

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 142
File April 28 1976
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 4/22/76
Name of Physician Oscar Rowang M.D.

FEMALE
Medical Examination Report Dated 4/26/76
Name of Physician Eric B. 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 William First Wiles Middle Wiles Last
Date of Birth March Month 24 Day 1956 Year
Place of Birth (State or foreign country) Indiana
Residence Address 201 W. 7th St. Plainfield 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 Printer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Serv. # 12 30 56 117

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

Name	Age	Address

- (b) Are you supporting or contributing to their 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 Calvin Wiles
Residence of father (if deceased so state) Plainfield Ind.
Occupation of father Car Salesman Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Janice Clifford
Residence of mother (if deceased so state) Deceased
Occupation of mother Race of mother
Birthplace of mother (State or foreign country) Indiana

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

Signed William D. Wiles
New Address RR #2 Box 433 Clayton
Subscribed and sworn to before me this 28 day of April, 1976
Eric B. Clark Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 Tracy First Lynne Middle Anderson Last
Date of Birth December Month 25 Day 1957 Year
Place of Birth (State or foreign country) Indiana
Residence Address RR #2 Box 128-C Mooresville 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 Proof reader
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) # C 3282

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Samuel Wesley Anderson
Residence of father (if deceased so state) Mooresville Ind.
Occupation of father Self-Employed Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Ellen Lee
Residence of mother (if deceased so state) Mooresville 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 Tracy Lynne Anderson
New Address RR #2 Box 433 Clayton
Subscribed and sworn to before me this 28 day of April, 1976
Eric B. Clark Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 4 day of May, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Olin D. Kern hereby certify that on the 29 day of May,
one thousand nine hundred and 76 at Plainfield County of Hendricks
State of Indiana, Groom William D. Wiles of Hendricks County, State of Indiana
and, Bride Tracy Lynne Anderson of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 29th day of May, 1976.

Signed Olin D. Kern
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of June, 1976.
Signed Eric B. Clark 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. 143

File Bk 37

April 29, 1976
Date of Application

MALE

Medical Examination Report Dated 4-19-76

Name of Physician James Black

FEMALE

Medical Examination Report Dated April 30, 1976

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 James Middle Keith Last La Grange
Date of Birth Month March Day 9 Year 1953
Place of Birth (State or foreign country) Illinois
Residence Address 622 Lakeview Dr. #85 City Indianapolis State Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Factory

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

☐ Other (Specify) #113-53-032006

- Are you now or have you been adjudged, diagnosed or considered 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: Myron Robert La Grange
Residence of father (if deceased so state) Indpls, Ind
Occupation of father: Truck Driver Race of father: W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother: Carol Louise Crook
Residence of mother (if deceased so state) Indpls, Ind
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country) Indiana

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

Signed James K. La Grange
New Address 6122 Lakeview Dr. #85

Subscribed and sworn to before me this 29 day of April, 1976
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Rhonda Middle Anne Last Allen
Date of Birth Month May Day 13 Year 1954
Place of Birth (State or foreign country) Franklin, Ind
Residence Address RR #1 Box 94A City Danville State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Nurse Aide

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

☐ Other (Specify) #12025-B

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you 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 Allen
Residence of father (if deceased so state) Same
Occupation of father: National Guard Race of father: W
Birthplace of father (State or foreign country) Missouri
8. Full maiden name of mother: Nell Anne Riley
Residence of mother (if deceased so state) California
Occupation of mother: Housewife Race of mother: W
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 Rhonda Anne Allen

New Address _____

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

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

in _____ County _____ Court by written order issued _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the _____ day of _____, 1976, authorizing the joining together as husband and wife _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the _____ day of _____, 1976, _____

1. _____ at _____ County of _____

one thousand nine hundred and _____ 76 _____ County, State of _____

State of Indiana, Groom James Keith La Grange of _____ County, State of _____

and, Bride Rhonda Anne Allen of _____ County, State of _____

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

Dated this _____ day of _____, 1976. Signed John P. Madesitt _____

Official Designation _____ day of _____, 1976. Signed _____ Clerk _____

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1976. Signed _____ 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. 144
File April 30, 1976
Date of Application

MALE
Medical Examination Report Dated 4/16/76
Name of Physician John F. Mac, M.D.

FEMALE
Medical Examination Report Dated 4/16/76
Name of Physician John F. Mac, M.D.

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

MALE APPLICANT

Name First C. Middle Reynolds Last
Date of Birth August 16 1956
Place of Birth (State or foreign country) Indiana
Residence Address 603 S. Main Brownsville In
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Machine Operator - 7 up
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) # 113-56-068096
- Are you now or have you been adjudged, diagnosed or considered 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: Claude T. Reynolds
Residence of father (if deceased so state) Brownsville In
Occupation of father: Link Bolt Race of father: White
Birthplace of father (State or foreign country) Alabama
12. Full maiden name of mother: Gertrude E. Waters
Residence of mother (if deceased so state) Brownsville In
Occupation of mother: Homemaker Race of mother: White
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 Terry C. Reynolds
New Address 2324 N. Lyndhurst Speedway
Subscribed and sworn to before me this 30 day of April 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Ray Last Terrell
Date of Birth November 2 1959
Place of Birth (State or foreign country) Indiana
Residence Address RR 2 Box 108 Brownsville In
Maiden Name if Different

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

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Sales

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

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

7. Full name of father: Ronald Gene Terrell
Residence of father (if deceased so state) Brownsville In
Occupation of father: Rust Salesman Race of father: White
Birthplace of father (State or foreign country) South Ind
8. Full maiden name of mother: Ethel Louise Bowen
Residence of mother (if deceased so state) Brownsville In
Occupation of mother: Sales Race of mother: White
Birthplace of mother (State or foreign country) South Ind

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

Signed Debra Ray Terrell
New Address 2324 N. Lyndhurst Speedway
Subscribed and sworn to before me this 30 day of April 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 warning age
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 30 day of April 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, David R. Enyart, hereby certify that on the 1st day of May

one thousand nine hundred and 76 at 240 Bertda Ct., County of Marion

State of Indiana, Groom Terry C. Reynolds of Hendricks County, State of Ind.

and, Bride Debra Ray Terrell of Hendricks County, State of Ind.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 30th day of April 1976

Signed David R. Enyart
Official Designation Minister
5 day of May 1976

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 145

HENDRICKS County

File 5-3-76
Date of Application

MALE

Medical Examination Report Dated 4-28-76

Name of Physician M.D. Scamshorn, M.D.

FEMALE

Medical Examination Report Dated 4-28-76

Name of Physician M.D. Scamshorn, M.D.

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

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Truck driver
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 Robert J. Subinski
Residence of father (if deceased so state) deceased
Occupation of father Race of father wh
Birthplace of father (State or foreign country) Michigan
12. Full maiden name of mother Beverly J. Sears
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother self employed 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 Paul W. Hays Clerk
New Address R.R. 2 Box 200 CLOVERDALE

Subscribed and sworn to before me this 3 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation 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 ☐
 - Full name of father Dale Edward Chalfant
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Repairman Race of father wh
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Janet Gayle Ayres
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Candy Tobacco Buyer 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 Ramona Lynn Chalfant
New Address R.R. 2 Box 200 CLOVERDALE

Subscribed and sworn to before me this 3 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____ Court by written order issued _____
_____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court
of Indiana dated the 7 day of May, 1976, 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 _____
hereby certify that on the 8th day of May, 1976, at _____ County of _____
one thousand nine hundred and _____ of _____ County, State 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 8th day of May, 1976.

Signed _____
Official Designation _____
20 day of May, 1976
Signed _____ 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. 146

File 5-5-76

37

Date of Application

MALE
Medical Examination Report Dated 5-3-76
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 5-3-76
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 Mark Middle M. Last Wyrth
Date of Birth Month November Day 21 Year 1952
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address R.R. 1 North Salem, 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 Farmer
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 <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 Harry Glenn Wyrth		
Residence of father (if deceased so state) R.R. 1 North Salem, Ind.		
Occupation of father Farmer	Race of father W.	
Birthplace of father (State or foreign country) Indiana		
12. Full maiden name of mother Bernice Irene Johnson		
Residence of mother (if deceased so state) R.R. 1 North Salem, 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 Mark Wyrth
New Address R.R. 1 North Salem Ind.
Subscribed and sworn to before me this 5 day of May, 1976
Glen M. Harveef Clerk HENDRICKS Circuit Court

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

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

Clerk

FEMALE APPLICANT

Name First Betty Middle J. Last Phelps
Date of Birth Month January Day 28 Year 1960
Place of Birth (State or foreign country) Newfordsville, Montgomery Co., Ind.
Residence Address General Delivery Peachdale, 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) Montgomery Co. Union Co. Hospital
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Robert Allison Phelps
Residence of father (if deceased so state) Jamestown, Ind.
Occupation of father Barber Race of father W.
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Nancy Darlene Denham
Residence of mother (if deceased so state) Peachdale, 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 Betty J. Phelps
New Address R.R. 1 North Salem Ind.
Subscribed and sworn to before me this 5 day of May, 1976
Glen M. Harveef Clerk HENDRICKS Circuit Court

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

mother has custody.
State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed Nancy D. Cooksey Mother
Subscribed and sworn to before me this 5 day of May, 1976
Glen M. Harveef Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued 3 day waiver & age 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 HENDRICKS Circuit Court of Indiana dated the 5 day of May, 1976, authorizing the joining together as husband and wife of Mark M. Wyrth and Betty J. Phelps.
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 6 day of May, 1976, at Lexington, Indiana, Groom Mark M. Wyrth and, Bride Betty J. Phelps, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 5 day of May, 1976.

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of May, 1976.
Signed Rev. Raymond L. Rader
Official Designation Pastor 1st Baptist Ch., Lexington
Signed Glen M. Harveef Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 147

File

HENDRICKS

County

5/15/76
Date of Application

MALE

Medical Examination Report Dated 4/26/76

Name of Physician Thomas Walker, M.D.

FEMALE

Medical Examination Report Dated 5/3/76

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 Thomas M. Jordan Jr.
Date of Birth December 7 1954
Place of Birth (State or foreign country) Indianapolis
Residence Address RR3 Box 44 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 ConstructionDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) # C 4361

- Are you now or have you been adjudged, diagnosed or considered 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 Thomas Michael JordanResidence of father (if deceased so state) Braunsville, Ind.Occupation of father Miner Salesman WhiteBirthplace of father (State or foreign country) Indiana12. Full maiden name of mother Geneva HarrisResidence of mother (if deceased so state) Braunsville, Ind.Occupation of mother Housewife WhiteBirthplace 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 Thomas M. Jordan Jr.New Address RR3 Box 44 Danville, Ind.Subscribed and sworn to before me this 5 day of May, 1976Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Cynthia Sue Frisk
Date of Birth August 20 1957
Place of Birth (State or foreign country) Indpls.
Residence Address 11 Cedar St. Plainfield Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Veterinarian AssistantDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) # 40102

- Are you now or have you been adjudged, diagnosed or considered 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 Ray Frisk

Residence of father (if deceased so state) Plainfield, Ind.Occupation of father Salesman WhiteBirthplace of father (State or foreign country) Indiana8. Full maiden name of mother Harriet AbrahamResidence of mother (if deceased so state) Plainfield, Ind.Occupation of mother Bookkeeper WhiteBirthplace 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 Cynthia Sue FriskNew Address RR3 Box 44 Danville, Ind.Subscribed and sworn to before me this 5 day of May, 1976Ellen M. Harvey Clerk HENDRICKS Circuit Court

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

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

of Indiana dated the 5 day of May, 1976, authorizing the joining together as husband and wifeof Thomas M. Jordan Jr. and Cynthia Sue Frisk

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

I, James W. Gaunting hereby certify that on the 8th day of Mayat Plainfield County of Hendricksone thousand nine hundred and 76 County, State of IndianaState of Indiana, Groom Thomas M. Jordan Jr. of Hendricks County, State of Indianaand, Bride Cynthia Sue Frisk of Hendricks County, State of Indiana

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 10th day of May, 1976Signed James W. GauntingOfficial Designation Minister, United Meth. Church_____ day of _____, 1976Signed Ellen 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. 148

File Bk 37

May 6, 1976
Date of Application

MALE

Medical Examination Report Dated 5-3-76

Name of Physician E. J. Buer

FEMALE

Medical Examination Report Dated 5-3-76

Name of Physician E. J. Buer

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Last Medyski
Date of Birth Month December Day 31 Year 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R#18 Box 124 M Indpls 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 U. S. Air Force

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) #14684

- Are you now or have you been adjudged, diagnosed or considered 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 Frank Medyski
Residence of father (if deceased so state) Indpls Ind
Occupation of father School Teacher Race of father W.
Birthplace of father (State or foreign country) Indpls Indiana

12. Full maiden name of mother Rosemary Ann Dependa
Residence of mother (if deceased so state) Indpls Ind
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Russell, Illinois

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

Signed Steven Medyski

New Address 234 EAST CAM-WYO CAMPDEN DE

Subscribed and sworn to before me this 6 day of May, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Paula Middle Jean Last Duncan
Date of Birth Month February Day 6 Year 1957
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 507 Maple Ave Brownsburg Hendricks Ind
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous MarriagesLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) #113-57-014117

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

7. Full name of father Richard E. Duncan
Residence of father (if deceased so state) Brownsburg Ind
Occupation of father Watchman Race of father W.
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Mary M. Worth
Residence of mother (if deceased so state) Brownsburg Ind
Occupation of mother Nurse-Rd 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 Paula Duncan

New Address 234 East Cam-Wyo Campden Ind

Subscribed and sworn to before me this 6 day of May, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 7 day of May, 1976, authorizing the joining together as husband and wife of Steven R. Medyski and Paula Jean Duncan. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Charles M. Hall, hereby certify that on the 8th day of May, 1976, at Brownsburg, County of Hendricks, State of Indiana, Groom Steven R. Medyski and, Bride Paula Jean Duncan, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 8 day of May, 1976.

Signed 1st Rev. Charles M. Hall

Official Designation Catholic Priest

Signed Glen M. Harvey, 19 day of May, 1976

HENDRICKS Clerk
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of May, 1976

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 149

File 37

May 6, 1976
Date of Application

MALE

Medical Examination Report Dated May 5, 1976
Name of Physician Glenn Baker

FEMALE

Medical Examination Report Dated May 5, 1976
Name of Physician Glenn Baker

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

MALE APPLICANT

Name First George Middle C. Last Stewart
Date of Birth Month January Day 15 Year 1938
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 918 Box 152 City Indianapolis State Ind.
Previous Marital Status: Never Married ☐ Divorced ☐ Annulled ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Self-Employed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Ind. St. Bd. of Health

☐ Other (Specify) 113-38-004344

- Are you now or have you been adjudged, diagnosed or considered 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 R. Stewart
3947 Harrison
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Royella Malloy
3947 Harrison
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Retired 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 George C. Stewart

New Address RR 18 Box 152 Indpls.

