42 Year
Place of Birth (State or foreign country) Indiana
Residence Address 4201 Pleasant Run Pkwy. Indianapolis, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Custom Service Representative
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Sel. Serv. Card 12-229-42-67
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Richard LeMaster	14	Indianapolis
Rob LeMaster	12	"
Robin LeMaster	11	"

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

11. Full name of father: Loren Richard LeMaster
Residence of father (if deceased so state): Indianapolis, Ind.
Occupation of father: Carpenter Race of father: wh
Birthplace of father (State or foreign country): Indiana

12. Full maiden name of mother: Marie Francis D'Arcy
Residence of mother (if deceased so state): Indianapolis, Ind.
Occupation of mother: None Race of mother: wh
Birthplace of mother (State or foreign country): Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.
Signed: Richard LeMaster
New Address: 510 Simmons St.

Subscribed and sworn to before me this 11 day of Aug, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

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

FEMALE APPLICANT

Name Marcia First Middle Last
Date of Birth 3 Month 29 Day 38 Year
Place of Birth (State or foreign country) Rockford, Illinois
Residence Address 510 Simmons St., Plainfield, Ind.
Maiden Name if Different Marcia Ruth Branford
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Secretary

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Water Reg. 6149

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

7. Full name of father: Malloy Watkins Branford
Residence of father (if deceased so state): Indianapolis, Ind.

Occupation of father: Teacher Race of father: wh

Birthplace of father (State or foreign country): W. Virginia

8. Full maiden name of mother: Helen Elizabeth Branford

Residence of mother (if deceased so state): Indianapolis, Ind.

Occupation of mother: None Race of mother: wh

Birthplace of mother (State or foreign country): Illinois

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.
Signed: Marcia R. Haggard
New Address: 510 Simmons St. Plfd. Ind.

Subscribed and sworn to before me this 11 day of Aug, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15 day of August, 1975, authorizing the joining together as husband and wife of Richard Loren LeMaster and Marcia Ruth Haggard.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dillon Laffin, hereby certify that on the 16 day of August, 1975, at Plainfield, Indiana, Groom Richard Loren LeMaster of Marion County, State of Indiana, and, Bride Marcia Ruth Haggard of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 15 day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of August, 1975.
Signed: Dillon Laffin
Official Designation: Minister
Signed: Glen M. Harvey
Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 389

File 37

8-11-75
Date of Application

MALE

Medical Examination Report Dated 8-4-75
Name of Physician Irving Cohen

FEMALE

Medical Examination Report Dated
Name of Physician

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

MALE APPLICANT

Name First James Middle Allen Last Klay
Date of Birth Month Nov Day 6 Year 1947
Place of Birth (State or foreign country) Chicago Ill
Residence Address 718 Meadow Ln. City State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1968
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Quality Control Tech.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) St. Mary of Nazareth

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

Name Age Address

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

11. Full name of father Robert Gene Klay
Residence of father (if deceased so state) 257 Maple Hill Pkwy
Occupation of father Court Rep IBM Race of father
Birthplace of father (State or foreign country) Illinois

12. Full maiden name of mother Mary Jane Snodgrass Hunter
Residence of mother (if deceased so state) 257 Maple Hill Pkwy
Occupation of mother State Board of Health Race of mother
Birthplace of mother (State or foreign country) Illinois

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

Signed James Allen Klay
New Address 718 MEADOW LANE PLAINFIELD IND

Subscribed and sworn to before me this 11 day of August, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Jonell Middle Page Last Page
Date of Birth Month February Day 24 Year 1950
Place of Birth (State or foreign country) Lebanon Ind
Residence Address P.O. Box 162 Ladoga Ind
Maiden Name if Different Ladoga Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree 113-50-008155

☐ Other (Specify) St. Board of Health

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

7. Full name of father Lena H. Page
Residence of father (if deceased so state) P.O. Box 162 Ladoga Ind.
Occupation of father Farmer Race of father
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Wilma W. Huchstep
Residence of mother (if deceased so state) P.O. Box 162 Ladoga Ind.
Occupation of mother Housewife Race of mother
Birthplace of mother (State or foreign country) Indiana

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

Signed Jonell Page

New Address 718 Meadow Lane, Plainfield, Ind. 46168

Subscribed and sworn to before me this 11 day of August, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 15 day of August, 1975, authorizing the joining together as husband and wife
of James Allen Klay and Jonell Page
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Harlan Kincade hereby certify that on the 30 day of August
one thousand nine hundred and 75 at Jamestown, Boone
State of Indiana, Groom James Allen Klay of Hendricks County, State of Indiana
and, Bride Jonell Page of Putnam County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 30 day of August, 1975.

Signed Harlan Kincade

Official Designation Minister

Signed Glen M. Harvey 1975

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Sept, 1975.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 390

File Bk 37

Aug 11, 1975
Date of Application

MALE
Medical Examination Report Dated 7-30-75

Name of Physician M. O. Seaman

FEMALE
Medical Examination Report Dated 7-30-75
Name of Physician M. O. Seaman

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

MALE APPLICANT

Name First James Middle Duvelle Last Blessing
Date of Birth Month June Day 12 Year 1956
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address 213 S. Maple Pittsboro, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Auto Parts

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

☒ Other (Specify) Selective Service # 12-30-54-188

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

Name Age Address

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

11. Full name of father: George Paul Blessing
Residence of father (if deceased so state) Pittsboro, Indiana
Occupation of father Carpenter Race of father W.
Birthplace of father (State or foreign country) Pittsboro, Ind.
12. Full maiden name of mother: Phuley Marie Emerson
Residence of mother (if deceased so state) Pittsboro, Ind.
Occupation of mother Cook Race of mother W.
Birthplace of mother (State or foreign country) New Ross, Ind.

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

Signed James O. Blessing

New Address Pittsboro, Ind.

Subscribed and sworn to before me this 11 day of August, 1975
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana, dated the 15 day of August, 1975, authorizing the joining together as husband and wife

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

I, Glen A. Clarkson, hereby certify that on the 16 day of August

one thousand nine hundred and 75 at Pittsboro, County of Hendricks

State of Indiana, Groom James Duvelle Blessing of Hendricks County, State of Indiana

and, Bride Marilyn Jean 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, 1975

Signed Glen A. Clarkson

Official Designation Pastor, U. M. C.

Signed 19 day of August, 1975

Signed Glen M. Hawley Clerk

HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 391
File Aug 11, 1975
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated August 6, 1975
Name of Physician Ronald Chessman

FEMALE
Medical Examination Report Dated August 6, 1975
Name of Physician Ronald Chessman M.D.

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

MALE APPLICANT

Name Jeffrey M. O'Brien
Date of Birth Aug 13 1952
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address Rt 1 Box 44 Coatesville Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Sales
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service - 12-30-52-309
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father John Walder O'Brien
Residence of father (if deceased so state) 163 Old North Salem Rd
Occupation of father Area President of Corp Race of father _____
Birthplace of father (State or foreign country) Indianapolis Ind
12. Full maiden name of mother Betty June Towles
Residence of mother (if deceased so state) 163 Old North Salem Rd
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Indianapolis
State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Jeffrey M. O'Brien
New Address Rt 1 Box 44 Coatesville Ind
Subscribed and sworn to before me this 11th day of August 1975
Allen M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Lucia Ann Granath
Date of Birth Aug 15 1952
Place of Birth (State or foreign country) Minnesota
Residence Address 364 Urban, Danville, Ind
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Asst. Librarian
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) U.S. Reg. # 77-2
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father John Wallace Granath
Residence of father (if deceased so state) Same
Occupation of father Sales Race of father _____
Birthplace of father (State or foreign country) Minn.
8. Full maiden name of mother Mary Katherine Beckner
Residence of mother (if deceased so state) Same
Occupation of mother Nurse Race of mother _____
Birthplace of mother (State or foreign country) Minn.
State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Lucia Ann Granath
New Address RR 1 Box 44 Coatesville Ind
Subscribed and sworn to before me this 11th day of August 1975
Allen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 15th day of August, 1975, authorizing the joining together as husband and wife of Jeffrey M. O'Brien and Lucia Ann Granath.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John O. Roof, hereby certify that on the 16th day of August, 1975, at Danville, County of Hendricks, State of Indiana, Groom Jeffrey Montgomery O'Brien, Hendricks County, State of Indiana, and, Bride Lucia Ann Granath, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 16th day of August, 1975.
Signed John O. Roof
Official Designation Episcopal Priest
Subscribed and sworn to before me this 19th day of August, 1975.
Signed Allen M. Harney Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 392
File Book 37
Aug. 11, 1975
Date of Application

MALE
Medical Examination Report Dated 8-6-75
Name of Physician M. O. Scamachon, M.D.

FEMALE
Medical Examination Report Dated 8-6-75
Name of Physician M. O. Scamachon, M.D.

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

MALE APPLICANT

Name First Middle Last
Ralph Martin Wilson
Date of Birth Month Day Year
Aug 17 1956

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

Residence Address Street or R. R. City County State
R 18 Box 363 Indianapolis, Marion, Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Carpenter

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

☐ Other (Specify).....

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

Name Age Address

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

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

11. Full name of father Arthur Robert Wilson

Residence of father (if deceased so state) Rt 1, Box 4 Brownsburg, Ind.

Occupation of father Bus Driver Race of father W

Birthplace of father (State or foreign country) Hendricks Co.

12. Full maiden name of mother Mary Ann Eelen Marsh

Residence of mother (if deceased so state) Rt 1 Brownsburg

Occupation of mother Housewife Race of mother W

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

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

County of HENDRICKS

Signed Ralph M. Wilson

New Address Rt 18, Box 363, Indianapolis

Subscribed and sworn to before me this 11 day of Aug. 1975

Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

HENDRICKS County _____ Court by written order issued _____ and filed

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 15 day of August 1975

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

I, _____ and _____

one thousand nine hundred and 75 hereby certify that on the 16 day of August

State of Indiana, Groom Ralph Martin Wilson at Brownsburg, County of Hendricks

and, Bride Rebecca Jo Weddle of Hendricks County, State of Indiana

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

Dated this 15 day of August 1975

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of August 1975

Signed _____ Official Designation _____

Signed _____ Clerk

HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Rebecca Jo Weddle
Date of Birth Month Day Year
Sept 28 1955

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

Residence Address Street or R. R. City County State
Box 84 Lexington, Hendricks, Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Bookkeeper Bank

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

☐ Other (Specify).....

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

Residence of father (if deceased so state) Box 84, Lexington, Ind.

Occupation of father Mechanic Race of father W

Birthplace of father (State or foreign country) Hendricks Co.

8. Full maiden name of mother Rosemary Bitchett

Residence of mother (if deceased so state) Box 84, Lexington

Occupation of mother Housewife Race of mother W

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

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

County of HENDRICKS

Signed Rebecca Jo Weddle

New Address Rt 18, Box 363, Indianapolis

Subscribed and sworn to before me this 11 day of Aug. 1975

Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 393

File 37

HENDRICKS

County

Aug. 11, 1975
Date of Application

MALE

Medical Examination Report Dated Aug. 8, 1975

Name of Physician Carl L. Heinlein

FEMALE

Medical Examination Report Dated Aug. 8, 1975

Name of Physician Carl L. Heinlein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement 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-

MALE APPLICANT

Name First Middle Last
Raymond Edw Lucas
Date of Birth Month Day Year
January 25 52
Place of Birth (State or foreign country)
Fort Lauderdale, Florida
Residence Address Street or R. R. City County State
514 Roosevelt Blvd, Hendricks Co. Ind.
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Laborer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name Age Address
Nicole Lucas 2 1/2 yrs Indianapolis, Ind.

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

11. Full name of father: Edw. Lezanne Lucas
Residence of father (if deceased so state): 307 S. Montgomery, Spencer, Indiana
Occupation of father: retired Race of father: W.
Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Helen Louise Burton
Residence of mother (if deceased so state): 307 S. Montgomery, Spencer, Ind.
Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country): Indiana

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

Signed: Raymond Edw. Lucas
New Address: 400 E. Jefferson, Franklin
Subscribed and sworn to before me this 11 day of Aug., 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

FEMALE APPLICANT

Name First Middle Last
Anna Mae Sutherland
Date of Birth Month Day Year
March 9 1948
Place of Birth (State or foreign country)
Indianapolis, Indiana
Residence Address Street or R. R. City County State
1010 Pierce Dr. Plainfield, Hendricks Co., Ind.
Maiden Name if Different
Anna Mae Baldwin
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Nurse's Aid
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Voter Registration # 6953

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

7. Full name of father: John Edw. Baldwin
Residence of father (if deceased so state): 1010 Pierce Dr. Plainfield, Ind.
Occupation of father: Ind. Bus. School Race of father: W.
Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Sally Beachel Miles
Residence of mother (if deceased so state): 1010 Pierce Dr. Plainfield, Ind.
Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country): Kentucky

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

Signed: Anna Mae Sutherland
New Address: 400 E. Jefferson, Franklin
Subscribed and sworn to before me this 11 day of August, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 15th day of August, 1975, authorizing the joining together as husband and wife of Raymond Edw. Lucas and Anna Mae Sutherland.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ Pat A. Burchfield hereby certify that on the 16 day of August, 1975, at _____ a Paray Twp. Justice of Peace of _____ County of _____ State of Indiana, Groom _____ Raymond E. Lucas _____ and, Bride _____ Anna Mae Sutherland _____ of _____ County, State of _____ Indiana, _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 16 day of August, 1975.

Signed: Pat A. Burchfield
Official Designation: Justice of the Peace
Signed: Glen M. Harvey Clerk
HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 20 day of August, 1975.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 394

File

Aug. 11, 1975
Date of Application

MALE

Medical Examination Report Dated 8-11-75

Name of Physician Oliver Koch, M.D.

FEMALE

Medical Examination Report Dated 8-11-75

Name of Physician Oliver Koch, M.D.

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

MALE APPLICANT

Name Steven First Wayne Middle Gipson Last
Date of Birth 3 Month 29 Day 1954 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 410 W. Lincoln, Danville, Ind. Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Construction
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address

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

11. Full name of father Wilson B. Gipson
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Construction Race of father Wh
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Betty Jean Smith
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother House Race of mother Wh
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.
Signed Steven W. Gipson
New Address 96 Port O Call Rd Indianapolis
Subscribed and sworn to before me this 11 day of Aug, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 15th day of Aug, 1975, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer and Margaret Zuigada
one thousand nine hundred and 75 hereby certify that on the 15 day of August
State of Indiana, Groom Steven Wayne Gipson at Danville, County of Hendricks
and, Bride Margaret Zuigada of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of California.
Dated this 15 day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of August, 1975.
Signed John C. Maurer
Official Designation Judge, County Court
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Margaret First Zuigada Middle 53 Last
Date of Birth 11 Month 16 Day 1953 Year
Place of Birth (State or foreign country) Yuma, California
Residence Address 1906 1st St, Berkeley, Calif. Street or R. R. City County State
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

7. Full name of father Gilbert Manuel Zuigada
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) California
8. Full maiden name of mother Angela Carrasco
Residence of mother (if deceased so state) Berkeley, Calif.
Occupation of mother Sales Clerk Race of mother _____
Birthplace of mother (State or foreign country) Texas

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.
Signed Margaret Zuigada
New Address 46 Port O Call Rd Indianapolis
Subscribed and sworn to before me this 11 day of Aug, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. # 395

HENDRICKS

County

File

Aug 12 1975
Date of Application

MALE

Medical Examination Report Dated 7-25-75

Name of Physician A. N. Souder MD

FEMALE

Medical Examination Report Dated 7/25/75

Name of Physician A. N. Souder MD

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

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Russell Middle Map Last Roberts
Date of Birth Month 4 Day 26 Year 1940
Place of Birth (State or foreign country) Putnam Co. Indiana
Residence Address 131 Williams Dr. Brownsburg, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1973

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Truck DriverDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) # 40-019627

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

(a) List their full names, ages and addresses
Name Christie Dawn Age 4 Address 7404 Patterson Indpls.

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

11. Full name of father Russell Map Roberts
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Illinois

12. Full maiden name of mother Ira Pearl Rble
Residence of mother (if deceased so state) Clermont, Ind.
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Russell M RobertsNew Address 131 William Dr. Brownsburg

Subscribed and sworn to before me this 12 day of Aug, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Patricia Middle Ann Last Spiller
Date of Birth Month May Day 18 Year 1944
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 131 Williams Dr. Brownsburg Ind.
Maiden Name if Different Crabtree
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1970

Color or Race White ☒ Negro ☐ Other ☐ (specify) CaliforniaUsual Occupation WaitressDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) # 113-44-025833

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

8. Full maiden name of mother Glossie Forrest Lambert
Residence of mother (if deceased so state) W. 46 St. Indpls. Ind.
Occupation of mother Nurse Race of mother _____
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Patricia Ann SpillerNew Address 131 Williams Dr.

Subscribed and sworn to before me this 12 day of Aug, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16 day of 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:
I, Gilbert A. Schreiber hereby certify that on the 17 day of August

one thousand nine hundred and 75 at Brownsburg, County of Hendricks

State of Indiana, Groom Russell Map Roberts of Hendricks County, State of Indiana

and, Bride Patricia Ann Spiller of Hendricks County, State of Indiana,

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

Dated this 17 day of August, 1975
Signed Gilbert A. Schreiber
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of August, 1975
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 396
File Book 37
Date of Application Aug. 12, 1975

MALE
Medical Examination Report Dated 8-11-75
Name of Physician Donald D. Chasman, M.D.

FEMALE
Medical Examination Report Dated 8-11-75
Name of Physician Donald D. Chasman, M.D.

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

MALE APPLICANT

Name David Wayne Hanson
Date of Birth Aug 16 1955
Place of Birth (State or foreign country) Michigan
Residence Address 304 W. Marion St. Danville, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree #8617
☐ Other (Specify) Opt. Pub. Health - Ind.

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

Name Age Address

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

11. Full name of father Franklin Lee Hanson
Residence of father (if deceased so state) 304 W. Marion St. Danville
Occupation of father P. B. Mailer Race of father W
Birthplace of father (State or foreign country) Lafayette Ind.
12. Full maiden name of mother Evelyn Mae Dawson
Residence of mother (if deceased so state) 304 W. Marion
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Lafayette Ind.

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

Signed David Hanson
New Address 1208 Chestnut Ave. Danville

Subscribed and sworn to before me this 12 day of Aug, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 15th day of Aug, 1975 authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dr. Joseph D. Stump hereby certify that on the 17 day of August
one thousand nine hundred and 75 at Danville, County of Indiana
State of Indiana, Groom David Wayne Hanson of Hendricks County, State of Indiana
and, Bride Shelley Jean Cooper of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS
County, State of _____
Dated this 17 day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1975
Signed Dr. Joseph D. Stump
Official Designation Pastor
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Shelley Jean Cooper
Date of Birth Oct 3 1955
Place of Birth (State or foreign country) Williamstown, Mass.
Residence Address R. 3 - Box 16, Danville, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Secretaire

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree #6931
☒ Other (Specify) Voter's Registration Cert.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Keith Wade Cooper
Residence of father (if deceased so state) R. 3, Box 16 Danville
Occupation of father Mail Carrier Race of father W
Birthplace of father (State or foreign country) Stilesville, Ind.

8. Full maiden name of mother Mattie Marie Hallcoat
Residence of mother (if deceased so state) R. 3, Box 16 Danville
Occupation of mother Eli Lilly Race of mother W
Birthplace of mother (State or foreign country) Tenn.

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

Signed Shelley Jean Cooper
New Address 1205 Chestnut Ave.

Subscribed and sworn to before me this 12 day of Aug, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 397
File _____
Date of Application Aug 13, 1975

HENDRICKS County

MALE
Medical Examination Report Dated 8-4-75
Name of Physician Gregory Spurgin M.D.

FEMALE
Medical Examination Report Dated 8-4-75
Name of Physician Gregory Spurgin M.D.

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

MALE APPLICANT

Name Steven L. Ingram
Date of Birth 10/9/1953
Place of Birth (State or foreign country) Ohio
Residence Address 4101 266 Loveland Ohio
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Builder
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 14675
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

11. Full name of father Elliott R. Ingram
Residence of father (if deceased so state) 3105 Sallyho Dr. Hickory Ind.
Occupation of father Salmon Race of father _____
Birthplace of father (State or foreign country) Meadville, Penn.
12. Full maiden name of mother Jan C. Emanuel
Residence of mother (if deceased so state) 3105 Sallyho Dr. Hickory Ind.
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Cinn. Ohio

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

Subscribed and sworn to before me this 13 day of August, 19 75
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____
State of Indiana, _____ } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

FEMALE APPLICANT

Name Joan M. Yesterman
Date of Birth 19/1957
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address 107 E. Loveland Ave. Apt #1 Loveland Ohio
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 727
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Joseph C. Yesterman
Residence of father (if deceased so state) 8912 Robey Clermont Ind.
Occupation of father Book Binder Race of father _____
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Anastasia Cunningham
Residence of mother (if deceased so state) 8912 Robey, Clermont, Ind.
Occupation of mother Clerk Race of mother _____
Birthplace of mother (State or foreign country) Indiana

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Joan M. Yesterman
New Address P.O. Box 266 Loveland Ohio
Subscribed and sworn to before me this 13 day of August, 19 75
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____
State of Indiana, _____ } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 26 day of August, 19 75, authorizing the joining together as husband and wife of Steven L. Ingram and Joan M. Yesterman
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James P. Bonke hereby certify that on the 31 day of August, one thousand nine hundred and 75 at Brownsburg, County of Hendricks, State of Indiana, Groom Steven L. Ingram of Clermont County, State of Ohio and, Bride Joan M. Yesterman of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 31 day of August, 19 75.