Subscribed and sworn to before me this 6 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Sharon Middle J. Last Van Horn
Date of Birth Month August Day 29 Year 1936
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 918 Box 152 City Indianapolis State Ind.
Maiden Name if Different Sharon Jane Pettig
Previous Marital Status: Never Married ☐ Divorced ☐ Annulled ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Ind. St. Bd. of Health

☐ Other (Specify) 113-36-034924

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

7. Full name of father George Pettig
Residence of father (if deceased so state) Indianapolis, Ind.
3655 W. 71st
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Jane Jordan
3655 W. 71st
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Sharon J. Van Horn

New Address RR 18 Box 152 Indianapolis

Subscribed and sworn to before me this 6 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 11th day of May, 1976, 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 hereby certify that on the 14th day of May, 1976,
at Danville County of Hendricks,
one thousand nine hundred and 76 of Hendricks County, State of Indiana,
State of Indiana, Groom George C. Stewart of Hendricks County, State of Indiana,
and, Bride Sharon Van Horn of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 14 day of May, 1976.

Signed John C. Maurer

Official Designation Judge - Hendricks Co. Court

24 day of May, 1976

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. 150
File Bk 37
Date of Application May 7, 1976

MALE
Medical Examination Report Dated 5-7-76
Name of Physician Manuel Sargolapala

FEMALE
Medical Examination Report Dated 5-7-76
Name of Physician Manuel Sargolapala

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Allen Attkisson
Date of Birth Month Day Year
May 7 1954
Place of Birth (State or foreign country)
Indianapolis, Indiana
Residence Address Street or R. R. City County State
RR #1 Box 72 B 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 Assembler

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

☐ Other (Specify) # 113-54-037707

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

Name Age Address

- (b) Are you supporting or contributing to their 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 Allen Attkisson
Residence of father (if deceased so state) Pittsboro, Ind.
Occupation of father Wilder Race of father W.
Birthplace of father (State or foreign country) Indpls. Ind.
12. Full maiden name of mother Mabel Ann Smack
Residence of mother (if deceased so state) Pittsboro, Ind.
Occupation of mother Retired Race of mother W.
Birthplace of mother (State or foreign country) Evansville, Ind.

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

Signed Lynn Allen Attkisson

New Address RR #1 Box 72 B Pittsboro Ind.

Subscribed and sworn to before me this 7 day of May, 1976
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed..... Father

Signed..... Mother

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

FEMALE APPLICANT

Name First Middle Last
Cathy Ann Badell
Date of Birth Month Day Year
August 8 1955
Place of Birth (State or foreign country)
Indpls. Indiana
Residence Address Street or R. R. City County State
RR #1 Box 72 B Pittsboro 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) # 113-55-068175

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

7. Full name of father Paul A. Badell
Residence of father (if deceased so state) Indpls. Indiana
Occupation of father Dentist Race of father W.
Birthplace of father (State or foreign country) Cleveland, Ohio
8. Full maiden name of mother Gloria Marie Miller
Residence of mother (if deceased so state) Indpls. Ind.
Occupation of mother Unemployed Race of mother W.
Birthplace of mother (State or foreign country) Chicago, Illinois

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

Signed Cathy Ann Badell

New Address RR #1 Box 72 B Pittsboro Ind.

Subscribed and sworn to before me this 7 day of May, 1976
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 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 7th day of May, 1976, 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 7 day of May, 1976, at Pittsboro, County of Hendricks, State of Indiana, Groom Lynn Allen Attkisson, of Hendricks County, State of Indiana, and, Bride Cathy Ann Badell, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 7 day of May, 1976.

Signed Glen A. Clarkson

Official Designation Pastor, U. M. Ch., Pittsboro

Signed Glen M. Hawley Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of May, 1976.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 151
File
Date of Application May 16, 1976

HENDRICKS County

MALE
Medical Examination Report Dated 4/22/76
Name of Physician Carl L. Winkler, M.D.

FEMALE
Medical Examination Report Dated 4/22/76
Name of Physician Carl L. Winkler, M.D.

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

MALE APPLICANT

Name Edwin Joseph Williams
Date of Birth November 9, 1951
Place of Birth (State or foreign country) Indiana
Residence Address 10641 Broadway, 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 Commissioner

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

☒ Other (Specify) Martin Sear # 31352142

- Are you now or have you been adjudged, diagnosed or considered 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: Eric Edgar Williams
Residence of father (if deceased so state) Warren, Ind.
Occupation of father: Farmer Race of father: White
Birthplace of father (State or foreign country) Tennessee, Ind.
12. Full maiden name of mother: Audrey J. Robinson
Residence of mother (if deceased so state) J. Indianapolis, Ind.
Occupation of mother: Parts Restaurant Race of mother: White
Birthplace of mother (State or foreign country) Batesville, Ind.

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

Signed: Edwin Joseph Williams
New Address: 5115 Rosslyn St. Indianapolis

Subscribed and sworn to before me this 10 day of May, 1976
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 1976
Clerk

FEMALE APPLICANT

Name Patricia Joan Griffith
Date of Birth January 14, 1957
Place of Birth (State or foreign country) Indiana
Residence Address R.R. #1, Jamestown, Ind.
Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Homemaker

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

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: James Albert Griffith
Residence of father (if deceased so state) Jamestown, Ind.
Occupation of father: Truck Driver Race of father: White
Birthplace of father (State or foreign country) Indpls Ind.

8. Full maiden name of mother: Barbara Jean Clark
Residence of mother (if deceased so state) Jamestown, Ind.
Occupation of mother: Homemaker Race of mother: 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: Patricia Joan Griffith
New Address: 5115 Rosslyn Ave Indpls

Subscribed and sworn to before me this 10 day of May, 1976
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 1976
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 14 day of May, 1976, authorizing the joining together as husband and wife

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

I, Russell F. Blowers, hereby certify that on the 16 day of May, 1976, at Indianapolis, County of Marion, State of Indiana, Groom: Edwin J. Williams, County, State of Indiana, and, Bride: Patricia Joan Griffith, County, State of Indiana, were by me united 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 May, 1976. Signed: Russell F. Blowers, Minister, 1976. Clerk: Glen M. Harney, HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of May, 1976.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 152

File
May 11, 1976
Date of Application

MALE

Medical Examination Report Dated 4-19-76

Name of Physician M. O. Scamblorn M.D.

FEMALE

Medical Examination Report Dated 4-19-76

Name of Physician M. O. Scamblorn M.D.

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

MALE APPLICANT

Name First David Middle Eugene Last Graham
Date of Birth Month Dec Day 3 Year 1956
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address Street or R. R. Dayton City Hendricks County State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Marine Corp

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 Hubert O. Graham
Residence of father (if deceased so state) Dayton, Ind.
Occupation of father Disabled Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Gladys M. Garland
Residence of mother (if deceased so state) Dayton
Occupation of mother Secretary 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 David E. Scamblorn

New Address Apt 3120 Roosevelt Rd Jackson, Mich

Subscribed and sworn to before me this 19 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 19th day of May, 1976, authorizing the joining together as husband and wife

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

I, Sherman Essep, hereby certify that on the 22 day of May, 1976, at Pittsboro, Hendricks County, State of Indiana, Groom David Eugene Graham and, Bride Donna Marie Linton were by 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 22 day of May, 1976.

Signed Sherman Essep

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of May, 1976.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 153
File
Date of Application May 12, 1976

HENDRICKS County

MALE
Medical Examination Report Dated 5/11/76
Name of Physician Maurice V. Kahler, M.D.

FEMALE
Medical Examination Report Dated 5/11/76
Name of Physician Maurice V. Kahler, M.D.

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

MALE APPLICANT

Name First (Joseph) Middle E. Last Fidler
Date of Birth Month 16 Day 16 Year 1921
Place of Birth (State or foreign country) Indiana
Residence Address P.O. Box 34085 Street or R. R. City Marion Ind. County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marion 1/76

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

Usual Occupation Sales

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

☐ Other (Specify) # 4722

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

Name Age Address

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

11. Full name of father John F. Fidler

Residence of father (if deceased so state) deceased

Occupation of father Race of father

Birthplace of father (State or foreign country) Madison Ind.

12. Full maiden name of mother M. Alice Sprinkle

Residence of mother (if deceased so state) deceased

Occupation of mother Race of mother

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

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

County of HENDRICKS

Signed Joseph E. Fidler

New Address West Lafayette, Ind.

Subscribed and sworn to before me this 12 day of May, 1976

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 1976

Clerk

FEMALE APPLICANT

Name First (Genevieve) Middle J. Last Tappin
Date of Birth Month 22 Day 22 Year 1916
Place of Birth (State or foreign country) Chicago
Residence Address R.R. 3 Box 80 Street or R. R. City Cook Ind. County Cook State Ind.
Maiden Name if Different Kovitz
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Self-Employed

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

☒ Other (Specify) Ins. Policy # 10,939,000

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

Residence of father (if deceased so state) deceased

Occupation of father Race of father White

Birthplace of father (State or foreign country) Europe (Austria)

8. Full maiden name of mother Josephine Steiber

Residence of mother (if deceased so state) deceased

Occupation of mother Race of mother

Birthplace of mother (State or foreign country) Vienna Austria

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

County of HENDRICKS

Signed Genevieve J. Tappin

New Address West Lafayette, Ind.

Subscribed and sworn to before me this 12 day of May, 1976

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 1976

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County ss: Court by written order issued May 12, 1976 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 12 day of May, 1976, 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, hereby certify that on the 16 day of May, 1976

one thousand nine hundred and 76, at Danville, County of Hendricks

State of Indiana, Groom Joseph E. Fidler of Marion County, State of Indiana

and, Bride Genevieve J. Tappin of Hendricks County, State of Indiana

were by me united 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 May, 1976

Signed John C. Maurer

Official Designation Judge - Hendricks Co. Court

24 day of May, 1976

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. 1574
File
Date of Application May 13, 1976

MALE
Medical Examination Report Dated 5/12/76
Name of Physician Thomas Walker, M.D.

FEMALE
Medical Examination Report Dated 5/12/76
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 Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered 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 Raymond Swalley
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Indiana Bell Race of father White
Birthplace of father (State or foreign country) Indiana
Full maiden name of mother Bonnie Louise Paul
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Lincoln Agency 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 Jack C. Swalley
New Address 6413 Consulate Ct.
Subscribed and sworn to before me this 13 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 & age 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 13 day of May, 1976, 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, hereby certify that on the 13 day of May, 1976,
one thousand nine hundred and 76, at Danville, County of Hendricks,
State of Indiana, Groom Jack C. Swalley of Marion County, State of Indiana,
and, Bride Debra A. Sharp of Hendricks County, State of Indiana,
were by me united 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 May, 1976.

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of May, 1976.

Signed John C. Maurer
Official Designation Judge, Hendricks Co. Court
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.

154

File

May 13 1976
Date of Application

MALE

Medical Examination Report Dated

5/12/76

Name of Physician

Thomas Walker, M.D.

FEMALE

Medical Examination Report Dated

5/12/76

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 Jack C. Swalley
Date of Birth November 28 1957
Place of Birth (State or foreign country) Indiana
Residence Address 6413 Consulate Ct. Speedway 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 Cornelius Hardware
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 15889

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Benjamin Raymond Swalley
Residence of father (if deceased so state) Brownsburg Ind.
Occupation of father Superior Bell Race of father White
Birthplace of father (State or foreign country) Indiana
Full name of mother Bonnie Louise Purl
Residence of mother (if deceased so state) Brownsburg Ind.
Occupation of mother B. B. Schol Corp. Race of mother White
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Debra A. Sharp
Date of Birth February 2 1960
Place of Birth (State or foreign country) Canada
Residence Address Box 292c 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 Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Argentine Station pass

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Peter Martin Sharp
Residence of father (if deceased so state) Brownsburg Ind.
Occupation of father F.A.A. Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Julie Ann Bruce
Residence of mother (if deceased so state) Brownsburg Ind.
Occupation of mother B. B. Schol Corp. 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 Debra A. Sharp
1112 Consulate Ct.
_____, 1976
_____, Circuit Court

I, PETER M. SHARP

my DAUGHTER, DEBRA ANN SHARP, hereby give my consent for
marry JACK C. SWALLEY to

Subscribed and sworn to before me this 12th day of May 1976
My Commission Expires: July 18, 1976

Martha Louise Huckstep
Notary Public
(Martha Louise Huckstep)

Subscribed and sworn to before me

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 Circuit Court by written order issued 3 day & age 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 13 day of May, 1976, 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. Mauerer, hereby certify that on the 13 day of May
one thousand nine hundred and 76 at Danville, County of Hendricks
State of Indiana, Groom Jack C. Swalley of Marion County, State of Indiana
and, Bride Debra A. Sharp of Hendricks County, State of Indiana
were by me united 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 May, 1976.

Signed John C. MauererOfficial Designation Judge, Hendricks Co. CourtSigned John C. Mauerer

HENDRICKS

Circuit Court

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

13 day of May, 1976

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 155
File Book 37
Date of Application May 13, 1976

HENDRICKS County

MALE
Medical Examination Report Dated 5-7-76
Name of Physician Cric D. Clark

FEMALE
Medical Examination Report Dated 5-7-76
Name of Physician Cric D. Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 124, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Michael Gene Gillespie
Date of Birth 1st 14 1956
Place of Birth (State or foreign country) Ind.
Residence Address 2 Box 515 Indpls. Hend. 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/Teacher
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree

- ☐ Other (Specify) See above
- Are you now or have you been adjudged, diagnosed or considered 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 1 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 Gerald Gene Gillespie Age 19 Address Indpls. Ind.

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

11. Full name of father Gerald Gene Gillespie
Residence of father (if deceased so state) same
Occupation of father Ch. Kelly Race of father w
Birthplace of father (State or foreign country) Indpls. Ind.
12. Full maiden name of mother Margaret A. Miller
Residence of mother (if deceased so state) same
Occupation of mother See 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 Michael Gillespie
New Address 2336 Hermitage Way Speedway
Subscribed and sworn to before me this 13 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 Gail Marie Maxson
Date of Birth June 24 1956
Place of Birth (State or foreign country) Ind.
Residence Address R2 Box 498F Indpls. Hend. Ind.
Maiden Name if Different Indpls. Hend. 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 See above
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree

- ☐ Other (Specify) 46842
- Are you now or have you been adjudged, diagnosed or considered 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 Clarence R. Maxson
Residence of father (if deceased so state) same
Occupation of father Staff Spec. Race of father w
Birthplace of father (State or foreign country) Indpls. Ind.