Signed James P. Bonke
Official Designation Roman Catholic Priest
_____ day of September, 19 75
Signed Allen M. Harvey Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 398
File BK 37
August 13, 1975
Date of Application

MALE
Medical Examination Report Dated 8-22-75
Name of Physician Glen W. Baker MD

FEMALE
Medical Examination Report Dated 8/13/75
Name of Physician Thomas Walkey MD.

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

MALE APPLICANT

Name First Paul Middle Allen Last Harrison
Date of Birth Month Sept Day 23 Year 1957
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address R #1 Box 118 Camby, Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation U. S. Marine Corp.

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

☐ Other (Specify) # 12827

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

Name Age Address

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

11. Full name of father: Charles W. Harrison
Residence of father (if deceased so state) R #1 Box 118 Camby
Occupation of father: Truck Driver Race of father: Indpls
Birthplace of father (State or foreign country) Indpls

12. Full maiden name of mother: Jessie Carterbert
Residence of mother (if deceased so state) same
Occupation of mother: Westlake No. 1 Race of mother: Indpls
Birthplace of mother (State or foreign country) Ladoga, Ind.

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

Signed Paul A. Harrison

New Address.....

Subscribed and sworn to before me this 13 day of August, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks ss:

Signed Jessie M. Harrison Father
Signed Glen M. Harrison Mother

Subscribed and sworn to before me this 22 day of August, 1975.
Glen M. Harvey Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 22 day of Aug, 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. Rev. Ralph C. Wade

one thousand nine hundred and 75 hereby certify that on the 24 day of August

State of Indiana, Groom: Paul Allen Harrison at Friendswood, County of Marion

and, Bride: Fay Ellen Acton of Hendricks County, State of Indiana

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

Dated this 24 day of August, 1975.

Signed Rev. Ralph C. Wade
Official Designation: Pastor - Baptist Church
27 day of August, 1975.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT
Name First Fay Middle E. Last Acton
Date of Birth Month March Day 3 Year 1957
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 313 N. Vine St. Plainfield Ind.
Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation unemployed

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

☐ Other (Specify) # 12488

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

7. Full name of father: Wayne J. Acton
Residence of father (if deceased so state) 313 N. Vine, Plfd.

Occupation of father: Plfd. School Race of father: White

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother: Loretta M. Taylor

Residence of mother (if deceased so state) 313 N. Vine, Plfd.

Occupation of mother: Laidlaw Race of mother: White

Birthplace of mother (State or foreign country) Indiana

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

Signed Fay Acton
New Address: RR1 Box 118 Camby, Ind.

Subscribed and sworn to before me this 13 day of August, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks ss:

Signed Loretta M. Acton Father

Signed Glen M. Harvey Mother

Subscribed and sworn to before me this 13 day of August, 1975.
Glen M. Harvey Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 398
File BK 31
August 13, 1975
Date of Application

MALE
Medical Examination Report Dated 8-22-75
Name of Physician Glen W. Baker MD

FEMALE
Medical Examination Report Dated 8/13/75
Name of Physician Thomas Walkey MD.

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

MALE APPLICANT

Name First Paul Middle Allen Last Harrison
Date of Birth Month Sept Day 23 Year 1957
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address R #1 Box 118 Camby, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation U. S. Marine Corp.

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

☐ Other (Specify) # 12827

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

Name Age Address

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

11. Full name of father.....

Residence of father (if

Occupation of father.....

Birthplace of father (S

12. Full maiden name of n

Residence of mother (if

Occupation of mother.....

Birthplace of mother (S

State of Indiana,

County of HENDRICKS

Sign

New Address

Subscribed and sworn to before

CONSENT OF PARENTS, P

We, the parents, of this appl

sign, state facts which rend

State of Indiana,

County of HENDRICKS

Signed

Signed

Subscribed and sworn to before

COMPLETE IF MA

HENDRICKS

in

Be It

of Indiana dated the

Be it further remem

I, Res. Paul

one thousand nine h

State of Indiana, Gr

and, Bride, Day

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

County.

Dated this 24

day of August

1975

Filed and recorded in accordance with the laws of the State of Indiana this 27

day of August

1975

Signed Glen M. Harvey

HENDRICKS

Circuit Court

FEMALE APPLICANT

Name First Fay Middle E. Last Acton
Date of Birth Month Oct Day 3 Year 1957
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 313 N. Vine St. Plainfield Ind.
Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 12488

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Wayne J. Acton

Residence of father (if deceased so state)

Occupation of father Self. School

Birthplace of father (State or foreign country) Indiana

I, Wayne J. Acton, hereby give my consent for
my daughter, Fay Ellen Acton to
marry Paul Allen Harrison.

Subscribed and sworn to before me this 19th day of August 1975

Notary Public

State of Indiana,

County of HENDRICKS

ss:

I, Charles W. Harrison, hereby give my consent for
my son, Paul Allen Harrison to
marry Fay Ellen Acton
county of Marion

Subscribed and sworn to before me this 16 day of Aug 1975

Notary Public

Signed Rev. Ralph C. Wade
Official Designation Pastor - Baptist Church

Signed Glen M. Harvey 1975

HENDRICKS

Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. # 399

File

Aug 14, 1975
Date of Application

HENDRICKS

County

MALE

Medical Examination Report Dated Aug 9, 1975
Name of Physician Robert D. Walton MD.

FEMALE

Medical Examination Report Dated 8-9-75
Name of Physician Robert D. Walton MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Raymond Ernest Neely
Date of Birth 10 2 1950
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address RR #5 Box 112B Brownsburg Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Mechanic
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree
☐ Other (Specify) Drivers License #316-52558

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Raymond Leon Neely
Residence of father (if deceased so state) RR #5 Box 112B Brownsburg
Occupation of father Truck Driver Race of father _____
Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Jonell Sengate
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Shelbyville, Ind.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Raymond E. Neely
New Address 3330 Donald St.

Subscribed and sworn to before me this 14 day of Aug, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Lavada Louise Harp
Date of Birth 3 25 1950
Place of Birth (State or foreign country) Safford Kentucky
Residence Address 1433 West Ohio St. City County State
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Shipping Clerk
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree

☐ Other (Specify) Drivers License #313-568603

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Jesse Mance Harp
Residence of father (if deceased so state) 2218 E. 12th St. Indpls Ind.
Occupation of father Max. Labor Race of father _____

Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Opalene Bunick
Residence of mother (if deceased so state) 2218 E. 12th St. Indpls

Occupation of mother Housewife Race of mother _____

Birthplace of mother (State or foreign country) Kentucky

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Lavada Louise Harp
New Address 3337 Donald St.

Subscribed and sworn to before me this 14 day of August, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Circuit Court by written order issued 3 day waiver & age
in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 14 day of August, 1975, authorizing the joining together as husband and wife
Raymond Ernest Neely and Lavada Louise Harp
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Elder Don A. McWilliams hereby certify that on the 17 day of August
one thousand nine hundred and 75 at Brownsburg, County of Hendricks
State of Indiana, Groom Raymond E. Neely of Hendricks 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 17 day of August, 1975.

Signed Elder Don A. McWilliams

Official Designation Minister

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of August, 1975.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 400

File BK. 39

August 14, 1975
Date of Application

MALE
Medical Examination Report Dated 8/12/75

Name of Physician L. A. Rutz

FEMALE

Medical Examination Report Dated 8/8/75

Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
John Michael Matthews
Date of Birth Month Day Year
May 14 1956
Place of Birth (State or foreign country)
Brownsburg, Ind.
Residence Address Street or R. R. City County State
2552 Country Club Rd. Brownsburg Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Salesman at Top Hat, Supt.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Serv. # 12 5056 453

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Alfred Elvin Matthews		

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Alfred Elvin Matthews
Residence of father (if deceased so state) Country Club Rd. Indpls.
Occupation of father J.C. Penny Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Goldie Wacker
Residence of mother (if deceased so state) Country Club Rd. Indpls.
Occupation of mother Camie Country Club Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Allen M. Harvey
New Address 530 Apt. 3 Enderly Ave.
Subscribed and sworn to before me this 14 day of August, 1975
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ in _____ Court by written order issued _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 19th day of August, 1975, authorizing the joining together as husband and wife of John Michael Matthews and Diane Lee Sedberry. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Howard Davidson, one thousand nine hundred and 75, hereby certify that on the 23 day of August, State of Indiana, Groom John Michael Matthews at Brownsburg, County of Hendricks, and, Bride Diane Lee Sedberry 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, State of Indiana. Dated this 23 day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of August, 1975.
Signed S. Howard Davidson
Official Designation Minister
Signed Allen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT
Name First Middle Last
Diane Lee Sedberry
Date of Birth Month Day Year
April 29 1955
Place of Birth (State or foreign country)
Brownsburg, Ind.
Residence Address Street or R. R. City County State
37 Jennifer Lane Brownsburg Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation J.C. Penny
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) # 4451
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father James Bernard Sedberry
Residence of father (if deceased so state) 37 Jennifer Lane Brownsburg Ind.
Occupation of father Indiana Bell Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Joan Lee Leppert
Residence of mother (if deceased so state) 37 Jennifer Lane Brownsburg Ind.
Occupation of mother Nurse Race of mother White
Birthplace of mother (State or foreign country) Indiana
State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Diane L. Sedberry
New Address 530 Apt. 3 Enderly Ave.
Subscribed and sworn to before me this 14 day of August, 1975
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 401
File August 14, 1975
Date of Application

MALE
Medical Examination Report Dated Aug 8, 1975
Name of Physician C. M. Acton M.D.

FEMALE
Medical Examination Report Dated Aug 8, 1975
Name of Physician C. M. Acton M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Libburn Hall
Date of Birth May 2 1937
Place of Birth (State or foreign country) Wayne Co. Kentucky
Residence Address 7777 West Washington St Indpls
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1974
Color or Race White ☒ Negro ☐ Other ☐ (specify) Marion

Usual Occupation Elec. Technician
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License #A303-42-1090

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Payetta Age 2 Address Unknown

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Libburn Hall
Residence of father (if deceased so state) deceased
Occupation of father deceased Race of father deceased
Birthplace of father (State or foreign country) Wayne Co. Kentucky
12. Full maiden name of mother Lay Hatfield
Residence of mother (if deceased so state) R#1, Leix, Ind.
Occupation of mother Retired Race of mother Retired
Birthplace of mother (State or foreign country) Wayne Co. Kentucky

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Libburn Hall

New Address _____

Subscribed and sworn to before me this 14 day of August, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Linda C. Hahn
Date of Birth 12 23 1946
Place of Birth (State or foreign country) Marion Co. Indpls. Ind.
Residence Address R#1, Box 91, Danville, Ind.
Maiden Name if Different Lawson
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1974
Color or Race White ☒ Negro ☐ Other ☐ (specify) Marion

Usual Occupation Phys. Technician
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License #S345-62841

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Albert Felix Lawson
Residence of father (if deceased so state) 1526 W. Vermont, Indpls
Occupation of father Disabled Race of father Disabled
Birthplace of father (State or foreign country) Marion Co.

8. Full maiden name of mother Ethel Alberta Emiser
Residence of mother (if deceased so state) 1526 W. Vermont, Indpls
Occupation of mother Disabled Race of mother Disabled
Birthplace of mother (State or foreign country) Greencastle, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Linda C. Hahn

New Address 7777 W. Washington

Subscribed and sworn to before me this 14 day of August, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Circuit Court by written order issued 3 day waiver and filed
in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 14 day of August, 1975, authorizing the joining together as husband and wife
Libburn Hall and Linda C. Hahn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Myron Barnard hereby certify that on the 14 day of August,
one thousand nine hundred and 75 at Indianapolis, County of Marion,
State of Indiana, Groom Libburn Hall of Marion County, State of Indiana
and, Bride Linda C. Hahn of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of August, 1975.
Signed Myron Barnard
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of August, 1975.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 402

File 37

Aug 15, 1975
Date of Application

MALE
Medical Examination Report Dated 7-29-75
Name of Physician Eric C. Clark

FEMALE
Medical Examination Report Dated 7-29-75
Name of Physician Eric C. Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Maurice L. Hudgins
Date of Birth Month Day Year
December 4 1950
Place of Birth (State or foreign country)
Indianapolis Marion Co. Ind.
Residence Address Street or R. R. City County State
432 Linden Ln. Plainfield Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☐ Negro ☒ Other ☐ (specify)

Usual Occupation Body & Gender Repair
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree St. Bd. of Health
50-096759

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
- (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support? Yes <input type="checkbox"/> No <input type="checkbox"/>		
(c) Are you complying with any court order or orders issued for their support? Yes <input type="checkbox"/> No <input type="checkbox"/>		

11. Full name of father Bert Hudgins
Residence of father (if deceased so state) 3536 N. Meridian Indpls., Ind.
Occupation of father Disabled Veteran Race of father N.
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Sarah Kinschew
Residence of mother (if deceased so state) 2354 N. Alabama Indpls., Ind.
Occupation of mother Gen. Hospital Race of mother N.
Birthplace of mother (State or foreign country) Georgia

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Maurice Hudgins
New Address 432 Linden Lane (Plainfield)
Subscribed and sworn to before me this 15 day of August, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ HENDRICKS County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 19 day of August, 1975, authorizing the joining together as husband and wife of Maurice L. Hudgins and Sarah L. Grace. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joe Stevenson, Judge Pro Tem, hereby certify that on the 19 day of August, 1975, at Danville, State of Indiana, Groom Maurice L. Hudgins, at _____ County of Hendricks, and, Bride Sarah L. Grace, of _____ County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of Indiana.
Dated this 19 day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1975.
Signed Joe Stevenson, Official Designation Judge Pro Tem, 20 day of August, 1975.
Signed Glen M. Harvey, Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Sarah L. Grace
Date of Birth Month Day Year
July 12 1955
Place of Birth (State or foreign country)
Indianapolis Marion Co. Ind.
Residence Address Street or R. R. City County State
2817 N. Gallop Indpls. Marion Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☐ Negro ☒ Other ☐ (specify)

Usual Occupation Janitress
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree St. Bd. of Health
55-656440

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Pearson Grace
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father N.
Birthplace of father (State or foreign country) Mississippi
8. Full maiden name of mother Sarah L. Webster
Residence of mother (if deceased so state) 2817 N. Gallop Indpls., Ind.
Occupation of mother Allison's Race of mother N.
Birthplace of mother (State or foreign country) Mississippi

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Sarah L. Grace
New Address 432 Linden Lane (Plainfield)
Subscribed and sworn to before me this 15 day of August, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 403

File 37

HENDRICKS

County

8-15-75

Date of Application

MALE

Medical Examination Report Dated 8-15-75

Name of Physician Carl S. Heinlein

FEMALE

Medical Examination Report Dated 8-15-75

Name of Physician Carl S. Heinlein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Stephen Middle G Last Borer
Date of Birth Month March Day 8 Year 1954
Place of Birth (State or foreign country) Indianapolis Marion Indiana
Residence Address 154 E 2005 Danville Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Core maker

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Vital Statistics

☐ Other (Specify) 03655

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father William Edward Borer
154 E 2005
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Construction Race of father It
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Maris Aleeta Von Behrens
154 E 2005
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife Race of mother It
Birthplace of mother (State or foreign country) Michigan

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Stephen R. Borer
New Address R.R. 4 Box 272 Mooresville

Subscribed and sworn to before me this 15 day of August, 1975.
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, } ss:
County of HENDRICKS

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Roberta Middle J Last Sheets
Date of Birth Month August Day 7 Year 1955
Place of Birth (State or foreign country) Indianapolis Marion Indiana
Residence Address 24 Box 272 Mooresville Hendricks Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Punch Press Opr.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Vital Statistics

☐ Other (Specify) 8235

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Henry Edward Sheets
Residence of father (if deceased so state) 24, Mooresville, Ind.
Occupation of father Farmer Race of father It
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Myrtle Evelyn Adams
Residence of mother (if deceased so state) 24, Mooresville, Ind.
Occupation of mother P.C.C. Race of mother It
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Roberta J. Sheets
New Address 24 Box 272 Mooresville Ind

Subscribed and sworn to before me this 15 day of August, 1975

Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, } ss:
County of HENDRICKS

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued and filed
in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 10 day of 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:
I, Theron P. Castleman hereby certify that on the 22 day of August

one thousand nine hundred and 75 at Salem U. Meth. Church, County of Hendricks

State of Indiana, Groom Stephen Roger Borer of Hendricks County, State of Indiana

and, Bride Roberta Jean 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 August, 1975

Signed Theron P. Castleman
Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of August, 1975.
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 404
File Book 37
Date of Application Aug. 18, 1975

MALE
Medical Examination Report Dated 8/14/75
Name of Physician Eric Clark M.D.

FEMALE
Medical Examination Report Dated 8-14-75
Name of Physician Eric Clark M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name John Paul Crimmmins Jr.
Date of Birth March 4, 1947
Place of Birth (State or foreign country) West Suburban Hosp. Oak Park, Cook Co., Ill.
Residence Address 890 Ridgewood Dr. Apt 206-B, Plainfield, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Office Manager

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree File # 832

- ☐ Other (Specify) Health cert. Oak Park, Ill.
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name _____ Age _____ Address _____

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father John Paul Crimmmins, Sr.
Residence of father (if deceased so state) Marion, Ind.
Occupation of father Joe & De Marie Race of father W.
Birthplace of father (State or foreign country) Cook Co., Ill.
12. Full maiden name of mother Phyllis Eleanor Cook
Residence of mother (if deceased so state) Marion, Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) St. Paul, Minn.

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed John P. Crimmmins Jr.
New Address 890 Ridgewood Dr. Apt 206-B, Plainfield, Ind.
Subscribed and sworn to before me this 18 day of Aug., 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, _____ } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____
Clerk

FEMALE APPLICANT

Name Debra Suzanne Costin
Date of Birth March 4, 1952
Place of Birth (State or foreign country) Putnam Co. Hosp. Greencastle, Putnam, Ind.
Residence Address 255 Avon Ave. Plainfield, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Secretary

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree # 37874-B

- ☐ Other (Specify) Putnam Co. Hospital Cert
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Jack Edwin Costin
Residence of father (if deceased so state) R.R. 1, Coatesville
Occupation of father Factory worker Race of father W.
Birthplace of father (State or foreign country) Stilesville, Ind.
8. Full maiden name of mother Betty Lou McCannack
Residence of mother (if deceased so state) R.R. 1, Coatesville
Occupation of mother Beautician Race of mother W.
Birthplace of mother (State or foreign country) Greencastle, Ind.

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Debra Costin
New Address 890 Ridgewood Dr. Apt 206-B, Plainfield, Ind.
Subscribed and sworn to before me this 18 day of Aug., 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, _____ } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ in _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 22 day of August, 19 75, authorizing the joining together as husband and wife of John Paul Crimmmins Jr. and Debra Suzanne Costin.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Rebecca J. Bunton one thousand nine hundred and 75 hereby certify that on the 24 day of August, 19 75, at Stilesville, County of Hendricks, State of Indiana, Groom John Paul Crimmmins Jr. and, Bride Debra Suzanne Costin were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.
Dated this 24 day of August, 19 75.

Signed Rebecca J. Bunton
Official Designation Pastor, Christian Church
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 405

File BK 37

Date of Application August 19, 1975

MALE

Medical Examination Report Dated 8/18/75

Name of Physician Elmer L. Kach, M.D.

FEMALE

Medical Examination Report Dated 8/18/75

Name of Physician Elmer L. Kach, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Robert Middle Glenn Last Hudson
Date of Birth Month March Day 1 Year 1947
Place of Birth (State or foreign country) Indianapolis
Residence Address 166 S. Washington, Greenwood Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages one

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1973
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Armstrong Milk Co.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 2205

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Robert Glenn Hudson Jr. Age 28 Address Greenwood Ind.

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father John Paschal Hudson
Residence of father (if deceased so state) deceased
Occupation of father Race of father
Birthplace of father (State or foreign country) Somerset, Ky.
12. Full maiden name of mother Ella Mae Haskins
Residence of mother (if deceased so state) Florida
Occupation of mother Race of mother White
Birthplace of mother (State or foreign country) Cuthersville, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Robert S. Hudson

New Address R.R. 3 Box 3 Danville, Ind.

Subscribed and sworn to before me this 19 day of August, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1975
Clerk

FEMALE APPLICANT

Name First Brenda Middle Ray Last Thurnall
Date of Birth Month February Day 15 Year 1952
Place of Birth (State or foreign country) Indianapolis
Residence Address R.R. # 3 Box 3 Danville Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation American States Ins.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 1722

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Alan Allen Thurnall

Residence of father (if deceased so state) R.R. 2 Danville Ind.

Occupation of father McDevitt Bros. Race of father White

Birthplace of father (State or foreign country) Farmers City, Ind.

8. Full maiden name of mother Betty Joan Wood

Residence of mother (if deceased so state) Wooddale, Ind.

Occupation of mother Nursing Home Race of mother White

Birthplace of mother (State or foreign country) Harrison Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Brenda Kay Thurnall

New Address R.R. 3 Box 3 Danville Ind.