8. Full maiden name of mother Margie J. Faulk
Residence of mother (if deceased so state) same
Occupation of mother Housewife 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 Gail Marie Maxson
New Address 2336 Hermitage Way Speedway
Subscribed and sworn to before me this 13 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 17 day of May, 1976, authorizing the joining together as husband and wife of Michael Gene Gillespie and Gail Marie Maxson

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Rev. Kenneth A. Stephens hereby certify that on the 19th day of June, at Clermont Heights, County of Hendricks, one thousand nine hundred and 76 at Hendricks, County, State of Indiana, State of Indiana, Groom Michael Gene Gillespie of Hendricks, County, State of Indiana, and, Bride Gail Marie Maxson of Hendricks, County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, Dated this 19th day of June, 1976

Signed Rev. Kenneth A. Stephens Ordained Minister
Official Designation _____, 1976
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 156
File
May 14, 1976
Date of Application

MALE
Medical Examination Report Dated 5/12/76
Name of Physician A. N. Sudder, M.D.

FEMALE
Medical Examination Report Dated 5/12/76
Name of Physician A. N. Sudder, 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 Roland E. Rondeau Jr.
Date of Birth September 28, 1956
Place of Birth (State or foreign country) Indiana
Residence Address P.O. Box 3283, Mather Shores, Elkhart, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation U.S. Army

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

☒ Other (Specify) Armed Forces T.D. # 26329-870

- Are you now or have you been adjudged, diagnosed or considered 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 Roland Edward Rondeau
Residence of father (if deceased so state) Florida
Occupation of father Contractor Race of father White
Birthplace of father (State or foreign country) New Orleans, Louisiana
12. Full maiden name of mother Betty June Parkhurst
Residence of mother (if deceased so state) Florida
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) St. Louis, Missouri

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

Signed Roland E. Rondeau Jr.

New Address 4744 AG. Admin. Co. Ft. Carson, Col.

Subscribed and sworn to before me this 14 day of May, 1976

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 _____ 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 _____ Circuit Court of Indiana dated the _____ day of _____, 19____

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

I, _____ hereby certify that on the _____ day of _____, 19____

one thousand nine hundred and _____ at _____ County of _____

State of Indiana, Groom _____ of _____ County, State of _____

and, Bride _____ of _____ County, State of _____

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

Dated this _____ day of _____, 19____

Signed _____

Official Designation _____

Signed _____

_____ 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. 157

File _____

HENDRICKS County

Date of Application
5-17-76

MALE

Medical Examination Report Dated 5-13-76Name of Physician George R. Small Jr. M.D.

FEMALE

Medical Examination Report Dated 5-13-76Name of Physician George R. Small 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, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Maurice D. Unversaw
Date of Birth Feb 5 1937
Place of Birth (State or foreign country) Morgan Co.
Residence Address P.O. Box 206 Amos, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1972
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Putnam
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Material PlannerDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☒ Other (Specify) Voters Reg # 11120

- Are you now or have you been adjudged, diagnosed or considered 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
Matthew R.	8	104 N. Troy Ave
Maria R.	5	Ventura New Jersey

(b) Are you supporting or contributing to their support? Yes ☒ No ☐(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐11. Full name of father Hilbert M. Unversaw
Residence of father (if deceased so state) #1 Coatesville, Ind.
Occupation of father Retired Race of father _____Birthplace of father (State or foreign country) Morgan12. Full maiden name of mother Worthay A. BalayResidence of mother (if deceased so state) #1 CoatesvilleOccupation of mother Housewife Race of mother _____Birthplace of mother (State or foreign country) Morgan Co.

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

County of HENDRICKS in this application is true and correct.Signed Maurice D. UnversawNew Address P.O. Box 206 Amos, Ind.Subscribed and sworn to before me this 17 day of May, 1976Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 J. Gould
Date of Birth Feb 20 1938
Place of Birth (State or foreign country) Hendricks Co.
Residence Address 216 Hollybrook, New Whiteland
Maiden Name if Different Daniel
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Johnson 1976
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Clerk TypistDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Book # 7 page 2

- Are you now or have you been adjudged, diagnosed or considered 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 Randolph C. Daniel
Residence of father (if deceased so state) #2 Coatesville
Occupation of father Retired Race of father _____

Birthplace of father (State or foreign country) Marion8. Full maiden name of mother Helen M. TapwoodResidence of mother (if deceased so state) deceased

Occupation of mother _____ Race of mother _____

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 Joan J. GouldNew Address P.O. Box 206 Amos, Ind. 46003Subscribed and sworn to before me this 17 day of May, 1976Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

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

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

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

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

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

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

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

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

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

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

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

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</

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 158

File

5-17-76

Date of Application

MALE

Medical Examination Report Dated 5-6-76

Name of Physician Eric Clark

FEMALE

Medical Examination Report Dated 5-6-76

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 Middle Last
Donald Eugene Farmer III
Date of Birth Month Day Year
June 1 1953
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
2346 Boulevard Dr. Indianapolis, Hend., Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Mechanic
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered 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: Donald E. Farmer
Residence of father (if deceased so state): Indianapolis, Ind.
Occupation of father: Salesman Race of father: wh
Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Patricia Partridge
Residence of mother (if deceased so state): Indianapolis, Ind.
Occupation of mother: Bus Driver 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: Donald E. Farmer

New Address: 2346 Boulevard Dr.

Subscribed and sworn to before me this 17 day of May, 1976
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed: _____ Father

Signed: _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Middle Last
Lisa Vonne Tucker
Date of Birth Month Day Year
4 16 56
Place of Birth (State or foreign country)
Rapid City, South Dakota
Residence Address Street or R. R. City County State
3817 Berwind Dr. Apt. 10, Indpls
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Asst. Manager
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 D. Tucker
Residence of father (if deceased so state): Monrovia, Ind.
Occupation of father: A.T.T. Race of father: wh
Birthplace of father (State or foreign country): Oklahoma
8. Full maiden name of mother: Lynne R. Creager
Residence of mother (if deceased so state): Indianapolis, Ind.
Occupation of mother: Secretary Race of mother: wh
Birthplace of mother (State or foreign country): N. Dakota

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

Signed: Charles D. Tucker

New Address: 2346 Boulevard Dr. Indpls.

Subscribed and sworn to before me this 17 day of May 17, 1976
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 21 day of May, 1976 authorizing the joining together as husband and wife of Donald Eugene Farmer III and Lisa Vonne Tucker
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ John P. Roff _____ hereby certify that on the 22nd day of May, 1976 at Danville, _____ Hendricks State of Indiana, Groom Donald Eugene Farmer III of _____ Marion County, State of _____ Indiana and, Bride Lisa Vonne Tucker of _____ Marion County, State of _____ Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 21st day of May, 1976

Signed: John P. Roff

Official Designation: Episcopal Priest

1st day of June, 1976

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____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 159
File May 17 1976
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 5-18-76
Name of Physician John Elliott Jr., M.D.

FEMALE
Medical Examination Report Dated 5-18-76
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, representa-

MALE APPLICANT

Name Richard Wayne Vollrath
Date of Birth May 28 1945
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 22 John Ave., New Carlisle, Ohio
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Construction Deck Rep.
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 1 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 Butt W. Vollrath Age 5 Address Shunwood, 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 Francis Paul Vollrath
Residence of father (if deceased so state) Moscow, Ind.
Occupation of father Welder Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Phyllis G. Smarely
Residence of mother (if deceased so state) Moscow, 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 W Vollrath
New Address 22 John Ave New Carlisle Ohio 45344
Subscribed and sworn to before me this 17 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

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

FEMALE APPLICANT

Name Janet Fern Alexander
Date of Birth March 14 1951
Place of Birth (State or foreign country) Greensburg, Ind.
Residence Address Rt. 2 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 Beautician
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 Ruf P. Alexander
Residence of father (if deceased so state) Clayton, Ind.
Occupation of father Civil Service Race of father wh
Birthplace of father (State or foreign country) Mass.
8. Full maiden name of mother Martha Joanne West
Residence of mother (if deceased so state) Clayton, Ind.
Occupation of mother Civil Service 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 Janet F. Alexander
New Address 22 John Ave New Carlisle Ohio 45344
Subscribed and sworn to before me this 17 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 24 day of May, 1976, authorizing the joining together as husband and wife of Richard Wayne Vollrath and Janet Fern Alexander

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren H. Robbins hereby certify that on the 12th day of June,
at 2:30 P.M., County of Hendricks,
one thousand nine hundred and 76 of Clark County, State of Ohio,
State of Indiana, Groom Richard W. Vollrath of Hendricks County, State of Indiana,
and, Bride Janet F. Alexander of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS
County, _____
Dated this 12th day of June, 1976. Signed Warren H. Robbins Christian Minister

Official Designation _____, 1976
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. 160

File
May 17, 1976
Date of Application

MALE
Medical Examination Report Dated 5/10/76
Name of Physician R. Shirell Rogers, M.D.

FEMALE
Medical Examination Report Dated 5-10-76
Name of Physician R. Shirell Rogers, 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
Leslie J. Mangell
Date of Birth Month Day Year
February 12 1952
Place of Birth (State or foreign country)
Cannellville, Penn.
Residence Address Street or R. R. City County State
601 Arthur Ave., Slaterside, Penn.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Estimator

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

☐ Other (Specify) # 112

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

Name Age Address

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

11. Full name of father Paul Eugene Mangell
Residence of father (if deceased so state) Cannellville, Penn.
Occupation of father Self Race of father White
Birthplace of father (State or foreign country) Pennsylvania
12. Full maiden name of mother Mary Catherine Mangell
Residence of mother (if deceased so state) Cannellville, Penn.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Cannellville, Penn.

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

Signed Leslie J. Mangell

New Address

Subscribed and sworn to before me this 20 day of May, 1976
Elen 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 1976
Clerk

FEMALE APPLICANT

Name First Middle Last
Marsha A. Stanley
Date of Birth Month Day Year
Nov. 25 1954
Place of Birth (State or foreign country)
Methodist Hosp. Ingham, Maricopa Co. Ind.
Residence Address Street or R. R. City County State
83 English Dr., Clayfield, Hend. Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify) Local # 12782

- Are you now or have you been adjudged, diagnosed or considered 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 Andrew Stanley
Residence of father (if deceased so state) 83 English Dr. Clayfield
Occupation of father Eli Lilly Race of father W
Birthplace of father (State or foreign country) Arkansas, Ind.
8. Full maiden name of mother Bengie Lee McDuffie
Residence of mother (if deceased so state) 83 English Dr. Clayfield
Occupation of mother Deputy Tax Collector W
Birthplace of mother (State or foreign country) Arkansas

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

Signed Marsha A. Stanley

New Address 601 Arthur Ave. Slaterside, Pa.

Subscribed and sworn to before me this 17 day of May, 1976
Elen 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 1976
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 21 day of May, 1976, 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 Noll, hereby certify that on the 22 day of May, 1976, at Brownsburg, County of Hendricks,
one thousand nine hundred and 76, State of Indiana, Groom Leslie J. Mangell, of Westmoreland County, State of Pennsylvania,
and, Bride Marsha Ann Stanley, of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 21 day of May, 1976.

Signed Rev. Charles Noll

Official Designation Catharine Priest

27 day of May, 1976

Signed Elen M. Hawley, 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. H161

File May 17 1976
Date of Application

MALE
Medical Examination Report Dated 5-10-76
Name of Physician C. Kourany M.D.

FEMALE
Medical Examination Report Dated 5-10-76
Name of Physician C. Kourany M.D.

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

MALE APPLICANT

Name Albert W. J.
Date of Birth Feb 24 1955
Place of Birth (State or foreign country) Martinsville Ind.
Residence Address RR #2 Box 288 Camby
Previous 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) Book #6 page 141

- Are you now or have you been adjudged, diagnosed or considered 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 Salvador Martin Lopez
Residence of father (if deceased so state) R#1 Box 288 Camby
Occupation of father Janitor Alpha High School
Birthplace of father (State or foreign country) Mt. Vernon Kentucky
12. Full maiden name of mother Florence Ellen Porter
Residence of mother (if deceased so state) R#1 Box 288 Camby
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Buck Grove Ind.

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

Signed Albert W. J.

New Address 4717 Chantilly Dr.

Subscribed and sworn to before me this 17 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Debbie Gene Wilson
Date of Birth June 6 1957
Place of Birth (State or foreign country) Indianapolis
Residence Address RR #2 Box 261 Camby
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Block's

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

☐ Other (Specify) # 06653

- Are you now or have you been adjudged, diagnosed or considered 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 Glen Eugene Wilson
Residence of father (if deceased so state) R#2 Box 261 Camby
Occupation of father Tool & Die Maker of father _____
Birthplace of father (State or foreign country) Indianapolis, Ind.

8. Full maiden name of mother Betty Ann Caslett
Residence of mother (if deceased so state) R#2 Box 261 Camby
Occupation of mother Ray-Mar Homes of mother _____
Birthplace of mother (State or foreign country) Indianapolis

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

Signed Debbie Gene Wilson

New Address 4717 Chantilly Dr.

Subscribed and sworn to before me this 17 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____ Court by written order issued _____

_____ HENDRICKS County _____ 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 21 day of May, 1976, 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 21 day of May, _____, County of Marion, _____

at Camby _____ County, State of Indiana, _____

of Hendricks _____ County, State of Indiana, _____

and, Bride Debbie Gene Wilson of Hendricks _____ County, State of Indiana, _____

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

Dated this 21 day of May, 1976. Signed Mims Robert _____ Official Designation Clergyman _____, 1976.
Signed Glen M. Harvey _____ Clerk _____
_____ HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 162

File BK 37

May 17, 1976
Date of Application

MALE

Medical Examination Report Dated 5-14-76

Name of Physician James Black

FEMALE

Medical Examination Report Dated 5-14-76

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 Joseph Hedger
Date of Birth June 13 1953
Place of Birth (State or foreign country) Illinois
Residence Address 24 Sherwood Dr. Brownsburg Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Student - Salesman
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) #112-53-116587
- Are you now or have you been adjudged, diagnosed or considered 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 Joseph J. Hedger
Residence of father (if deceased so state) deceased
Occupation of father..... Race of father W
Birthplace of father (State or foreign country) Crawfordsville, Ind.
12. Full maiden name of mother Lora Jane Wyllie
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Domestic Engineer Race of mother W
Birthplace of mother (State or foreign country) Posada, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Joseph Kent Hedger
New Address 3198 Phyllis Blvd Apt 3
Subscribed and sworn to before me this 17 day of May, 1976.
Glen M. Hawry Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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, HENDRICKS County Court by written order issued..... and in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of May, 19....., authorizing the joining together as husband and wife of Joseph K. Hedger and Jane A. Meade.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Pastor C. W. Taylor hereby certify that on the 22 day of May, one thousand nine hundred and 76 at Grace U. Methodist Church County of Marion State of Indiana, Groom Joseph Kent Hedger of Marion County, State of Indiana and, Bride Jane A. Meade 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 22 day of May, 1976.

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of May, 1976.

Signed Pastor C. W. Taylor
Official Designation United Methodist Pastor
Signed Glen M. Hawry
HENDRICKS Circuit Court

FEMALE APPLICANT
Name Jane Meade
Date of Birth June 13 1954
Place of Birth (State or foreign country) Kentucky
Residence Address 310 South Emerson 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 Unemployed - Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Leg. # 416
- Are you now or have you been adjudged, diagnosed or considered 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 Hubert Meade
Residence of father (if deceased so state) Indpls, Ind.
Occupation of father Fireman Race of father W
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Lora Jane Bentley
Residence of mother (if deceased so state) Indpls, Ind.
Occupation of mother Beautician 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 Jane A. Meade
New Address 3198 Phyllis Blvd Apt 3
Subscribed and sworn to before me this 17 day of May, 1976.
Glen M. Hawry Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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.....

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 163
File _____
Date of Application May 17, 1976

HENDRICKS County

MALE
Medical Examination Report Dated 5/11/76
Name of Physician Carl L. Nutter M.D.

FEMALE
Medical Examination Report Dated 5/11/76
Name of Physician Carl L. Nutter M.D.

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

MALE APPLICANT

Name Robert W. Eggers
Date of Birth April 4, 1952
Place of Birth Boone, Ind.
Residence Address 252 S. Genoa Apt. 3 City Hendricks State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Laundry Cafe-dish washer

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

☒ Other (Specify) Selective Service # 3037

- Are you now or have you been adjudged, diagnosed or considered 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 1 in "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 E. Harold Eggers
Residence of father (if deceased so state) North Salem, Ind.
Occupation of father Self-Employed Race of father White
Birthplace of father (State or foreign country) Hendricks
12. Full maiden name of mother Mary Della McBeth
Residence of mother (if deceased so state) North Salem, Ind.
Occupation of mother Self-Employed 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 Robert W. Eggers
New Address 252 S. Genoa
Subscribed and sworn to before me this 17 day of May, 1976
Ellen 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 Carolyn J. Greenlee
Date of Birth July 5, 1950
Place of Birth Indpls.
Residence Address 252 S. Genoa Apt. 3 City Hendricks State Ind.
Maiden Name if Different Wend. Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Teacher

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

☒ Other (Specify) Selective Service # 3380

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Robert Allen Greenlee
Residence of father (if deceased so state) Asses, Ind.
Occupation of father Self-Employed Race of father White
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Florence Maria McKey
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 Carolyn J. Greenlee
New Address 252 S. Genoa Apt. 3
Subscribed and sworn to before me this 17 day of May, 1976
Ellen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

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

Clerk

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

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 21 day of May, 1976, authorizing the joining together as husband and wife of Robert W. Eggers and Carolyn J. Greenlee

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Frank Bunn hereby certify that on the 22 day of May, _____

at Boone County of Hendricks,
one thousand nine hundred and 76 of Hendricks County, State of Indiana,
State of Indiana, Groom Robert W. Eggers of Hendricks County, State of Indiana,
and, Bride Carolyn J. Greenlee of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS

County, _____
Dated this 21 day of May, 1976. Signed Frank Bunn
Official Designation Ministers, 1976.

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of May, 1976.
Signed Ellen 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. #164

File

5-17-76

Date of Application

MALE
Medical Examination Report Dated 5-12-76
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 5-12-76
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 Eugene Nelson
Date of Birth July 30 1956
Place of Birth Crawfordsville, Ind.
Residence Address 5909 Parkwood Ct. Indpls
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) Culver Union Hospital
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Philip Eugene Nelson	60	Green Hills Dr. Brownsburg
Jewelry		

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Philip Eugene Nelson
Residence of father (if deceased so state) 60 Green Hills Dr. Brownsburg
Occupation of father Jewelry Race of father Caucasian
Birthplace of father (State or foreign country) Frankfort
12. Full maiden name of mother May Jean Sheets
Residence of mother (if deceased so state) 1006 N. Jackson
Occupation of mother Housewife Race of mother Caucasian
Birthplace of mother (State or foreign country) Frankfort
State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Eugene Nelson
New Address 5909 Parkwood Ct Apt 4
Subscribed and sworn to before me this 17 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Bonnie Lynn Phillips
Date of Birth 8 7 1957
Place of Birth Libanon, Ind.
Residence Address LR #2 Box 361 Peof, 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 Office
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 Simon J. Phillips
Residence of father (if deceased so state) LR #2 Box 361 Peof
Occupation of father Retired Race of father _____
Birthplace of father (State or foreign country) Arkansas
8. Full maiden name of mother Laurietta Cowden
Residence of mother (if deceased so state) LR #2 Box 361 Peof
Occupation of mother Bus Driver 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 Bonnie Lynn Phillips
New Address 3909 Parkwood Ct Apt 4

Subscribed and sworn to before me this 17 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____
_____ day of _____, 1976, authorizing the joining together as husband and wife
of Indiana dated the _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Cur. Bruce A. Brown hereby certify that on the 22 day of May,
one thousand nine hundred and 76 at Danville, County of Hendricks,
State of Indiana, Groom Eugene Nelson and Bonnie Lynn Phillips of Hendricks County, State of Indiana,
and, Bride Bonnie Lynn Phillips of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 22 day of May, 1976.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1976.

Signed Bruce A. Brown
Official Designation Pastor, White Rock Presbyterian Church
Signed Glen M. Harvey
_____ Clerk
_____ HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 165
File May 17 1976
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 5-6-76
Name of Physician William Dugan, M.D.

FEMALE
Medical Examination Report Dated 5-6-76
Name of Physician William Dugan, 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 Albert Lee English
Date of Birth June 19 1956
Place of Birth (State or foreign country) Warrenville, Ill.
Residence Address P.O. Box 103, 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 Well Driller
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Victim 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? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

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

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

11. Full name of father Willard Lee English
Residence of father (if deceased so state) Clayton, Ind.
Occupation of father Well Driller Race of father wh
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Carolyn Lee Reeves
Residence of mother (if deceased so state) Clayton, Ind.
Occupation of mother Cashier 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 Albert Lee English
New Address Clayton
Subscribed and sworn to before me this 17 day of May, 1976
Glen M. Harway Clerk HENDRICKS Circuit Court

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

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

Clerk

FEMALE APPLICANT

Name Constance Joann McGowan
Date of Birth June 10 1957
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address P.O. Box 114, Clayton, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

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

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

7. Full name of father Ray E McGowan
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Unknown Race of father wh
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Katharine L Baldwin
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 Constance Joann McGowan
New Address Clayton, Ind.
Subscribed and sworn to before me this 17 day of May, 1976
Glen M. Harway Clerk HENDRICKS Circuit Court

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

State of Indiana, } 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 _____
_____ 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 _____ Circuit Court _____
of Indiana dated the 24th day of May, 1976 authorizing the joining together as husband and wife _____
Albert Lee English and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the 28th day of May,
Homer E. Henderson at Mt. Tabor Christian Church County of Morgan,
76 _____ County, State of Indiana
one thousand nine hundred and _____ of _____ County, State of Indiana
State of Indiana, Groom Albert Lee English _____
and, Bride Constance Joann McGowan _____
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 28th day of May, 1976
Signed Homer E. Henderson Pastor
Official Designation _____
_____ day of June, 1976
Signed Glen M. Harway Clerk
_____ HENDRICKS _____ Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 1166
File May 18, 1976
Date of Application

MALE
Medical Examination Report Dated 5-17-76
Name of Physician Eric Clark, M.D.

FEMALE
Medical Examination Report Dated 5-17-76
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 Kevin Lee Allen
Date of Birth March 17, 1956
Place of Birth (State or foreign country) Greencastle, In.
Residence Address 1195 Lincoln St. Apt. 2, Danville, In.
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 Allison
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 ☒
- Full name of father: LeDrew V. Allen
Residence of father (if deceased so state) Danville, In.
Occupation of father Allison Race of father wh
Birthplace of father (State or foreign country) Indiana
 - Full maiden name of mother: Marian L. Munst
Residence of mother (if deceased so state) Danville, In.
Occupation of mother Reg. Nurse 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 Kevin L. Allen

New Address 1195 Lincoln St. Apt. 2, Danville, In.

Subscribed and sworn to before me this 18 day of May, 1976.
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 Ra Nell Elaine Gossett
Date of Birth March 19, 1955
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Rt. 1 Box 43, North Salem, In.
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

- ☐ 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: Richard C. Gossett
Residence of father (if deceased so state) North Salem, In.
Occupation of father Store Clerk Race of father wh
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother: Alice M. Myers
Residence of mother (if deceased so state) North Salem, In.
Occupation of mother Banquetician 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 Ra Nell E. Gossett

New Address 1195 Lincoln St. Apt. 2, Danville, In.

Subscribed and sworn to before me this 18 day of May, 1976.
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 25 day of May, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Kevin Lee Allen and Ra Nell Elaine Gossett

I, Earl C. Davis, BD, FAPC hereby certify that on the 29th day of May, 1976, at North Salem Christian Church County of Hendricks

one thousand nine hundred and 76 State of Indiana, Groom Kevin Lee Allen and, Bride Ra Nell Elaine Gossett of Hendricks County, State of Indiana

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

Dated this 29th day of May, 1976

Signed Earl C. Davis, BD, FAPC

Official Designation Pastor-Counselor

Signed Allen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of June, 1976

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 167
File 5-18-76
Date of Application

MALE
Medical Examination Report Dated 5-12-76
Name of Physician Elmer L. Koch, M.D.

FEMALE
Medical Examination Report Dated 5-12-76
Name of Physician Elmer L. Koch, M.D.

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

MALE APPLICANT

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

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

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

Name Age Address

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

11. Full name of father
Residence of father (if deceased so state)
Occupation of father
Birthplace of father (State or foreign country)
12. Full maiden name of mother
Residence of mother (if deceased so state)
Occupation of mother
Birthplace of mother (State or foreign country)

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

Signed
New Address

Subscribed and sworn to before me this 18 day of May, 1976.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1976.
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)

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

8. Full maiden name of mother
Residence of mother (if deceased so state)
Occupation of mother
Race of mother
Birthplace of mother (State or foreign country)

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

Signed
New Address

Subscribed and sworn to before me this 18 day of May, 1976.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1976.
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of May, 1976, authorizing the joining together as husband and wife of Donald Gene McKinney and Debra Jean Stephenson.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 28th day of May, 1976, hereby certify that on the 28th day of May, 1976, at Indianapolis, County of Marion, State of Indiana, one thousand nine hundred and 76, of Hendricks County, State of Indiana, and, Bride, Debra Jean Stephenson, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, Indiana.

Dated this 28th day of May, 1976.

Signed Rev. Robert S. Medcalf
Official Designation June 76
Clerk

Signed
Clerk

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 168
File
Date of Application May 18, 1976

MALE
Medical Examination Report Dated May 10, 1976
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated May 10, 1976
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 Middle Last
Thomas Finlan
Date of Birth Month Day Year
Dec 24 1956
Place of Birth (State or foreign country) Kentucky
Residence Address Street or R.R. City County State
5832 Mooreville Rd. Apt 74 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 Computer operator

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree 12-49-56-2870

☒ Other (Specify) Selective Service #

- Are you now or have you been adjudged, diagnosed or considered 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: Thomas Bernard Finlan
Residence of father (if deceased so state): 7555 E. 52nd St. Ind.
Occupation of father: Schweitzer Bros. Race of father: W.
Birthplace of father (State or foreign country): Ashland Pa.

12. Full maiden name of mother: Karoline Korn
Residence of mother (if deceased so state): 7555 E. 52nd St. Ind.
Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country): West Germany

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

Signed: Thomas Finlan
New Address: 5832 Mooreville Rd. Apt 74 Indianapolis Ind.

Subscribed and sworn to before me this 18 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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, _____ HENDRICKS County _____ Court by written order issued _____ and _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 22 day of May, 1976, authorizing the joining together as husband and wife of Thomas Finlan and Connie Sue Barron. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Dr. Louis Lilly, hereby certify that on the 22nd day of May, 1976, at Avon, Indiana, Groom Thomas Finlan and, Bride Connie Sue Barron, of Hendricks County, State of Indiana, were by 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 22nd day of May, 1976.

Signed: Dr. Louis Lilly
Official Designation: Pastor
1st day of June, 1976
Signed: Glen M. Harvey
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1976.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 169
File _____
Date of Application May 19 1976

HENDRICKS County

MALE
Medical Examination Report Dated 5/13/76
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 5/13/76
Name of Physician Thomas M. Walker

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

MALE APPLICANT

Name Patrick A. Drollinger
Date of Birth March 17 1956
Place of Birth (State or foreign country) Indiana
Residence Address RA #18 Box 359 A, 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 Warehouse

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

☐ Other (Specify) # 232

- Are you now or have you been adjudged, diagnosed or considered 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 Ace Drollinger

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) Illinois

12. Full maiden name of mother Mary Rosalie Whaley

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

Occupation of mother Homemaker Race of mother White

Birthplace of mother (State or foreign country) Indiana

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

County of HENDRICKS

Signed Patrick A. Drollinger

New Address Mayfield Green

Subscribed and sworn to before me this 19 day of May, 1976

Elen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Cynthia L. Pajersky
Date of Birth July 5 1958
Place of Birth (State or foreign country) Indiana
Residence Address 1081 E. Clifford Rd. 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 Student

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

☐ Other (Specify) # 15274

- Are you now or have you been adjudged, diagnosed or considered 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 R. Paul Pajersky
Residence of father (if deceased so state) 1081 E. Clifford B. Burg
Occupation of father Supr - Warehouse Race of father White
Birthplace of father (State or foreign country) Pennsylvania
- Full maiden name of mother Katherine Cecilia Lander
Residence of mother (if deceased so state) 1081 E. Clifford Rd.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Pennsylvania

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

County of HENDRICKS

Signed Cynthia L. Pajersky

New Address Mayfield Green

Subscribed and sworn to before me this 19 day of May, 1976

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 R. Paul Pajersky Father

Signed Katherine Pajersky Mother

Subscribed and sworn to before me this _____ day 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 _____
_____ Court by written order issued _____
_____ HENDRICKS County _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ 19____ authorizing the joining together as husband and wife of Indiana dated the 24 day of May, 19____ and Cynthia L. Pajersky
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Charles Noll hereby certify that on the 10 day of June, 19____
at Brownsburg County of Hendricks
one thousand nine hundred and 76 of Hendricks County, State of Indiana
State of Indiana, Groom Patrick A. Drollinger and, Bride Cynthia L. Pajersky
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 24 day of May, 1976.