Subscribed and sworn to before me this 19 day of August, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1975
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued and filed
in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of August, 1975, authorizing the joining together as husband and wife of Robert Glenn Hudson and Brenda Kay Thurnall.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Maurer, hereby certify that on the 30 day of August, 1975, at Danville, County of Hendricks

one thousand nine hundred and 75, of Marion County, State of Indiana

and, Bride Brenda Kay Thurnall of Hendricks County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of August, 1975.

Signed John C. Maurer

Official Designation Judge, County Court

Signed Glen M. Harvey

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of Sept., 1975.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 406

File August 19, 1975

Bk 37

Date of Application

MALE
Medical Examination Report Dated 8-18-75

Name of Physician David M. Hawley

FEMALE

Medical Examination Report Dated 8-18-75

Name of Physician David M. Hawley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Darryl P Berlin

Date of Birth Month Day Year
September 6 1953

Place of Birth (State or foreign country)
Indianapolis, Indiana

Residence Address Street or R. R. City County State
890 Ridgewood, Apt 204D Plainfield Ind Ind

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Fireman

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 113-53-073165

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐

If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐

4. Are you afflicted with a transmissible disease? No ☒ Yes ☐

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? No ☒ Yes ☐

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Charles D. Berlin

Residence of father (if deceased so state) Plainfield, Ind

Occupation of father Letter Carrier Race of father W.

Birthplace of father (State or foreign country) Claytor, Ind

12. Full maiden name of mother Frances D. White

Residence of mother (if deceased so state) Deceased

Occupation of mother Race of mother W.

Birthplace of mother (State or foreign country) Indpls, Ind

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Darryl P. Berlin

New Address 890 Ridgewood 204D Plainfield

Subscribed and sworn to before me this 19 day of August, 1975

Allen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:

County of HENDRICKS

Signed

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

in HENDRICKS County Court by written order issued

authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court

of Indiana dated the 25 day of Aug, 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, Father Friedrich Doerschlaub

one thousand nine hundred and 75 hereby certify that on the 29 day of August

State of Indiana, Groom Darryl Paul Berlin at Plainfield

and, Bride Sherry Lynn Long of Hendricks

County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

Dated this 25 day of August, 1975

Filed and recorded in accordance with the laws of the State of Indiana this

Signed F. Friedrich Doerschlaub

Official Designation Pastor, St. Mark's Episcopal Church

Signed 2 day of September, 1975

Signed Allen M. Hawley

Clerk

HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Sherry Lynn Long

Date of Birth Month Day Year
December 25 1955

Place of Birth (State or foreign country)
Indianapolis, Ind.

Residence Address Street or R. R. City County State
204 N. Cass Rd. Plainfield Ind Ind

Maiden Name if Different Long

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Waitress

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) #113-55-104258

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Kella C. Long

Residence of father (if deceased so state) Plainfield, Ind.

Occupation of father Salesman Race of father W.

Birthplace of father (State or foreign country) Plainfield, Ind

8. Full maiden name of mother Mildred L. Johnson

Residence of mother (if deceased so state) Plainfield, Ind

Occupation of mother Saleslady Race of mother W.

Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Sherry L. Long

New Address 890 Ridgewood 204D Plainfield

Subscribed and sworn to before me this 19 day of August, 1975

Allen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:

County of HENDRICKS

Signed

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 4407

File Aug 20, 1975

Date of Application

MALE
Medical Examination Report Dated 8-6-75
Name of Physician M. O. Scamaron

FEMALE
Medical Examination Report Dated 8-6-75
Name of Physician M. O. Scamaron

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Harry Rogers
Date of Birth 4 20 1947
Place of Birth (State or foreign country) Covington Ind
Residence Address R#4 Veederburg Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Transportation Eng.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Book 3 p 30.

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Vernon Clement Rogers

Residence of father (if deceased so state) Same

Occupation of father Farmer Race of father _____

Birthplace of father (State or foreign country) Veederburg Ind

12. Full maiden name of mother Wolcott Marion Allen

Residence of mother (if deceased so state) Same

Occupation of mother Housewife Race of mother _____

Birthplace of mother (State or foreign country) Fountain Co. Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Sam C. Rogers

New Address R#4 Veederburg Ind

Subscribed and sworn to before me this 20 day of Aug, 1975

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Diana Blair
Date of Birth 11 11 1952
Place of Birth (State or foreign country) Lebanon Ind
Residence Address RR#3 Box 281 Brownburg Ind
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Insurance

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Witham Memorial Hospital

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Conroy Burgess Blair

Residence of father (if deceased so state) Same

Occupation of father Machinist Race of father _____

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Marilyn Burdick Entry

Residence of mother (if deceased so state) Same

Occupation of mother Secretary Race of mother _____

Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Diana L. Blair

New Address R#4 Veederburg Ind

Subscribed and sworn to before me this 20 day of Aug, 1975

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ HENDRICKS County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 25 day of August, 1975, authorizing the joining together as husband and wife of Larry C. Rogers and Diana L. Blair.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Wilson hereby certify that on the 29 day of August, 1975, at Brownburg, County of Hendricks, one thousand nine hundred and 75 of Fountain Co, County, State of Indiana.

Groom Larry C. Rogers of Hendricks County, State of Indiana, and, Bride Diana L. Blair of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 29 day of August, 1975.

Signed Joseph D. Wilson

Official Designation Minister

Signed Glen M. Harvey

Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of September, 1975.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 408
File Bk 37
Aug 20 1975
Date of Application

MALE
Medical Examination Report Dated 8-13-75
Name of Physician James Black

FEMALE
Medical Examination Report Dated 8-13-75
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Barry Middle Dean Last Robinson
Date of Birth Month 12 Day 12 Year 1956
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address Street or R. R. City County State
427 N. Allen Brownsburg Hendricks Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Unemployed - laid off

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) #113-56-004887

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Lowell D. Robinson
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father: Truck driver Race of father: W.
Birthplace of father (State or foreign country) Indpls, Ind.

12. Full maiden name of mother: Phyllis D. Robinson
Residence of mother (if deceased so state) Indpls, Ind.
Occupation of mother: Store manager Race of mother: W.
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed: Paul Robinson

New Address: 427 N. Allen Brownsburg Ind.

Subscribed and sworn to before me this 20 day of Aug, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, } ss:
County of HENDRICKS

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
in..... Court by written order issued..... and filed
..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... HENDRICKS Circuit Court
of Indiana dated the 26 day of August, 1975

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer, and Dorothy Sue Nieste

one thousand nine hundred and 75 hereby certify that on the 29 day of August
State of Indiana, Groom: Barry Dean Robinson at Evansville, County of Hendricks
and, Bride: Dorothy Sue Nieste of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of..... HENDRICKS
County.

Dated this 29 day of August, 1975

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of August, 1975

Signed: John C. Maurer
Official Designation: Judge, County Court

Signed: Glen M. Harvey
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, } ss:
County of HENDRICKS

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 409

File 8-20-75

#37

Date of Application

MALE

Medical Examination Report Dated 8-19-75

Name of Physician David M. Hadley

FEMALE

Medical Examination Report Dated 8-19-75

Name of Physician David M. Hadley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last
Jonathan Duane Albright

Date of Birth Month Day Year
March 1 1955

Place of Birth (State or foreign country)
Plainfield, Hendricks Co., Ind.

Residence Address Street or R. R. City County State
Beech Grove, Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Retail

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Birth Cert. Hospital

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Jack Edward Albright

Residence of father (if deceased so state) 1214 290 Plainfield

Occupation of father Insurance Race of father

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Sylvia Jean Mohr

Residence of mother (if deceased so state) None

Occupation of mother Housewife Race of mother

Birthplace of mother (State or foreign country) Ohio

State of Indiana, } ss: I depose and state the information given

County of HENDRICKS in this application is true and correct.

Signed Jonathan Duane Albright

New Address

Subscribed and sworn to before me this 21 day of August, 1975

Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued 3 day waiver and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 21 day of August, 1975, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Sonny H. Hays, hereby certify that on the 24 day of August, 1975, at Plainfield, Hendricks County, State of Indiana, Groom Jonathan Duane Albright, and Bride Lura Edna Devore, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24 day of August, 1975.

Signed Sonny H. Hays
Official Designation Baptist Pastor

Subscribed and sworn to before me this 27 day of August, 1975.

Signed Glenn M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of August, 1975.

Signed _____ Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 410
File BK 31
August 28, 1975
Date of Application

MALE
Medical Examination Report Dated 8/9/75
Name of Physician Mr. Fred F. Boring

FEMALE
Medical Examination Report Dated 8/9/75
Name of Physician Mr. Fred F. Boring

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Bruce L. Batten
Date of Birth Month Day Year
November 11 1954
Place of Birth (State or foreign country)
Ball, Missouri
Residence Address Street or R. R. City County State
5720 W. 38th St. #3 Indpls. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Mechanic - Detroit Ford

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Ill. license # 121654 321

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐

(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Robert Lowell Batten
Residence of father (if deceased so state) Muncie, Ind.
Occupation of father Factory Race of father White
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Mary Jane Schaefer
Residence of mother (if deceased so state) Muncie, Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Bruce L. Batten
New Address 2093 E. Main Brownsburg

Subscribed and sworn to before me this 20 day of August, 1975
Shirley M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

in _____ Court by written order issued _____ and filed _____

authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court

of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, _____ and _____

one thousand nine hundred and _____ hereby certify that on the _____ day of _____

State of Indiana, Groom _____ at _____ County of _____

and, Bride _____ of _____ County, State of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

Dated this _____ day of _____, 19____.

Signed _____ Official Designation _____

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Signed _____ Clerk

HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Linda Marie McGee
Date of Birth Month Day Year
November 28 1954
Place of Birth (State or foreign country)
St. Vincents, Ind.
Residence Address Street or R. R. City County State
2093 E. Main Brownsburg Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Guide Newspaper - Brownsburg, Ind.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 13567

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father James Robert McGee, Jr.
Residence of father (if deceased so state) unknown
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Albertine Muller
Residence of mother (if deceased so state) Indpls. Ind.
Occupation of mother Laboratory Supply Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Linda Marie McGee
New Address 2093 E. Main Brownsburg

Subscribed and sworn to before me this 20 day of August, 1975
Shirley M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 411

File Bk 37

Aug 21, 1975

Date of Application

MALE

Medical Examination Report Dated 8-20-75

Name of Physician Eric Clark

FEMALE

Medical Examination Report Dated 8-20-75

Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Wilbur Middle James Last Thomas Jr.
Date of Birth Month April Day 28 Year 1954

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address 2816 N East St. Plainfield Hendricks Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) #03762

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Wilbur James Thomas
Residence of father (if deceased so state): Plainfield, Ind.
Occupation of father: Supervisor Race of father: W.
Birthplace of father (State or foreign country): Naples, Ind.

12. Full maiden name of mother: Nova Janita Nator
Residence of mother (if deceased so state): Plainfield, Ind.
Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country): Franklin, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

Signed: Wilbur J. Thomas

New Address: Tennessee

Subscribed and sworn to before me this 21st day of August, 1975
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1975
Clerk

FEMALE APPLICANT

Name First Shirley Middle Ann Last Whittle
Date of Birth Month July Day 30 Year 1954

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address 2647 N Mill Plainfield Hendricks Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) #7866

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: James H. Whittle
Residence of father (if deceased so state): Tennessee
Occupation of father: Truck Driver Race of father: W.
Birthplace of father (State or foreign country): Tennessee

8. Full maiden name of mother: Rose Fay Gregory
Residence of mother (if deceased so state): Tennessee
Occupation of mother: Meat Factory Race of mother: W.
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed: Shirley Ann Whittle

New Address: KENNESSEE

Subscribed and sworn to before me this 21st day of August, 1975
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1975
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued 3-day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court

of Indiana dated the 21st day of 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:

I, Samuel W. Stewart hereby certify that on the 23 day of September

one thousand nine hundred and 75 at Plainfield, County of Hendricks

State of Indiana, Groom Wilbur James Thomas of Hendricks County, State of Indiana

and, Bride Shirley Ann Whittle of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

County.

Dated this 23 day of September, 1975

Signed: Samuel W. Stewart

Official Designation: Minister

24 day of September, 1975

Signed: Allen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 412
File Bk 37
Aug. 21 1975
Date of Application

MALE
Medical Examination Report Dated Aug. 19, 1975
Name of Physician A. N. Suddler

FEMALE
Medical Examination Report Dated Aug. 19, 1975
Name of Physician A. N. Suddler

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Chris Middle Allen Last Herbert
Date of Birth Month Nov. Day 15 Year 1957
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. R.R. 1 Brownsburg City Ind. County Ind. State Ind.
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Construction
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Baptismal
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Thomas Herbert		
Edna L. Brown		

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Thomas Herbert
Residence of father (if deceased so state) same
Occupation of father Construction Race of father W.
Birthplace of father (State or foreign country) Batesville, Ind.
Full maiden name of mother Edna L. Brown
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Danville, Ky.
State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Chris Herbert
New Address _____
Subscribed and sworn to before me this 21 day of Aug., 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed Edna L. Herbert Father
Signed Edna L. Herbert Mother
Subscribed and sworn to before me this 21 day of August, 1975.
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 22 day of Aug., 1975, authorizing the joining together as husband and wife of Chris Allen Herbert and Mary Luann Woodson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph O. Wilson, hereby certify that on the 23 day of August, 1975, at Brownsburg, County of Hendricks, State of Indiana, Groom Chris Allen Herbert and, Bride Mary Luann Woodson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 23 day of August, 1975.

Signed Joseph O. Wilson Minister
Official Designation Minister
Signed Glen M. Harvey Clerk
Subscribed and sworn to before me this 26 day of August, 1975.
_____ HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Mary Middle Luann Last Woodson
Date of Birth Month Oct. Day 25 Year 1959
Place of Birth (State or foreign country) Libanon, Ind.
Residence Address Street or R. R. 403 Williams Dr. City Hendricksburg, Ind. County Ind. State Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Within Men. Hosp.
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Robert Woodson
Residence of father (if deceased so state) Dec.
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Anita R. Tiller
Residence of mother (if deceased so state) same
Occupation of mother Cashier Race of mother W.
Birthplace of mother (State or foreign country) Bowling Green, Ky.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Mary Luann Woodson
New Address _____
Subscribed and sworn to before me this 21 day of August, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed Anita R. Woodson Father
Signed Anita R. Woodson Mother
Subscribed and sworn to before me this 21 day of August, 1975.
Glen M. Harvey Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 412
File Bk 37
Date of Application Aug. 21, 1975

MALE
Medical Examination Report Dated Aug. 19, 1975
Name of Physician A. N. Snodden

FEMALE
Medical Examination Report Dated Aug. 19, 1975
Name of Physician A. N. Snodden

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Chris Allen Herbert
Date of Birth Nov. 15, 1957
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address R.R. 1 Brownsburg Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Construction
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Baptismal
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Thomas Herbert
Residence of father (if deceased so state) same

FEMALE APPLICANT

Name Mary Luann Woodson
Date of Birth Oct. 25, 1959
Place of Birth (State or foreign country) Libanon Ind.
Residence Address 403 Williams Dr. Brownsburg, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Witham Men Hoop
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Robert Woodson
Residence of father (if deceased so state) Dec.
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Indpls. Ind.
8. Full maiden name of mother Anita R. Tiller
Residence of mother (if deceased so state) same
Occupation of mother Cashier Race of mother _____
Birthplace of mother (State or foreign country) Bowling Green, Ky.

I, Thomas E. Herbert, hereby give my consent for
my son, Chris Allen Herbert to
marry Mary Luann Woodson

Subscribed and sworn to before me this 21 day of Aug. 1975

My Commission Expires: Oct 22, 1975
Allen Frances Herring
Notary Public

Signed Chris Allen Herbert Father
Subscribed and sworn to before me this 21 day of August 1975
Glen M. Harvey Clerk

Signed Anita R. Woodson Mother
Subscribed and sworn to before me this 21 day of August 1975
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
in _____ Court by written order issued _____ and filed
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court
of Indiana dated the 22 day of Aug. 1975, authorizing the joining together as husband and wife
of Chris Allen Herbert and Mary Luann Woodson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph O. Wilson, hereby certify that on the 23 day of August
one thousand nine hundred and 75 at Brownsburg, County of Hendricks
State of Indiana, Groom Chris Allen Herbert and, Bride Mary Luann Woodson
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, State of Indiana.
Dated this 23 day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of August, 1975.
Signed Joseph O. Wilson Official Designation Minister
Signed Glen M. Harvey Clerk
HENDRICKS _____ Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 413
File Bk 37
Date of Application Aug. 22, 1975

HENDRICKS County

MALE
Medical Examination Report Dated 7-23-75
Name of Physician Robert D. Arnold

FEMALE
Medical Examination Report Dated 7-23-75
Name of Physician Robert D. Arnold

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license 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 Vaughn Alan Walden
Date of Birth July 13 1950
Place of Birth (State or foreign country) Kokomo, Ind.
Residence Address Rt 1 #5 Richfield Ln. Danville Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Name Rebecca Donovan
Date of Birth November 10 1951
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Rt 1 #5 Richfield Ln. Danville Hendricks Ind.
Maiden Name if Different Dahlman
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marion Co. July 74
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Manager
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Student I.D. #315-50-9349

Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Dr. License #5313-56-7178

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Donald Paul Dahlman
Residence of father (if deceased so state) Madison, Wisconsin
Occupation of father Unknown Race of father W
Birthplace of father (State or foreign country) Indph, Ind.

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

8. Full maiden name of mother Emma Lillian Smith
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother W
Birthplace of mother (State or foreign country) Greenville, Tennessee

11. Full name of father William Lewis Walden Jr.
Residence of father (if deceased so state) Kokomo, Ind.
Occupation of father Bus Driver Race of father W
Birthplace of father (State or foreign country) Kokomo, Ind.
12. Full maiden name of mother Jeanne Chandler
Residence of mother (if deceased so state) Ellettsville, Ind.
Occupation of mother Self Employed Race of mother W
Birthplace of mother (State or foreign country) Kokomo, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Charles G. Dorman
New Address Rt 1 #5 Richfield Ln.
Subscribed and sworn to before me this 22 day of Aug, 1975
Alan M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Vaughn Alan Walden
New Address Rt 1 #5 Richfield Ln.
Subscribed and sworn to before me this 22 day of Aug, 1975
Alan M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Charles G. Dorman
New Address Rt 1 #5 Richfield Ln.
Subscribed and sworn to before me this 22 day of Aug, 1975
Alan M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued 3-day Waver and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 22 day of August, 1975, authorizing the joining together as husband and wife
Vaughn Alan Walden and Rebecca C. Donovan
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Myron Barnard hereby certify that on the 11th day of October,
one thousand nine hundred and 75 at Indianapolis, County of Marion,
State of Indiana, Groom Vaughn Alan Walden of Marion County, State of Indiana
and, Bride Rebecca C. Donovan of Jackson County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 11 day of October, 1975.
Signed Myron Barnard
Official Designation Justice of the Peace
Filed and recorded in accordance with the laws of the State of Indiana this 15 day of October, 1975.
Signed Alan M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 414
File Book 37
Aug 22, 1975
Date of Application

MALE
Medical Examination Report Dated 8-20-75
Name of Physician Eric D. Clark M.D.

FEMALE
Medical Examination Report Dated 8-20-75
Name of Physician Eric D. Clark M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First James Middle Dennis Last Whitson
Date of Birth Month June Day 10 Year 1951
Place of Birth (State or foreign country) White Co. Sparta, Tenn.
Residence Address Box 265 Clayton Hendricks Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Separation

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Machine Operator

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Selective Serv # 40-100-51-77

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Comer Whitson

Residence of father (if deceased so state) Rt 1 Sparta, Tenn.

Occupation of father P.R. Melley Race of father W

Birthplace of father (State or foreign country) Sparta, Tenn.

12. Full maiden name of mother: Betty Jean Selby

Residence of mother (if deceased so state) 376 Holiday St. Memphis

Occupation of mother Paralegal Race of mother W

Birthplace of mother (State or foreign country) Sparta, Tenn.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed James Dennis Whitson

New Address Box 265, Clayton Ind.

Subscribed and sworn to before me this 22 day of Aug, 1975

Glen M. Hawley HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

FEMALE APPLICANT

Name First Anita Middle Louise Last Settle
Date of Birth Month July Day 12 Year 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Rt # 2 Box 471 Clayton, Hendricks, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Clerk

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Ind. State Bd. of Health 051371

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: Charles L. Settle Jr.

Residence of father (if deceased so state) Rt # 2 Box 471, Clayton

Occupation of father Farmer Race of father W

Birthplace of father (State or foreign country) Methodist Hosp. Indianapolis

8. Full maiden name of mother: Audrey Marie Mitchell

Residence of mother (if deceased so state) Rt # 2, Box 471, Clayton

Occupation of mother Rogers - Browning W

Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Anita Louise Settle

New Address Box 265, Clayton Ind.

Subscribed and sworn to before me this 22 day of Aug, 1975

Glen M. Hawley HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

in _____ County _____ Court by written order issued _____ and filed

_____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court

of Indiana dated the 26 day of 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:

I, William T. Whipple, hereby certify that on the 30 day of August

one thousand nine hundred and 75, at Belleville, County of Hendricks,

State of Indiana, Groom James Whitson, of Hendricks County, State of Indiana,

and, Bride Anita Louise Settle, of Hendricks County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County, _____

Dated this 30 day of August, 1975.