Signed Rev. Charles Noll
Official Designation Catholic Priest, 1976

Signed Elen M. Harvey Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
_____ 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. 170

File

May 19, 1976
Date of Application

MALE

Medical Examination Report Dated 5-13-76
Name of Physician J. H. Thomas, M.D.

FEMALE

Medical Examination Report Dated 5-13-76
Name of Physician J. H. Thomas, 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 Thomas Gould
Date of Birth 8 11 1957
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address P.O. Box 34, Stilesville, 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 Card Manager
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 Richard T. Gould
Residence of father (if deceased so state) Stilesville, Ind.
Occupation of father Aluminum Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Conall J. Gilson
Residence of mother (if deceased so state) Stilesville, 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 David Gould
New Address STILESVILLE IN

Subscribed and sworn to before me this 19 day of May, 1976
Glen M. Harway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Janice Suzanne Pinkerton
Date of Birth 24 1956
Place of Birth (State or foreign country) Fairbanks Alaska
Residence Address Stilesville, 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 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 ☐
- Full name of father Thyde L. Pinkerton
Residence of father (if deceased so state) Biloxi, Miss.
Occupation of father Air Force Race of father wh
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Nancy L. Graham
Residence of mother (if deceased so state) Stilesville, 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 Janice S. Pinkerton
New Address Stilesville Ind.

Subscribed and sworn to before me this 19 day of May, 1976
Glen M. Harway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } 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 24 day of May, 1976, authorizing the joining together as husband and wife of David Thomas Gould and Janice Suzanne Pinkerton.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert G. Norton hereby certify that on the 5 day of June, 1976, at Hazelwood, County of Hendricks, State of Indiana, Groom David T. Gould of Hendricks County, State of Indiana and, Bride Janice S. Pinkerton of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 5 day of June, 1976.

Signed Robert G. Norton

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1976.

Signed Glen M. Harway Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 171

File

5-20-76
Date of Application

MALE

Medical Examination Report Dated

May 17, 1976

Name of Physician M. C. Scanaborn

FEMALE

Medical Examination Report Dated

5-17, 1976

Name of Physician M. C. Scanaborn

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

MALE APPLICANT

Name Raymond Edgar Wooden
Date of Birth 11 18 1955
Place of Birth (State or foreign country) Indianapolis, In
Residence Address R #1 Box 92 Brownsburg
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 Inspector
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Witham Memorial Hospital

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

Name Age Address

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

11. Full name of father Raymond R. Wooden Jr.
Residence of father (if deceased so state) Same
Occupation of father Truck Driver Race of father _____
Birthplace of father (State or foreign country) Indianapolis, In
12. Full maiden name of mother Nelga Geschwill
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Schweizingen, Germany

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

Signed Raymond E. Wooden
New Address 21 Leumix St Brownsburg

Subscribed and sworn to before me this 20 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Barbara Alice Bramble
Date of Birth 12 6 1959
Place of Birth (State or foreign country) Marshall Michigan
Residence Address R #1 Box 299 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 Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Marshall Hospital - Marshall Michigan

- Are you now or have you been adjudged, diagnosed or considered 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 Louis Bramble
Residence of father (if deceased so state) Same
Occupation of father Truck Driver Race of father _____
Birthplace of father (State or foreign country) Marshall Michigan
8. Full maiden name of mother Larry Marianna Heiser
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Marshall Michigan

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

Signed Barbara A. Bramble

New Address 21 Leumix St Brownsburg

Subscribed and sworn to before me this 20 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 L. Bramble Father

Signed Larry M. Heiser Mother

Subscribed and sworn to before me this 20 day of May, 1976
Glen M. Harvey Clerk

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

HENDRICKS County Circuit Court by written order issued 3 day waiver and filed

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1976, authorizing the joining together as husband and wife

of Indiana dated the 20 day of May, and Barbara Alice Bramble

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

I, Robert J. Gilday hereby certify that on the 5 day of June

at Brownsburg, County of Hendricks

one thousand nine hundred and 76 of Hendricks County, State of Indiana

State of Indiana, Groom Raymond E. Wooden of Hendricks County, State of Indiana

and, Bride Barbara Alice Bramble of Hendricks County, State of Indiana

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

County, _____

Dated this 5 day of June, 1976

Signed Robert J. Gilday

Official Designation Pastor, St. Malachy Church

7 day of June, 1976

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. 172

File Bk 37

May 20, 1976
Date of Application

MALE
Medical Examination Report Dated 5-19-76
Name of Physician M. O. Seaman

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 Robert Middle M Last Hughes
Date of Birth Month December Day 30 Year 1946
Place of Birth (State or foreign country) Detroit, Michigan
Residence Address Street or R.R. RR #1 Box 180 F City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 5-19-76
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Bell Telephone
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 89915

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

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Full name of father Roscoe V. Hughes		
Residence of father (if deceased so state) Indianapolis, Ind.		
Occupation of father Retired	Race of father W.	
Birthplace of father (State or foreign country) Vermillion Co., Ind.		
12. Full maiden name of mother Mearns M. Buggs		
Residence of mother (if deceased so state) Indianapolis, Ind.		
Occupation of mother RCA	Race of mother W.	
Birthplace of mother (State or foreign country) West, Illinois		

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.
Signed Robert M. Hughes
New Address RR #1 Box 180 F Danville, Ind.
Subscribed and sworn to before me this 20 day of May, 1976
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

FEMALE APPLICANT

Name First Cheryl Middle D Last Redman
Date of Birth Month July Day 20 Year 1943
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R.R. RR #1 Box 281 City Pittsboro County Hendricks State Ind.
Maiden Name if Different Alexander
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Hendricks Co. April 30, 1976
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation J.W.P. Computer Services
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 5047

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

Name	Age	Address
7. Full name of father John Cleator Alexander		
Residence of father (if deceased so state) Pittsboro, Ind.		
Occupation of father Farmer	Race of father W.	
Birthplace of father (State or foreign country) Illinois		
8. Full maiden name of mother Mary Francis Spaw		
Residence of mother (if deceased so state) Pittsboro, Ind.		
Occupation of mother Housewife	Race of mother W.	
Birthplace of mother (State or foreign country) Indiana		

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.
Signed Cheryl D. Redman
New Address RR #1 Box 180 F Danville, Ind.
Subscribed and sworn to before me this 20 day of May, 1976
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 _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of May, 1976, authorizing the joining together as husband and wife of Robert M. Hughes and Cheryl D. Redman.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John M. Mawrer, hereby certify that on the 24 day of May, 1976, at Danville, County of Hendricks, State of Indiana, Groom Robert M. Hughes and, Bride Cheryl D. Redman, of Hendricks County, State of Indiana, were by 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 May, 1976.

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of May, 1976.

Signed John M. Mawrer
Official Designation Judge, Hendricks Co. Court
Signed Glen M. Hawley Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 173
File BK 37
Date of Application May 20, 1976

MALE
Medical Examination Report Dated 5/17/76
Name of Physician J. M. Scudder M.D.

FEMALE
Medical Examination Report Dated 5/17/76
Name of Physician J. 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, representa-

MALE APPLICANT

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Detroit Diesel

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

☐ Other (Specify) Withdrew from service - Lebanon

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

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

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

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

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

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

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

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

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

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

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

(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

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

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

11. Full name of father Dick Edward Kennedy

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

Occupation of father Building Race of father White

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Judith Leach

Residence of mother (if deceased so state) Lexington, Ind.

Occupation of mother Rememaker 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 John Owen Kennedy

New Address 217 West Main Lexington Indiana

Subscribed and sworn to before me this 20 day of May, 1976

Glen M. Hargis Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____, 1976

_____ 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 session and filed

in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 20 day of May, 1976, authorizing the joining together as husband and wife

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

I, Rev. Raymond L. Pader, hereby certify that on the 21 day of May, 1976,

at 7:00 P.M. Home of Dick Kennedy County of Hendricks, State of Indiana,

one thousand nine hundred and 76, of Hendricks County, State of Indiana,

State of Indiana, Groom John Owen Kennedy of Hendricks

and, Bride Debra Joann Patterson of Hendricks

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

County, Dated this 20 day of May, 1976.

Signed Rev. Raymond L. Pader

Official Designation Pastor, 1st Baptist Ch., Lexington, Ind.

24 day of May, 1976

Signed Glen M. Hargis Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1976.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. #174

File

5-24-76
Date of Application

MALE
Medical Examination Report Dated 5-19-76
Name of Physician Jerry Cohen

FEMALE
Medical Examination Report Dated 5-19-76
Name of Physician Jerry 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 Verl D. Wisehart
Date of Birth Dec 17 1952
Place of Birth (State or foreign country) Greencastle, Ind
Residence Address RR #1 Stilesville, 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 Farmer

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

☐ Other (Specify) Book 17 A p. 145

- Are you now or have you been adjudged, diagnosed or considered 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 Worn Boyd Wisehart
Residence of father (if deceased so state) RR #1 Stilesville, Ind
Occupation of father Electrical Tech Race of father _____
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Bonnie Mae Pointer
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 Verl D. Wisehart

New Address 320 N. Jefferson Brownsburg

Subscribed and sworn to before me this 24 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Theresa J. Belles
Date of Birth Nov 15 1952
Place of Birth (State or foreign country) Indianapolis, Ind
Residence Address 320 N. Jefferson
Maiden Name if Different Jefferson

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Teacher

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

☐ Other (Specify) #12378

- Are you now or have you been adjudged, diagnosed or considered 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 Gerald Kendall Ruffin
Residence of father (if deceased so state) Box 190 Clayton
Occupation of father Eng Race of father _____
Birthplace of father (State or foreign country) Kansas

8. Full maiden name of mother Rosalyn Barbara Severn
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Arkansas

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

County of HENDRICKS Signed Theresa J. Belles

New Address 320 N. Jefferson Brownsburg, Ind

Subscribed and sworn to before me this 24 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 28 day of May, 1976, 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. Kent Duke

hereby certify that on the 29th day of May, 1976

at Stilesville, County of Hendricks

State of Indiana, Groom Verl D. Wisehart of Hendricks County, State of Indiana

and, Bride Theresa J. Belles of Hendricks County, State of Indiana

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

Dated this 29th day of May, 1976

Signed Rev. Kent Duke

Official Designation Pastor, Stilesville Baptist C

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1976

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. # 175

File _____

HENDRICKS

County

5-24-76

Date of Application

MALE

Medical Examination Report Dated 5-18-76

Name of Physician A. N. Snodden

FEMALE

Medical Examination Report Dated 5-18-76

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 Kent E Shepard
Date of Birth Feb 2 1953
Place of Birth (State or foreign country) Warrie Co. Ind.
Residence Address 511 W. Southport Rd. Dupes
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Eng.

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

☐ Other (Specify) H 53-008719

- Are you now or have you been adjudged, diagnosed or considered 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 Harmon Shepard
Residence of father (if deceased so state) Same
Occupation of father Salesman Race of father _____
Birthplace of father (State or foreign country) Darke Co.
12. Full maiden name of mother Carla Mae Smith
Residence of mother (if deceased so state) Same
Occupation of mother Saleswoman Race of mother _____
Birthplace of mother (State or foreign country) Darke Co.

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

Signed Kent E. Shepard

New Address 419 GIBBS ST. PLAINFIELD, IND.

Subscribed and sworn to before me this 24 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Jo Ellen Shuck
Date of Birth Dec 1 1953
Place of Birth (State or foreign country) Madison Co. Clared, Ind.
Residence Address 43 Robinwood Dr. Brownsburg
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify) Merry Hospital - Clared, Ind.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Gilbert Goscoe Shuck
Residence of father (if deceased so state) Same
Occupation of father Teacher Race of father _____
Birthplace of father (State or foreign country) Dupont Co. Ind.

8. Full maiden name of mother Josephine Louise Evans
Residence of mother (if deceased so state) Same
Occupation of mother Teacher Race of mother _____
Birthplace of mother (State or foreign country) Clay Co.

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

Signed Jo Ellen Shuck

New Address Same

Subscribed and sworn to before me this 24 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____

_____ Court by written order issued _____
_____ HENDRICKS County _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 28 day of May, 1976, authorizing the joining together as husband and wife _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 5 day of June, _____

I, Douglas B. Dickey at Brownsburg County of Indiana, _____

one thousand nine hundred and 76 of Marion County, State of Indiana, _____

State of Indiana, Groom Kent E. Shepard of Hendricks _____

and, Bride Jo Ellen Shuck of _____

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

Dated this 5 day of June, 1976 Signed Douglas B. Dickey _____
Official Designation Minister _____, 1976.
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. 176
File BK 37
Date of Application May 24, 1976

MALE
Medical Examination Report Dated 5-18-76
Name of Physician A. N. Sudder

FEMALE
Medical Examination Report Dated 5-18-76
Name of Physician A. N. Sudder

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

MALE APPLICANT

Name First Elbert Middle LaRon Last Redman
Date of Birth Month June Day 25 Year 1945
Place of Birth (State or foreign country) Boone Co. Indiana
Residence Address Street or R. R. 14 Franklin St. City Pittsboro County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ April 1976
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Glaizer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Ind. St.
☒ Other (Specify) Insurance Policy # 312-50-6183

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

(a) List their full names, ages and addresses

Name Age Address
Keith L. Redman 11 1805 E. 1st St. Ind.
Kenny L. Redman 8 Rt 1 Box 1805 Danville 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 Doyle L. Redman
Residence of father (if deceased so state) Monticello, Ind.
Occupation of father Farmer Race of father W.
Birthplace of father (State or foreign country) Upson Co. Ind.
12. Full maiden name of mother Sheela Ruth Rude
Residence of mother (if deceased so state) Monticello, Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Clinton Co. Ind.

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

Signed Elbert L. Redman

New Address 14 Franklin St. Brownsburg Ind.

Subscribed and sworn to before me this 24th day of May, 1976
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 Evelyn Middle Joan Last Capps
Date of Birth Month September Day 27 Year 1947
Place of Birth (State or foreign country) William Co. Indiana
Residence Address Street or R. R. 6758 Lambert City Indpls County Marion State Ind.
Maiden Name if Different Badders
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Jan 1974
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Ind. St.
☐ Other (Specify) # 113-47-087561

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 Ernest Badders

Residence of father (if deceased so state) Jasonville, Ind.
Occupation of father Retired Race of father W.
Birthplace of father (State or foreign country) William Co. Ind.
8. Full maiden name of mother Amy Kathryn Cogace
Residence of mother (if deceased so state) Jasonville, Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Illinois

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

Signed Evelyn J. Capps

New Address 14 Franklin St. Brownsburg

Subscribed and sworn to before me this 24th day of May, 1976
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 28th day of May, 1976, authorizing the joining together as husband and wife of Elbert LaRon Redman and Evelyn Joan Capps.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen A. Clarkson hereby certify that on the 28th day of May, one thousand nine hundred and 76 at Pittsboro, County of Hendricks, State of Indiana, Groom Elbert L. Redman and, Bride Evelyn J. Capps 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 28th day of May, 1976.

Signed Glen A. Clarkson

Official Designation Pastor, Pittsboro U.M.C.

1st day of June, 1976

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____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. #177
File _____
Date of Application 5-24-76

HENDRICKS County

MALE
Medical Examination Report Dated 5-28-76
Name of Physician James Black

FEMALE
Medical Examination Report Dated 5-24-76
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 Laurence M. Wilson
Date of Birth October 8, 1941
Place of Birth (State or foreign country) Los Angeles, California
Residence Address RR 1 Cedar Terrace Apts. North Vernon, 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 Supervisor
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Los Angeles Dept. of Health #19613
☐ 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
Scott Wilson 5, R1 Box 140 McLeadsville, Ind.
Susanne Wilson 7, R1 Box 140 McLeadsville, Ind.

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

11. Full name of father William W. Wilson
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father Ir.
Birthplace of father (State or foreign country) Minnesota
12. Full maiden name of mother Ethel Mae Thompson
Residence of mother (if deceased so state) Carmel, Indiana
Occupation of mother House-maker Race of mother Ir.
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 Laurence M. Wilson
New Address RR 5 Box 182 North Vernon, Ind
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name Priscilla M. Sorrells
Date of Birth Jan 12, 1944
Place of Birth (State or foreign country) Indianapolis
Residence Address 6 Murphy Ct. Brownsburg
Maiden Name if Different Harold
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Sept 1975
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Housewife
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #50 p 72 C.H. 31

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Russell Elmer Harold
Residence of father (if deceased so state) 601 Garden St Fortville, Ind
Occupation of father Retired Race of father _____
Birthplace of father (State or foreign country) Northville

8. Full maiden name of mother Laura Katherine Burres
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 Priscilla M. Sorrells
New Address RR 5 Box 182 North Vernon, Ind

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 28 day of May, 1976, authorizing the joining together as husband and wife of Laurence M. Wilson and Priscilla M. Sorrells

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Rev. J. Kincaid Smith, hereby certify that on the 28th day of May, _____
at Messiah Lutheran Church, County of Hendricks,
one thousand nine hundred and 76, _____ County, State of Indiana,
State of Indiana, Groom Laurence M. Wilson of Hendricks County, State of Indiana,
and, Bride Priscilla M. Sorrells of Hendricks County, State of Indiana,
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 28th day of May, 1976.
Signed J. Kincaid Smith
Pastor

Official Designation _____
1st day of June, 1976
Signed Alan M. Harney
Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 178
File May 25, 1976
Date of Application

MALE
Medical Examination Report Dated 5/19/76
Name of Physician Eric Clark M.D.

FEMALE
Medical Examination Report Dated 5/19/76
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 Douglas E. Burns
Date of Birth August 11, 1955
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 10 Michael Dr. 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 Truck Driver

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

☐ Other (Specify) # 13765

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

Name	Age	Address

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

11. Full name of father: Herschell Elbert Burns
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother: Lydia Kathryn Cooper
Residence of mother (if deceased so state) Plainfield, 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 in this application is true and correct.
County of HENDRICKS

Signed Douglas E. Burns
New Address RR 2 Ashbury Park Box 99

Subscribed and sworn to before me this 25 day of May, 1976
Shen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Jennifer E. Hart
Date of Birth August 24, 1956
Place of Birth (State or foreign country) Greensburg, Ind.
Residence Address 10 Michael Dr. 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 Nurse

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

☐ Other (Specify) # 2392

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Lee Hart
Residence of father (if deceased so state) Greensburg, Ind.
Occupation of father Truck Driver Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother: Margaret Elsie Roseberry
Residence of mother (if deceased so state) Greensburg, Ind.
Occupation of mother Cashier 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 Jennifer E. Hart

New Address RR 2 Ashbury Park Box 99

Subscribed and sworn to before me this 25 day of May, 1976
Shen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 29th day of May, 1976, authorizing the joining together as husband and wife of _____ Douglas E. Burns and _____ Jennifer E. Hart.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the 29th day of May, 1976, at Greensburg, _____ County of Decatur, State of Indiana, Groom _____ Douglas E. Burns _____ of _____ Hendricks County, State of Indiana and, Bride _____ Jennifer E. Hart _____ of _____ Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 29th day of May, 1976.
Signed _____ William F. McCoy Minister
Official Designation _____
Signed _____ Shen M. Harvey Clerk
_____ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of June, 1976

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 179

File 5-25-76
Date of Application

MALE
Medical Examination Report Dated 5-19-76
Name of Physician R. N. Scudder

FEMALE
Medical Examination Report Dated 5-19-76
Name of Physician R. N. Scudder

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

MALE APPLICANT

Name First Wayne Middle Lay Last Lay
Date of Birth Month 12 Day 9 Year 1933
Place of Birth (State or foreign country) Indiana Ill.
Residence Address R.R. #1 Brownsburg City Brownsburg County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Decd. 1976
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Self Employed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service 11-10-33-204
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Chris W. Lay 9 Same
(b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Louis James Lay
Residence of father (if deceased so state) 404 Beardsley Champaign Ill.
Occupation of father Retired Race of father _____
Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Cecely Marie McRude
Residence of mother (if deceased so state) 8526 North Park Indpls
Occupation of mother Retired Race 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 Wayne M. Lay
New Address R.R. 1 Box 70B Brownsburg Ind.
Subscribed and sworn to before me this 25 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 Mary Middle Howard Last Howard
Date of Birth Month 4 Day 29 Year 1958
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. #1 Box 70B Brownsburg City Brownsburg County Hendricks State Ind.
Maiden Name if Different Howard
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1975 Marion
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Housewife
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #113-51-028235
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Glen Howard
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 Virgie M. Thompson
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Mary L. Howard
New Address R.R. 1 Box 70B Brownsburg, Ind.
Subscribed and sworn to before me this 25 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 _____ Court by written order issued _____
_____ HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 29 day of May, 1976, authorizing the joining together as husband and wife of Wayne M. Lay and Mary L. Howard
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Floyd Smith hereby certify that on the 29th day of May, _____, County of Marion, _____, at Lawrence _____, County, State of Indiana, _____, of Hendricks _____, County, State of Indiana, _____, of Hendricks _____, County, State of Indiana, _____, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, _____, Dated this 29th day of May, 1976
Signed Floyd Smith Judge
Official Designation June, 1976
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. 180
File
Date of Application May 25, 1976

MALE
Medical Examination Report Dated 5/24/76
Name of Physician William D. Province M.D.

FEMALE
Medical Examination Report Dated 5/24/76
Name of Physician William D. Province 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
Leo Li Ping Fong
Date of Birth Month Day Year
September 2 1954
Place of Birth (State or foreign country)
Taipei
Residence Address Street or R. R. City County State
316 E. Elm Greencastle 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) Certificate of Death No C 292725

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions 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 Benjamin Fong
Residence of father (if deceased so state) Hong Kong
Occupation of father Pastor Race of father White
Birthplace of father (State or foreign country) Shanghai
12. Full maiden name of mother Margaret Chan
Residence of mother (if deceased so state) Hong Kong
Occupation of mother Clerk Race of mother
Birthplace of mother (State or foreign country) Fukchow

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

Signed Leo Li Ping Fong
New Address 316 E. Elm Apt 3 Greencastle, Ind.

Subscribed and sworn to before me this 25 day of May, 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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
Merrietta Lynn Smith
Date of Birth Month Day Year
August 10 1953
Place of Birth (State or foreign country)
Madison Wap Indiana
Residence Address Street or R. R. City County State
R.R. #1 Box 358, 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 College Administrator

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Stat. # 316621730

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Lloyd Wallace Smith
Residence of father (if deceased so state) Plainfield Ind.
Occupation of father Vice Principal Race of father White
Birthplace of father (State or foreign country) Berea, Ky.
8. Full maiden name of mother Shakesha Marie Mullins
Residence of mother (if deceased so state) deceased
Occupation of mother Race of mother
Birthplace of mother (State or foreign country) Pike Co. Ky.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.
Signed Merrietta Lynn Smith
New Address 316 E. Elm, Apt 3, Greencastle
Subscribed and sworn to before me this 25 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

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 _____
of Indiana dated the 29th day of May 76, 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, R. Kent Allen

one thousand nine hundred and 76 hereby certify that on the 30th day of May
State of Indiana, Groom Leo Li Ping Fong at Plainfield _____, County of _____
and, Bride Merrietta Lynn Smith 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 _____
County, _____, State of _____
Dated this 30th day of May, 1976.

Signed R. Kent Allen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of June, 1976.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 181
File Bk 37
May 25, 1976
Date of Application

MALE
Medical Examination Report Dated 5-10-76
Name of Physician Laura J. Peacock M.D.

FEMALE
Medical Examination Report Dated 5-18-76
Name of Physician M. D. Schaefer

ALL QUESTIONS 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 Mark Middle Allen Last Taylor
Date of Birth Month April Day 19 Year 58
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 1401 W. 1st St. Bldg. 100, Pittsboro, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered 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: Warren L. Taylor
Residence of father (if deceased so state) Lafayette, Ind.
Occupation of father Teacher Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother: Theresa B. Nolan
Residence of mother (if deceased so state) Lafayette
Occupation of mother None Race of mother wh
Birthplace of mother (State or foreign country) Kansas

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

Signed Mark A. Taylor
New Address 1401 W. 1st St. Bldg. 100, Pittsboro, Ind.

Subscribed and sworn to before me this 1 day of June, 1976
Shen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Lu Middle Ann Last Blanton
Date of Birth Month May Day 3 Year 1958
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address RR #1 Pittsboro, Ind.
Maiden Name if Different Hendricks
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
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: Donald Ralph Blanton
Residence of father (if deceased so state) Pittsboro, Ind.
Occupation of father Factory Worker Race of father W.
Birthplace of father (State or foreign country) Hendricks Co., Ind.
8. Full maiden name of mother: Virginia Ruth Kiger
Residence of mother (if deceased so state) Pittsboro, Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Pike Co., Ind.

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

Signed Lu Ann Blanton
New Address RR #1 Pittsboro, Ind.

Subscribed and sworn to before me this 25 day of May, 1976
Shen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the _____ day of _____, 1976, authorizing the joining together as husband and wife of Mark Allen Taylor and Lu Ann Blanton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Sherman Essex hereby certify that on the 5th day of June, 1976, at Pittsboro, County of Hendricks, Ind.

one thousand nine hundred and 76 at Hendricks County, State of Indiana
State of Indiana, Groom Mark Allen Taylor of Hendricks County, State of Indiana
and, Bride Lu Ann Blanton of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS
County. Dated this 5 day of June, 1976 Signed Sherman Essex Minister

Official Designation _____ day of June, 1976
Signed Shen M. Harvey Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 182

File
May 25, 1976
Date of Application

MALE
Medical Examination Report Dated 5/19/76
Name of Physician Carl L. Hinkley M.D.

FEMALE
Medical Examination Report Dated 5/19/76
Name of Physician Carl L. Hinkley M.D.

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

MALE APPLICANT

Name Ricky Allen Davitts
Date of Birth February 17 1954
Place of Birth (State or foreign country) Indiana
Residence Address 700 W. Mill St. 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 Printer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-54-016360

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

Name	Age	Address

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

11. Full name of father Sony Davitts
Residence of father (if deceased so state) Mill St. Danville Ind.
Occupation of father Tool & die maker Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Barbara Clemens
Residence of mother (if deceased so state) Mill St. Danville 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 in this application is true and correct.
County of HENDRICKS

Signed Ricky A. Davitts

New Address 8021 Wyckford Dr. Apt. D Indianapolis

Subscribed and sworn to before me this 25 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Emily Mendenhall
Date of Birth April 13 1956
Place of Birth (State or foreign country) Green Castle
Residence Address R.R. 2 Box 102 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 Secretary

- Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Indiana Reg # 8498
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
 4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
 5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Harold E. Mendenhall
Residence of father (if deceased so state) R.R. 3 Danville Ind.
Occupation of father Job Sitter Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Patricia Mae Fuller
Residence of mother (if deceased so state) R.R. 3 Danville 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 in this application is true and correct.
County of HENDRICKS

Signed Jill Emily Mendenhall

New Address 815 Wyckford Dr. Apt. D Indianapolis

Subscribed and sworn to before me this 25 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 June, 1976, 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 Melvin McFarland, hereby certify that on the 5 day of June,
one thousand nine hundred and 76, at New Manchester, County of Hendricks,
State of Indiana, Groom Ricky Allen Davitts of Hendricks County, State of Indiana
and, Bride Jill Emily Mendenhall of Marion County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 1st day of June, 1976.

Signed Glen Melvin McFarland

Official Designation Minister of the Gospel
day of June, 1976

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 21

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 183
File J
Date of Application May 25, 1976

HENDRICKS County

MALE
Medical Examination Report Dated 5/24/76
Name of Physician Lucy Cohen, M.D.

FEMALE
Medical Examination Report Dated 5/24/76
Name of Physician Lucy Cohen, M.D.

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

MALE APPLICANT

Name Glenn Large
Date of Birth December 8 1950
Place of Birth (State or foreign country) Indianapolis
Residence Address RR #2 Box 296 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 Biologist

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

☐ Other (Specify) # 11709

- Are you now or have you been adjudged, diagnosed or considered 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 1 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 Julius Lange Jr.
Residence of father (if deceased so state) Plainfield Ind.
Occupation of father Cashier Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Shirley Mae McMillen
Residence of mother (if deceased so state) Plainfield 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 in this application is true and correct.

County of HENDRICKS

Signed Glenn Allan Lange

New Address RR #2, Box 296, Indpls, Ind 46231

Subscribed and sworn to before me this 25 day of May, 1976

Glenn M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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 Carla Smith
Date of Birth September 20 1954
Place of Birth (State or foreign country) Indiana
Residence Address 709 Roosevelt 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 Secretary

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

☐ Other (Specify) # 113-54-240040

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

7. Full name of father Carl H. Smith
Residence of father (if deceased so state) Plainfield Ind.
Occupation of father Public Guard Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Wileen M. Blentgen
Residence of mother (if deceased so state) Plainfield 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 in this application is true and correct.