_____ Signed William T. Whipple

Official Designation Minister of the Methodist

Signed Glen M. Hawley, 10 day of September, 1975.

_____ Signed Glen M. Hawley Clerk

_____ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 415
File Book 37
Date of Application Aug 25, 1975

HENDRICKS County

MALE
Medical Examination Report Dated 8-18-75
Name of Physician Gregory N. Laskin MD

FEMALE
Medical Examination Report Dated 8-18-75
Name of Physician Gregory N. Laskin MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name David Williams
Date of Birth 10 5 1949
Place of Birth Greencastle, Ind.
Residence Address 1062 Ave. B, Greencastle, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Putnam 1972
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Bar Tender
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Putnam Co. Hospital #32954B

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Eric David Williams Age 5 Address Ind. State Jail

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Mar Eugene Williams
Residence of father (if deceased so state) Same
Occupation of father Self Employed Race of father _____
Birthplace of father (State or foreign country) Greencastle Ind
12. Full maiden name of mother Helen M. Barber
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Greencastle

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed David Williams
New Address Coatsville

Subscribed and sworn to before me this 25 day of August, 1975
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Frances Bumgardner
Date of Birth April 3 1950
Place of Birth Coatsville, Ind.
Residence Address #1 Box 890 Coatsville, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Banker

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #214

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father George Randolph Bumgardner
Residence of father (if deceased so state) Same

Occupation of father Steel Worker Race of father _____

Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Hazel Arlene Allen
Residence of mother (if deceased so state) Same

Occupation of mother Housewife Race of mother _____

Birthplace of mother (State or foreign country) Tennessee

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Frances A. Bumgardner
New Address General Delivery Coatsville, Ind

Subscribed and sworn to before me this 25 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 signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
_____ County _____ Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
_____ Circuit Court of Indiana dated the 29 day of 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:
I, Rebecca J. Bunton hereby certify that on the 30 day of August

one thousand nine hundred and 75 at Coatsville, County of Hendricks

State of Indiana, Groom David Eugene Williams of Putnam 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 _____
County.

Dated this 30 day of August, 1975.
Signed Rebecca J. Bunton
Official Designation Pastor, Stillwell Christian Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Sept, 1975.
Signed Alex M. Harvey Clerk
_____ HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 416
File BK 31
Aug 25, 1975
Date of Application

MALE
Medical Examination Report Dated 8/15/75
Name of Physician David M. Haddy

FEMALE
Medical Examination Report Dated 8/15/75
Name of Physician David M. Haddy

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Dennis Edward Clark
Date of Birth Month Day Year
June 30 1957
Place of Birth (State or foreign country)
Hendricks Hospital Marion, Ind.
Residence Address Street or R. R. City County State
3038 Six Points Rd. Indianapolis Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Scavenger Service and Filling Station

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 7572

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Roger Lee Clark

Residence of father (if deceased so state) Six Points Rd. Indpls.

Occupation of father F. M. C. Race of father White

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Jo Ann Shipley

Residence of mother (if deceased so state) Six Points Rd. Indpls.

Occupation of mother Homemaker Race of mother White

Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given

County of HENDRICKS in this application is true and correct.

Signed Dennis Edward Clark

New Address 3236 Six Points Road

Subscribed and sworn to before me this 25 day of August, 1975

Alan M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, } ss:
County of HENDRICKS

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....

..... Clerk

FEMALE APPLICANT

Name First Middle Last
Connie Rena Brown
Date of Birth Month Day Year
November 6 1956
Place of Birth (State or foreign country)
Methodist Hospital Marion, Ind.
Residence Address Street or R. R. City County State
R.R. #2 Box 565 Plainfield Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 12928

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Jackie Lee Brown

Residence of father (if deceased so state) R.R. #2, Indpls.

Occupation of father Indpls. Race of father White

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Connie Rena Brown

Residence of mother (if deceased so state) R.R. #2, Indpls.

Occupation of mother Indpls. Race of mother White

Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given

County of HENDRICKS in this application is true and correct.

Signed Connie Rena Brown

New Address 3236 Six Points Road, Indpls.

Subscribed and sworn to before me this 25 day of August, 1975

Alan M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, } ss:
County of HENDRICKS

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

in..... Court by written order issued..... and filed

..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... HENDRICKS Circuit Court

of Indiana dated the 29th day of 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:

1. I, Neal O. Neal Younce, hereby certify that on the 30 day of August

one thousand nine hundred and 75 at Avon, County of Hendricks

State of Indiana, Groom Dennis Edward Clark of Hendricks

and, Bride Connie Rena Brown of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of..... HENDRICKS

Dated this 30 day of August, 1975.

Signed Neal O. Younce

Official Designation Minister - Christian Ch

Signed Alan M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of September, 1975.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 417
File 37
Date of Application 8-25-75

HENDRICKS County

MALE
Medical Examination Report Dated Aug. 23, 1975
Name of Physician Gregory L. Spurgin

FEMALE
Medical Examination Report Dated Aug. 23, 1975
Name of Physician Gregory L. Spurgin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name James Eugene Weaver
Date of Birth November 3, 1956
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address R#3 Rt 400 Plainfield, Hendricks Co., Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation machinist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Health + Hospital Corp. of Marion Co. 12906
☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father James H. Weaver
Residence of father (if deceased so state) R#3 Rt 400 Plainfield, Ind.
Occupation of father machinist Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dorothy H. Roberts
Residence of mother (if deceased so state) R#3 Rt 400 Plainfield, Ind.
Occupation of mother Nurse's Aid Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed James H. Weaver
New Address Happy & Mobil Home Park

Subscribed and sworn to before me this 25 day of Aug., 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

FEMALE APPLICANT

Name Sherry Lee Jackson
Date of Birth July 19, 1956
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 8402 Woodburn Dr. Clermont, Marion Co., Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Nurse Aid
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Health + Hospital Corp. of Marion Co. 7729
☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Harry M. Jackson
Residence of father (if deceased so state) 8402 Woodburn Clermont, Ind.
Occupation of father Electrician Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Shirley L. Turner
Residence of mother (if deceased so state) 8402 Woodburn Clermont, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Sherry L. Jackson
New Address Happy & Mobil Home Park

Subscribed and sworn to before me this 25 day of Aug., 19 75
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
_____ County _____ Court by written order issued _____ and filed in _____
_____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
_____ Circuit Court of Indiana dated the 29 day of August, 19 75, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Charles H. Burnside hereby certify that on the 30 day of August,
one thousand nine hundred and 75 at Brownsburg, County of Hendricks,
State of Indiana, Groom James Eugene Weaver of Hendricks County, State of Indiana,
and, Bride 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 _____
County, _____

Dated this 30 day of August, 19 75.
Signed Charles H. Burnside
Official Designation Minister
4 day of September, 19 75.

Signed Glen M. Harvey Clerk
_____ HENDRICKS _____ Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 418

File 37

Aug. 25, 1975
Date of Application

MALE
Medical Examination Report Dated Aug. 20, 1975
Name of Physician Thomas H. Black

FEMALE
Medical Examination Report Dated Aug. 20, 1975
Name of Physician Thomas H. Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Marvin D. Campbell
Date of Birth March 4, 1946
Place of Birth (State or foreign country) Indiana
Residence Address 540 N. Carr, Plainfield, Hendricks, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Mechanic
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Div. of vital statistics CH. 11-p. 55

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Marvin Dean Campbell II 11 918 Highland, Plfld.
Mitchell Dawn Campbell 9 918 Highland Plfld.
Wesley Ray Campbell 4 918 Highland Plfld.

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Joseph Wesley Campbell
Residence of father (if deceased so state) Vincennes, Indiana
Occupation of father Farmer Race of father It
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Thelma L. Burlington
Residence of mother (if deceased so state) Rt. #5, Greencastle, Ind.
Occupation of mother Housewife Race of mother It
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Marvin D. Campbell

New Address Rt. #5 Box 145 Plainfield, Ind.

Subscribed and sworn to before me this 25 day of Aug., 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 29 day of August, 1975, authorizing the joining together as husband and wife of Marvin D. Campbell and Dawn E. Harper.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Stanley K. Smith hereby certify that on the 30 day of August, 1975, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and 75 and Bride Dawn E. Harper of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of _____ Indiana.
Dated this 30 day of August, 1975.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1975.

Signed Stanley K. Smith
Official Designation Minister

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Dawn E. Harper

New Address Rt. #5 Box 145 Plainfield, Ind.

Subscribed and sworn to before me this 25 day of Aug., 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 419
File 131 37
Date of Application August 25, 1975

HENDRICKS County

MALE
Medical Examination Report Dated 8/25/75
Name of Physician Eric Clark M.D.

FEMALE
Medical Examination Report Dated 8/25/75
Name of Physician Eric Clark M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Reggie Middle Dale Last Bailey
Date of Birth July 21 1957
Place of Birth (State or foreign country) Jackson Co. Tenn.
Residence Address R.R. #2 Box 48 Clayton Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Farmer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree also see Sec. 411-04-1210
☒ Other (Specify) None

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father James Martin Bailey
Residence of father (if deceased so state) Jackson Co. Tenn.
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Clay Co. Tenn.
12. Full maiden name of mother Dorothy J. Carmack
Residence of mother (if deceased so state) deceased
Occupation of mother Race of mother
Birthplace of mother (State or foreign country) Jackson Co. Tenn.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Reggie Dale Bailey
New Address R.R. #2 Box 48 Clayton Ind.

Subscribed and sworn to before me this 25 day of August, 1975
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Bessie Middle L. Last Tate
Date of Birth March 12 1958
Place of Birth (State or foreign country) London Kentucky
Residence Address R.R. #2 Box 48 Clayton Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Marymont Hospital
London, Kentucky
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Joseph Fred Tate

Residence of father (if deceased so state) deceased

Occupation of father Race of father

Birthplace of father (State or foreign country) Bass Station Tenn.

8. Full maiden name of mother Lucy Jane Fields

Residence of mother (if deceased so state) R.R. #2 Clayton Ind.

Occupation of mother Homemaker Race of mother White

Birthplace of mother (State or foreign country) Burnsville Ky.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Bessie L. Tate

New Address R.R. #2 Box 48 Clayton Ind.

Subscribed and sworn to before me this 25 day of August, 1975

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Husband is deceased.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed Mrs. Lucy J. Tate Mother

Subscribed and sworn to before me this 25 day of August, 1975

Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court

of Indiana dated the 29 day of August, 1975, authorizing the joining together as husband and wife
Reggie Dale Bailey and Bessie L. Tate

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Alex H. Shipley hereby certify that on the first day of September,

one thousand nine hundred and 75 at Clayton, County of Hendricks,

State of Indiana, Groom Reggie D. Bailey of Hendricks County, State of Indiana,

and, Bride Bessie L. Tate of Hendricks County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

County.