County of HENDRICKS

Signed Carla J. Smith

New Address R.R. 2, Box 296, Indpls, IN 46231

Subscribed and sworn to before me this 25 day of May, 1976

Glenn M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the _____ day of _____, 1976, authorizing the joining together as husband and wife

of Glenn A. Lange and Carla J. Smith

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

I, R. Kent Allen, hereby certify that on the 5th day of June, 1976, at Plainfield, County of Hendricks, State of Indiana, of Hendricks County, State of Indiana, and, Bride Carla Jean Smith of _____ of _____ HENDRICKS _____

one thousand nine hundred and 76

State of Indiana, Groom Glenn Allan Lange

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

Dated this 5 day of June, 1976

Signed R. Kent Allen Minister

Official Designation _____ day of June, 1976

Signed Glenn 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. 184
File Bk 37
May 25, 1976
Date of Application

MALE
Medical Examination Report Dated 5-7-76
Name of Physician Eric D. Clark M.D.

FEMALE
Medical Examination Report Dated 5-7-76
Name of Physician John J. Spahr, 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 First Middle Last
David Lott Hardy
Date of Birth Month Day Year
February 10 1944
Place of Birth (State or foreign country)
Bloomington, Indiana
Residence Address Street or R. R. City County State
Box 300A R.R. 1 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 Attorney
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) U.S. Passport

- Are you now or have you been adjudged, diagnosed or considered 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 Lewis Hardy
Residence of father (if deceased so state) Seneca, Ind.
Occupation of father Retired Race of father W.
Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Lillian Katherine Morgan
Residence of mother (if deceased so state) Seneca, Ind.
Occupation of mother Retired Race of mother W.
Birthplace of mother (State or foreign country) Mt. Vernon, Ohio

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

Signed David Lott Hardy

New Address Box 300A R.R. 1 Brownsburg, Ind.

Subscribed and sworn to before me this 25 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1976
Clerk

FEMALE APPLICANT

Name First Middle Last
Sherry Frances Hinckman
Date of Birth Month Day Year
May 9 1943
Place of Birth (State or foreign country)
Indianapolis, Indiana
Residence Address Street or R. R. City County State
6421 Consulate Ct. Indpls Marion Ind.
Maiden Name if Different Pruitt

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Jan. 1969

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

Usual Occupation Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) U.S. Passport

- Are you now or have you been adjudged, diagnosed or considered 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 Nelson Craig Pruitt
Residence of father (if deceased so state) Deceased
Occupation of father Race of father W.
Birthplace of father (State or foreign country) Morgan Co, Ind.
8. Full maiden name of mother Nancy Katherine Plaster
Residence of mother (if deceased so state) Indpls, Ind.
Occupation of mother Office Work Race of mother W.
Birthplace of mother (State or foreign country) Hendricks Co, Ind.

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

Signed Sherry F. Hinckman

New Address P.O. Box 300A Brownsburg, Ind.

Subscribed and sworn to before me this 25 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1976
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 2 day of June, 1976, authorizing the joining together as husband and wife
David Lott Hardy and Sherry Frances Hinckman
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, David T. Woods, hereby certify that on the 6 day of June,
one thousand nine hundred and 76, at Brownsburg,
State of Indiana, Groom David Lott Hardy of Hendricks County, State of Indiana
and, Bride Sherry Frances Hinckman of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 6 day of June, 1976.

Signed David T. Woods

Official Designation Judge Geo. M. Hendricks Circuit

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 June, 1976

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 185

File Bk 37

May 26, 1976
Date of Application

MALE

Medical Examination Report Dated 5-15-76

Name of Physician Fred R Brooks M.D.

FEMALE

Medical Examination Report Dated 5-15-76

Name of Physician Fred R Brooks

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

MALE APPLICANT

Name First Middle Last
Thomas A. Nicholson
Date of Birth Month Day Year
July 29 1946
Place of Birth (State or foreign country)
Paris, IllinoisResidence Address Street or R. R. City County State
R.R. #4 Paris Edgar Co. IllinoisPrevious Marital Status: Never Married ☐ Number of Previous MarriagesLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Machinist

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

- Are you now or have you been adjudged, diagnosed or considered 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: Roscoe Franklin Nicholson

Residence of father (if deceased so state): Paris, Illinois

Occupation of father: Farmer Race of father: W.

Birthplace of father (State or foreign country): Edgar Co., Illinois

12. Full maiden name of mother: Louise Gertrude Becht

Residence of mother (if deceased so state): Paris, Illinois

Occupation of mother: Housewife Race of mother: W.

Birthplace of mother (State or foreign country): Marshall, Illinois

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

County of HENDRICKS in this application is true and correct.

Signed: Thomas A. Nicholson

New Address: R.R. Rockville, Ind.

Subscribed and sworn to before me this 26 day of May, 1976.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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
Bobbie Sue Kersey
Date of Birth Month Day Year
January 4 1947
Place of Birth (State or foreign country)
Indianapolis, Ind.Residence Address Street or R. R. City County State
R.R. #1 Box 172K Pittsboro Hendricks Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous MarriagesLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) # 113-47-005360

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

8. Full maiden name of mother: Willie Belle Murders

Residence of mother (if deceased so state): Pittsboro, Ind.

Occupation of mother: Clerk - State Office Race of mother: W.

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

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

County of HENDRICKS in this application is true and correct.

Signed: Bobbie Sue Kersey

New Address: R.R. Rockville, Indiana

Subscribed and sworn to before me this 26 day of May, 1976.

Glen M. Harvey Clerk HENDRICKS Circuit Court

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the
of Indiana dated the 1st day of June, 1976, authorizing the joining together as husband and wife
Thomas A. Nicholson and Bobbie Sue KerseyBe it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Charles Noll, hereby certify that on the 19th day of June, 1976, at Brownsburg, County of Hendricks, State of Indiana, Groom Thomas A. Nicholson, of Edgar, County, State of Illinois, and, Bride Bobbie Sue Kersey, of Hendricks, County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, Indiana.

Dated this 1st day of June, 1976.

Signed: Rev. Charles Noll
Catholic Priest
Official Designation: June 19, 76Signed: Glen M. Harvey
HENDRICKS Clerk
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of June, 1976.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 186
File 2137
Date of Application May 27, 1976

MALE
Medical Examination Report Dated 5-17-76
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 5-17-76
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 Middle Last
Ray Alden Neier
Date of Birth Month Day Year
October 2 1954
Place of Birth (State or foreign country)
Bloomington, Ind.
Residence Address Street or R. R. City County State
Rt #2 Box 148 Roachdale Putnam Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Farmer

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

☐ Other (Specify) #44095 B

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

Name	Age	Address

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

11. Full name of father Roland Lee Neier

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

Occupation of father Farmer Race of father W.

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

12. Full maiden name of mother Suzanne With

Residence of mother (if deceased so state) Chicago, Ill.

Occupation of mother Housewife Race of mother W.

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

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

County of HENDRICKS

Signed Ray A. Neier

New Address Rt #2 Roachdale Ind

Subscribed and sworn to before me this 27 day of May, 1976.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 June, 1976, authorizing the joining together as husband and wife

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

I, Malcolm Q. Neier, hereby certify that on the 5 day of June

one thousand nine hundred and 76 at Coatesville, County of Hendricks

State of Indiana, Groom Ray Alden Neier of Putnam County, State of Ind.

and, Bride Judith A. Penrod of Hendricks County, State of Ind.

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

Dated this 5th day of June, 1976.

Signed Malcolm Q. Neier

Official Designation Minister of the Gospel

20 day of July, 1976

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 187

File Bk 37

May 27, 1976
Date of Application

MALE

Medical Examination Report Dated 5-25-76

Name of Physician Thomas Walker

FEMALE

Medical Examination Report Dated 5-25-76

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 Kenny Middle W. Last Thompson
Date of Birth Month May Day 13 Year 1954
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. 3642 C North Glen Arm Rd City Indianapolis State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation MaintenanceDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) #113-54-045773

- Are you now or have you been adjudged, diagnosed or considered 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 John Robert Thompson
Residence of father (if deceased so state) Altamonte, Florida
Occupation of father Welder Race of father W.
Birthplace of father (State or foreign country) Alta, Indiana
12. Full maiden name of mother Dorothy Gene Cox
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Police Station 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 Kenny ThompsonNew Address 3642 C NORTH GLEN ARM INDIANAPOLIS

Subscribed and sworn to before me this 27 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Jana Middle L. Last Hunsinger
Date of Birth Month November Day 15 Year 1953
Place of Birth (State or foreign country) Bellefonte, Illinois
Residence Address Street or R. R. 27 Northglen Pkwy City B. Bug State Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation UnemployedDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) 114-112

- Are you now or have you been adjudged, diagnosed or considered 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 Bryon L. Hunsinger
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Office - Robinson's Race of father W.
Birthplace of father (State or foreign country) Lushville, Ind.
- Full maiden name of mother Arlene Apple
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Secretary Race of mother W.
Birthplace of mother (State or foreign country) Lushville, Ind.

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

Signed Jana L. HunsingerNew Address 3642 C North Glen Arm Rd Indpls 46224

Subscribed and sworn to before me this 27 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____
_____ Court by written order issued _____
_____ County _____
_____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 1976, authorizing the joining together as husband and wife of _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the 4th day of June,
_____ at Brownsburg County of Hendricks
one thousand nine hundred and 76 _____ County, State of Indiana
State of Indiana, Groom Kenny W. Thompson of Marion County, State of Indiana,
and, Bride Jana L. Hunsinger of Hendricks County, State of Indiana,
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 4 day of June, 1976 Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of June, 1976.
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. 188

File

May 27, 1976
Date of Application

MALE
Medical Examination Report Dated 5/23/76
Name of Physician H. A. Palmer

FEMALE
Medical Examination Report Dated 5/23/76
Name of Physician A. T. Chappel, 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 Keith First A. Middle Burgett Last
Date of Birth February Month 23 Day 1956 Year
Place of Birth (State or foreign country) Johnson Co. Franklin Ind.
Residence Address 2325 S. Harlan St. Indpls Ind. Street or R. R. 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 Truck Driver

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

☐ Other (Specify) # 19102 - B

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

Name Age Address

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

11. Full name of father James Alvin Burgett
Residence of father (if deceased so state) Lawrence, Ind.
Occupation of father Salmon Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary Sue Plummer
Residence of mother (if deceased so state) Lawrence, Ind.
Occupation of mother Sales, Richmond Ind. 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 Keith A. Burgett
New Address 2325 Harlan St Indpls

Subscribed and sworn to before me this 27 day of May, 1976
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed Father

Signed Mother

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

FEMALE APPLICANT

Name Delorus First G. Middle Cecil Last
Date of Birth August Month 27 Day 1958 Year
Place of Birth (State or foreign country) Indpls Ind.
Residence Address Box 12 P. Pittsboro Ind. Street or R. R. City Pittsboro 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 Unemployed

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

☐ Other (Specify) # 10364

- Are you now or have you been adjudged, diagnosed or considered 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 Alvin Luther Cecil
Residence of father (if deceased so state) Pittsboro, Ind.
Occupation of father Island Contractor Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Barbara Lou Beckley
Residence of mother (if deceased so state) Pittsboro, Ind.
Occupation of mother Lowell Realty 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 Delorus G. Cecil
New Address 2325 S Harlan St Indpls

Subscribed and sworn to before me this 27 day of May, 1976
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed Alvin L. Cecil Father

Signed Barbara Lou Cecil Mother

Subscribed and sworn to before me this 27 day of May, 1976
Ellen 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 2 day of June, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Stephen L. Little hereby certify that on the 4 day of June, 1976, at Rocklane Christian Ch. County of Johnson State of Indiana, Groom Keith A. Burgett of Marion County, State of Ind. and, Bride Delorus G. Cecil of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4 day of June, 1976.

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of July, 1976.

Signed Stephen L. Little Official Designation Pastor, Pleasant Valley U.C.L.

Signed Ellen M. Harvey Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 189

File

May 27 1976
Date of Application

MALE

Medical Examination Report Dated 5-14-76

Name of Physician David M. Hadley

FEMALE

Medical Examination Report Dated 5-14-76

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
Douglas Preston Warman
Date of Birth Month Day Year
April 27 1955
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
206 North State 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
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 4456

- Are you now or have you been adjudged, diagnosed or considered 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 Forrest Wayne Warman
Residence of father (if deceased so state) 206 N. State, Indpls
Occupation of father Security Guard Race of father
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary Engshenke
Residence of mother (if deceased so state) 1230 English Ave Indpls
Occupation of mother Housewife Race of mother
Birthplace of mother (State or foreign country) New York

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

Signed Douglas Warman

New Address RR 8 Box 419

Subscribed and sworn to before me this 27 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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
Frances Marie Arnold
Date of Birth Month Day Year
Aug 23 1955
Place of Birth (State or foreign country)
Beulah Grove, Ind.
Residence Address R # 8 Box 419 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
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 112-55-066509

- Are you now or have you been adjudged, diagnosed or considered 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 Arnold
Residence of father (if deceased so state) 419 Harris Indpls
Occupation of father Factory Race of father
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Florence A. -
Residence of mother (if deceased so state) New Mexico
Occupation of mother Housewife Race of mother
Birthplace of mother (State or foreign country) New Jersey

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

Signed Frances Arnold

New Address RR 8 Box 419

Subscribed and sworn to before me this 27 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1st day of June, 1976, authorizing the joining together as husband and wife
of Douglas Preston Warman and Frances Marie Arnold.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mowrer, hereby certify that on the 1st day of June, 1976, at Danville, County of Hendricks,
one thousand nine hundred and 76, of Marion County, State of Indiana
State of Indiana, Groom Douglas Preston Warman of Hendricks County, State of Indiana
and, Bride Frances Marie Arnold of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS
County.

Dated this 1st day of June, 1976
Signed John C. Mowrer
Official Designation Judge, Hendricks County Court
1st day of June, 1976
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. 190

File
May 28 1976
Date of Application

MALE
Medical Examination Report Dated 5-28-76
Name of Physician M.D. Scamaroni, M.D.

FEMALE
Medical Examination Report Dated 5-28-76
Name of Physician M.D. Scamaroni, M.D.

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

MALE APPLICANT

Name First John Middle Mark Last Kelly
Date of Birth Month May Day 18 Year 1957
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address Street or R. R. 925 Winding Pkwy. City Indianapolis, In. County Hendricks State Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Parts Man
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

11. Full name of father Robert D. Kelly
Residence of father (if deceased so state) Indianapolis, In.
Occupation of father Dr. Station Agent Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Anna L. Rudder
Residence of mother (if deceased so state) Indianapolis, In.
Occupation of mother Waitress 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 John M. Kelly
New Address 925 Winding Brook Parkway
Subscribed and sworn to before me this 28 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

FEMALE APPLICANT

Name First Cynthia Middle Sue Last Krahn
Date of Birth Month May Day 8 Year 1956
Place of Birth (State or foreign country) Alton, Michigan
Residence Address Street or R. R. P.O. Box 280 City Layton, In. County Hendricks State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Sales 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 Charles J. Krahn
Residence of father (if deceased so state) Layton, In.
Occupation of father Carpenter Race of father wh
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Rosemarie J. McCall
Residence of mother (if deceased so state) Layton, In.
Occupation of mother Secretary Race of mother wh
Birthplace of mother (State or foreign country) Ontario, Canada

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

Signed Cynthia S. Krahn
New Address 925 Winding Brook Parkway
Subscribed and sworn to before me this 28 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 June, 1976, 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 Noll, hereby certify that on the 5 day of June
one thousand nine hundred and 76, at Brownsburg, County of Hendricks
State of Indiana, Groom John Mark Kelly of Marion County, State of Indiana
and, Bride Cynthia Sue Krahn of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 1st day of June, 1976.