Dated this 1st day of September, 1975.

Signed Alex H. Shipley

Official Designation Minister

2 day of September, 1975

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 420
File Book 37
8-25-75
Date of Application

MALE
Medical Examination Report Dated 8-25-75
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 8-25-75
Name of Physician Glenn W. Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Andrew Roseboom
Date of Birth Month Day Year
July 23 1953
Place of Birth (State or foreign country)
Boone County
Residence Address Street or R. R. City County State
R R #2 Box 156 Plainfield Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☐ Negro ☐ Other ☐ (specify).....

Usual Occupation Painter

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 4394 Book 15 p 29

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Curtis Wayne Roseboom

Residence of father (if deceased so state) Bradley Illinois

Occupation of father Salesman Race of father

Birthplace of father (State or foreign country) Lebanon Ind

12. Full maiden name of mother Joyce Jean Venable

Residence of mother (if deceased so state) R R #2 Box 156 Nashville

Occupation of mother Pktr Race of mother

Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Andrew Roseboom

New Address

Subscribed and sworn to before me this 25 day of Aug, 1975

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:

County of HENDRICKS

Signed

Signed

Subscribed and sworn to before me this day of 1975

Clerk

State of Indiana, } ss:

County of HENDRICKS

Signed

Signed

Subscribed and sworn to before me this day of 1975

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

in HENDRICKS County Court by written order issued

authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court

of Indiana dated the 29 day of August, 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. Elder Billy G. Adamson

one thousand nine hundred and 75 hereby certify that on the 30 day of August

State of Indiana, Groom Andrew Roseboom at Plainfield, County of Hendricks,

and, Bride Kimber Lee Bramkamp of Hendricks County, State of Indiana

were 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 30 day of August, 1975

Signed Elder Billy G. Adamson

Official Designation Baptist Minister

Signed Glen M. Harvey

1975

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

3 day of Sept, 1975

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Kimber Lee Bramkamp
Date of Birth Month Day Year
3 30 1957
Place of Birth (State or foreign country)
Indianapolis Ind.
Residence Address Street or R. R. City County State
R R #2 Box 156 Plainfield Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation H H Book Binding

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Bureau of Vital Statistics 3695

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Danny Ralph Bramkamp

Residence of father (if deceased so state) Same

Occupation of father Machine Rpr Race of father

Birthplace of father (State or foreign country) Indianapolis

8. Full maiden name of mother Phyllis Jean Johnson

Residence of mother (if deceased so state) Same

Occupation of mother H H Book Binding Race of mother

Birthplace of mother (State or foreign country) Moultrie Ky

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Kimber Lee Bramkamp

New Address R R 2 Box 510 Plainfield

Subscribed and sworn to before me this 25 day of Aug, 1975

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:

County of HENDRICKS

Signed

Signed

Subscribed and sworn to before me this day of 1975

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 421
File Book 37
Date of Application 8-26-75

HENDRICKS County

MALE
Medical Examination Report Dated 8-22-75
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated 8-22-75
Name of Physician James Black, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Lawrence Douglas Jimison
Date of Birth Sept 8 1953
Place of Birth (State or foreign country) Methodist Hosp. Indianapolis, Ind.
Residence Address 744 Maple Lane, Brownsburg, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Laborer

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Mar. Co. - # 9325

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Lawrence Ellis Jimison
Residence of father (if deceased so state) 744 Maple Lane, Brownsburg, Ind.
Occupation of father Superintendent Race of father W
Birthplace of father (State or foreign country) Ohio

12. Full maiden name of mother Lola Ruby Wilson
Residence of mother (if deceased so state) 744 Maple Lane, Brownsburg, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Ohio

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Lawrence D. Jimison

New Address 511 Bartoza Dr. Brownsburg

Subscribed and sworn to before me this 26 day of Aug., 1975
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Jane Marie Henry
Date of Birth Sept. 30 1955
Place of Birth (State or foreign country) Witham Mem. Hosp. Lebanon, Ind.
Residence Address Rt #1, Box 167-H, Brownsburg, Hendricks, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Secretary

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Hospital Cert. - (W. Walsh R.A.)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father James Allen Henry
Residence of father (if deceased so state) Rt #1, Box 167-H, Brownsburg, Ind.
Occupation of father Self Employed Race of father W
Birthplace of father (State or foreign country) Jamestown, Ind.
- Full maiden name of mother Mary Ellen Reirick
Residence of mother (if deceased so state) Rt 1, Box 167-H, Brownsburg
Occupation of mother Bookkeeper Race of mother W
Birthplace of mother (State or foreign country) Watertown, Wisc.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Jane M. Henry

New Address 511 Bartoza Dr. Brownsburg

Subscribed and sworn to before me this 26 day of Aug., 1975
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
HENDRICKS County _____ Court by written order issued _____ and filed in _____
_____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN 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 2 day of Sept., 1975, authorizing the joining together as husband and wife
Lawrence Douglas Jimison and Jane Marie Henry
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert J. Gilday hereby certify that on the 6 day of September,
one thousand nine hundred and 75 at Brownsburg, County of Hendricks,
State of Indiana, Groom Lawrence Douglas Jimison of Hendricks County, State of Indiana,
and, Bride Jane Marie Henry of Hendricks County, State of Indiana,
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 6 day of September, 1975.

Signed Robert J. Gilday

Official Designation Assoc. Pastor - St. Malachy's Ch.

Signed Glen M. Hawley Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 422
File
Date of Application Aug. 27, 1975

MALE
Medical Examination Report Dated 8-26-75
Name of Physician *Alma Koch*

FEMALE
Medical Examination Report Dated 8-26-75
Name of Physician *Alma Koch, M.D.*

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name *Randy Gene Black*
Date of Birth *Dec 12 56*
Place of Birth (State or foreign country) *Indianapolis, Ind.*
Residence Address *403 S. Wayne, Danville, Ind.*
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation *Church W. H. Group Home*
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father *Harley Allen Black*
Residence of father (if deceased so state) *Danville, Ind.*
Occupation of father *Mechanic* Race of father *wh*
Birthplace of father (State or foreign country) *Iowa*
12. Full maiden name of mother *Jennie Hazel Wiggans*
Residence of mother (if deceased so state) *Danville, Ind.*
Occupation of mother *Business* Race of mother *wh*
Birthplace of mother (State or foreign country) *Indiana*

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed *Randy Black*
New Address *Danville, Ind.*

Subscribed and sworn to before me this *27* day of *Aug.*, 19*75*.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County *Superior* Court by written order issued *ago 23 day waver* and filed in *Clarks* authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the *27th* day of *August*, 19*75*, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, *Mark S. Lyle*,
one thousand nine hundred and *75* hereby certify that on the *31st* day of *August*

State of Indiana, Groom *Randy Gene Black* at *Danville Christian Church* County of *Hendricks*

and, Bride *Beverly Kay Best* of *Hendricks* County, State of *Indiana*

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of *Hendricks* County, State of *Indiana*

Dated this *31st* day of *August*, 19*75*.

Signed *Mark S. Lyle*
E. Laine J. Lyle
Official Designation *Youth Minister*

Signed *Glen M. Harvey* Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name *Beverly Kay Best*
Date of Birth *Aug 19 58*
Place of Birth (State or foreign country) *Chillicothe, Kentucky*
Residence Address *RT 1 Box 88A, Coatesville, Ind.*
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father *Charles Augustus Best*
Residence of father (if deceased so state) *Playfield, Ind.*
Occupation of father *Welder* Race of father *wh*
Birthplace of father (State or foreign country) *Kentucky*
8. Full maiden name of mother *Anna Fern Johnson*
Residence of mother (if deceased so state) *Coatesville, Ind.*
Occupation of mother *Antidarian* Race of mother *wh*
Birthplace of mother (State or foreign country) *Kentucky*

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed *Beverly Kay Best*
New Address *Danville, Ind.*

Subscribed and sworn to before me this *27th* day of *August*, 19*75*.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed *Anna F. Best* Mother

Subscribed and sworn to before me this *27* day of *Aug*, 19*75*.
Glen M. Harvey Clerk

Filed and recorded in accordance with the laws of the State of Indiana this

2 day of *Sept.*, 19*75*.

Signed *Glen M. Harvey* Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 423
File Bk. 37
Date of Application Sept. 2, 1975

HENDRICKS County

MALE
Medical Examination Report Dated Aug. 14, 1975
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated Aug. 14, 1975
Name of Physician David M. Hadley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First David Middle Mark Last Thomas
Date of Birth Month March Day 10 Year 53
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address 660 Straight St. Cincinnati Ohio
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☐ Negro ☒ Other ☐ (specify)

Usual Occupation Elec. Tech.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 2948

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Chester Murrell Thomas
Residence of father (if deceased so state) 514 Dunn St., Pfd., Ind.
Occupation of father Barber Maker Race of father w
Birthplace of father (State or foreign country) Mo.
12. Full maiden name of mother Ruth Eleanor Matyas
Residence of mother (if deceased so state) 514 Dunn St., Pfd., Ind.
Occupation of mother 514 Dunn Teacher Race of mother w
Birthplace of mother (State or foreign country) Neb.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.
Signed David Mark Thomas
New Address 1921 Westmont Ln #812, Cin.
Subscribed and sworn to before me this Sept. day of 2, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____. Clerk

FEMALE APPLICANT

Name First Carol Middle Anne Last Snyder
Date of Birth Month Dec. Day 20 Year 1952
Place of Birth (State or foreign country) Great Falls Mont.
Residence Address 1921 Westmont Ln #812, Cincinnati, Ohio
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Reg. Nurse

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 54369

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father William Francis Snyder
Residence of father (if deceased so state) 424 Simmons, Pfd., Ind.
Occupation of father Camp Prog. Race of father w
Birthplace of father (State or foreign country) Wis.

8. Full maiden name of mother Annette Marie Stilo
Residence of mother (if deceased so state) 424 Simmons, Pfd., Ind.
Occupation of mother Nurse Race of mother w
Birthplace of mother (State or foreign country) Conn.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Carol A. Snyder
New Address 1921 Westmont Ln #812, Cincinnati, Ohio

Subscribed and sworn to before me this 2 day of Sept, 1975.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 8 day of September, 1975, authorizing the joining together as husband and wife
David Mark Thomas and Carol Anne Snyder
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Richard Zore, hereby certify that on the 13 day of September
one thousand nine hundred and 75 at Plainfield, County of Hendricks,
State of Indiana, Groom David Mark Thomas of Hamilton County, State of Ohio
and, Bride Carol Ann Snyder of Hamilton County, State of Ohio
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 13 day of September, 1975.
Signed Rev. Richard Zore
Official Designation Roman Catholic Priest
Filed and recorded in accordance with the laws of the State of Indiana this 17 day of September, 1975.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court