Signed Rev. Charles Noll
Official Designation Catholic Priest
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 9 day of June, 1976.

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 191

File

May 28, 1976
Date of Application

MALE

Medical Examination Report Dated 5-17-76

Name of Physician M. O. Scandhorn M.D.

FEMALE

Medical Examination Report Dated 5-17-76

Name of Physician M. O. Scandhorn 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 John Lee Ayers
Date of Birth Dec. 25 1930
Place of Birth (State or foreign country) Brown Township, Indiana
Residence Address 311 E. Main, 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 Technician
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
<u>Jordan Ayers</u>	<u>17</u>	<u>Carmel, Ind.</u>
<u>Keith Ayers</u>	<u>15</u>	<u>" "</u>
<u>Melissa Ayers</u>	<u>12</u>	<u>" "</u>

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

11. Full name of father Herman Ayers
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Marjorie Everett
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother wh
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed John L. Ayers
New Address 311 East Main St. Brownsburg, Ind.
Subscribed and sworn to before me this 28 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

FEMALE APPLICANT

Name Kitty Lou Phillips
Date of Birth June 1 1933
Place of Birth (State or foreign country) Elmira, New York
Residence Address 311 E. Main, Brownsburg, Ind.
Maiden Name if Different Needelman
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 Real estate salesperson
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 William J. Needelman
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father wh
Birthplace of father (State or foreign country) New York
 - Full maiden name of mother Dorothy W. Parker
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother wh
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Kitty L. Phillips
New Address 311 E. Main St. Brownsburg
Subscribed and sworn to before me this 28 day of May, 1976
Glen 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

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____
_____ 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 1st day of June, 1976, authorizing the joining together as husband and wife of John Lee Ayers and Kitty Lou Phillips.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dennis L. Dodson hereby certify that on the 11 day of June, 1976, at Brownsburg, County of Hendricks, State of Indiana, Groom John Lee Ayers of Hendricks County, State of Indiana, and, Bride Kitty Lou Phillips of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS _____ County.
Dated this 1st day of June, 1976. Signed Dennis L. Dodson
Official Designation Minister, 1976.
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 June, 1976.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 192
File
Date of Application May 28, 1976

MALE
Medical Examination Report Dated 5/24/76
Name of Physician John Elliott, Jr. M.D.

FEMALE
Medical Examination Report Dated 5/24/76
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 First Steven Middle Ray Last Settles
Date of Birth Month October Day 5 Year 1955
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. RR #1 Box 135 City Clayton County Hendricks State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation U.S. Service

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

☐ Other (Specify) # 55-253109

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

(a) List their full names, ages and addresses

Name	Age	Address
Charles L. Settles		

- (b) Are you supporting or contributing to their 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 L. Settles
Residence of father (if deceased so state): deceased
Occupation of father: deceased
Race of father: White
Birthplace of father (State or foreign country): Kentucky
12. Full maiden name of mother: Helen M. Harvey
Residence of mother (if deceased so state): Clayton, 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 in this application is true and correct.
County of: HENDRICKS

Signed: Steven Ray Settles
New Address: RR #1 Box 135 Clayton
Subscribed and sworn to before me this 28 day of May, 1976
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 Lynn Middle Ellen Last Allee
Date of Birth Month September Day 15 Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. RR #1 Box 135 City Clayton County Hendricks State Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Musician

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

☐ Other (Specify) # 53471

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

7. Full name of father: Richard M. Allee
Residence of father (if deceased so state): Coatesville, Ind.
Occupation of father: State Highway Race of father: White
Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Helen Agnes Wallace
Residence of mother (if deceased so state): Coatesville, Ind.
Occupation of mother: Cascade School Race of mother: White
Birthplace of mother (State or foreign country): Indiana

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

Signed: Lynn Ellen Allee
New Address: RR #1 Box 135 Clayton
Subscribed and sworn to before me this 28 day of May, 1976
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 HENDRICKS Circuit Court of Indiana dated the 28th day of June, 1976, authorizing the joining together as husband and wife of STEVEN RAY SETTLES and LYNN ELLEN ALLEE. Be it further remembered, the following marriage certificate was filed in my office, to-wit: JEWELL REED

I, JEWELL REED, hereby certify that on the 28th day of MAY, 1976, at CLAYTON, County of HENDRICKS, State of Indiana, Groom STEVEN RAY SETTLES and, Bride LYNN ELLEN ALLEE, of HENDRICKS County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 28th day of MAY, 1976.

Signed: JEWELL REED
Official Designation: MINISTER
Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of June, 1976.
Signed: Ellen M. Harvey
Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 124, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 193
File May 28 1976
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 5/24/76
Name of Physician Bruce E. Beatty

FEMALE
Medical Examination Report Dated 5/3/76
Name of Physician Bruce E. Beatty

ALL QUESTIONS MUST BE ANSWERED. Chapter 124, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Kenneth First Leslie Middle Lemon Last
Date of Birth May Month 6 Day 1954 Year
Place of Birth (State or foreign country) Bloomington
Residence Address 1124 Weston Ave. City Indianapolis 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 Automotive Repairman

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

☐ Other (Specify) CH - 44 pg 27

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

Name Age Address

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

11. Full name of father Herbert Leroy Lemon
Residence of father (if deceased so state) Bloomington Ind.
Occupation of father Carl Service Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Pauline Mullis
Residence of mother (if deceased so state) Bloomington 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 Kenneth Leslie Lemon
New Address 1124 Weston Ave. Indianapolis Ind. 46224

Subscribed and sworn to before me this 28 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Ina First Kaye Middle Cooper Last
Date of Birth February Month 28 Day 1956 Year
Place of Birth (State or foreign country) Indianapolis
Residence Address P.O. #1 Box 474 City Plainfield Ind. State Tennessee
Maiden Name if Different

Previous 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) # 14156-06554

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

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

Signed Ina Kaye Cooper
New Address 1124 Weston Ave. Indianapolis Ind. 46224
Subscribed and sworn to before me this 28 day of May, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 8 day of June, 1976, authorizing the joining together as husband and wife of Kenneth Leslie Lemon and Ina Kaye Cooper

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joun A. Cooper hereby certify that on the 26th day of June,
at Plainfield Baptist Ch. County of Hendrick
one thousand nine hundred and 76 of Marion County, State of Indiana
State of Indiana, Groom Kenneth Leslie Lemon of Hendricks County, State of Indiana
and, Bride Ina Kaye Cooper 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. 26th day of June, 1976
Dated this _____ day of _____, 19____

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed John A. Cooper
Official Designation Ordained Baptist Minister
28th day of June, 1976
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. 2194

File

June 1, 1976
Date of Application

MALE
Medical Examination Report Dated 5-28-76
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 5-28-76
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 David Allan Estes
Date of Birth 5-21-1958
Place of Birth (State or foreign country) Warsaw, Indiana
Residence Address Rt 2 Box 53 Coatesville, In.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Craig J.V.

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

☐ Other (Specify) Book Ch. 12 page 31

- Are you now or have you been adjudged, diagnosed or considered 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 Jimmie Wayne Estes
Residence of father (if deceased so state) 292 Hancock Rd. Pfd.
Occupation of father Quality Control Race of father _____
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Wrothy Estelle Kendall
Residence of mother (if deceased so state) Rt 2 Box 53 Coatesville
Occupation of mother Postal Clerk Race of mother _____
Birthplace of mother (State or foreign country) Indianapolis, In.

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

Signed David A. Estes
New Address 5013 Caroline St. Indianapolis

Subscribed and sworn to before me this 1st day of June, 19 76
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Sandra Lee Cordle
Date of Birth 8-1-1957
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 219 Cass St. Cicero, In.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Sales person

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

☐ Other (Specify) H-446 Book H-16 p 40

- Are you now or have you been adjudged, diagnosed or considered 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 Ray Cordle
Residence of father (if deceased so state) 219 Cass St. Cicero, In.
Occupation of father Retired Race of father _____
Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Martha Jan Melick
Residence of mother (if deceased so state) 219 Cass St. Cicero
Occupation of mother Anal Inspector 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 Sandra L. Cordle
New Address 5013 Caroline St. Indianapolis

Subscribed and sworn to before me this 1 day of June, 19 76
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 19 76, 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 4 day of June, one thousand nine hundred and 76 at Indianapolis, County of Hamilton, State of Indiana, Groom David Allan Estes of Hendricks County, State of Indiana and, Bride Sandra Lee Cordle of Hamilton County, State of Indiana were by me united 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 June, 19 76.

Signed Glen M. Harvey

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of June, 19 76.

Signed Glen M. Harvey Clerk
_____ HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 37

File 195

6-1-76

Date of Application

MALE

Medical Examination Report Dated 5-28-76

Name of Physician Daniel Gentry

FEMALE

Medical Examination Report Dated 5-28-76

Name of Physician Daniel Gentry

ALL QUESTIONS 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 Daniel Middle J. Last French
Date of Birth Month December Day 18 Year 1957
Place of Birth (State or foreign country) Beech Grove Indiana
Residence Address 252 S. Cross Street or R. R. 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 Security Guard

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

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

11. Full name of father Robert Lee French
1003 N. Broadway, Greenfield, Ind.
Residence of father (if deceased so state)
Occupation of father Chrysler Corp. Race of father W
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Opal Glenora Mc Kinley
1003 N. Broadway, Greenfield, Ind.
Residence of mother (if deceased so state)
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 Daniel J. French

New Address 76 1/2 S. Jefferson, Danville, Ind.

Subscribed and sworn to before me this 1 day of June, 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Roxanna Middle Dawson Last
Date of Birth Month January Day 19 Year 1958
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address 252 S. Cross Street or R. R. 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 Unemployed

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

☐ Other (Specify) Statistics 667

- Are you now or have you been adjudged, diagnosed or considered 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 Clifford Earl Dawson
252 S. Cross
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Bridgeport Brass Race of father W
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Edurnia Mae Gephlin
252 N. Cross
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

County of HENDRICKS

Signed Roxanna Dawson

New Address 76 1/2 S. Jefferson, Danville, Ind.

Subscribed and sworn to before me this 1st day of June, 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

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

HENDRICKS County Court by written order issued _____ and filed

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 7 day of June, 1976, authorizing the joining together as husband and wife

of Daniel J. French and Roxanna Dawson

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

I, Rev. Jerry G. VanLue hereby certify that on the 19th day of June

one thousand nine hundred and 76 at Danville Apostolic Church County of Hendricks

State of Indiana, Groom Daniel J. French of Hendricks County, State of Indiana

and, Bride Roxanna Dawson of Hendricks County, State of Indiana

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

County. Dated this 19th day of June, 1976

Signed Rev. Jerry G. VanLue

Official Designation Minister June 1976

22nd day of June, 1976

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.

File

196

June 1, 1976
Date of Application

MALE

Medical Examination Report Dated

5/24/76

Name of Physician

A. N. Scudder M.D.

FEMALE

Medical Examination Report Dated

5-24-76

Name of Physician

A. N. Scudder

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

MALE APPLICANT

Name Robert A. Gregory
Date of Birth July 8 1956
Place of Birth (State or foreign country) Indiana
Residence Address 741 Charles 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

U.S. Navy

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☒ Other (Specify) Statistical Serv. # 312662103

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

Name	Age	Address

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

11. Full name of father Robert Lynn Gregory
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) Okla. Okla. Terr.
12. Full maiden name of mother Norma Jean Heat
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Columbia, Ky.

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

Signed Robert A. GregoryNew Address Great Lakes, Illinois

Subscribed and sworn to before me this 5 day of June, 1976
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 Dyann Lynn Maryman
Date of Birth 10 26 56
Place of Birth (State or foreign country) Louisiana
Residence Address 36 Saurbridge 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

Beautician

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

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father John R. Maryman
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Purchasing Agent Race of father wh
Birthplace of father (State or foreign country) Louisiana
- Full maiden name of mother Rosanna Mae Gilterson
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Statist 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 Dyann Lynn MarymanNew Address Great Lakes, Ill.

Subscribed and sworn to before me this 1 day of June, 1976
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 5th day of June, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, J. Kincaid Smith hereby certify that on the 12th day of June,
one thousand nine hundred and 76 at Brownsburg, County of Hendricks,
State of Indiana, Groom Robert A. Gregory of Hendricks County, State of Indiana
and, Bride Dyann Lynn Maryman of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS
County.

Dated this 12th day of June, 1976.

Signed J. Kincaid SmithOfficial Designation Pastor, Messiah Luth. Church

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

6 day of July, 1976

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.

File

#197

June 1, 1976
Date of Application

MALE

Medical Examination Report Dated 5-22-76

Name of Physician Thomas Black III

FEMALE

Medical Examination Report Dated 5-22-76

Name of Physician Thomas Black III

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

MALE APPLICANT

Name Robert Earl Shoulders
Date of Birth Sept 18 1958
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address St. 1 Box 134, Plainfield, In.
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Installers Fencing
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address

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

11. Full name of father Lonnie R. Shoulders
Residence of father (if deceased so state) Plainfield, In.
Occupation of father upkeep man Race of father wh
Birthplace of father (State or foreign country) Tennessee
12. Full maiden name of mother Vicki Mullins
Residence of mother (if deceased so state) _____
Occupation of mother Machin Operator 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 Robert Earl ShouldersNew Address Lake of the Lanterns

Subscribed and sworn to before me this June day of June, 1976.
Alan 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 Lonnie R. Shoulders FatherSigned Vicki Mullins Mother

Subscribed and sworn to before me this June day of June, 1976.
Alan M. Harney Clerk

FEMALE APPLICANT

Name Rebecca Jan Kennedy
Date of Birth Feb 22 1957
Place of Birth (State or foreign country) Shillupville, In.
Residence Address 311 Cartersburg Rd., Danville, In.
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 Cashier
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 Myron C. Kennedy
Residence of father (if deceased so state) Cartersburg, In.
Occupation of father freight man Race of father wh
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Sarah Mathis
Residence of mother (if deceased so state) Cartersburg, In.
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 Becky KennedyNew Address Lake of the Lanterns

Subscribed and sworn to before me this June day of June, 1976.
Alan M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

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 5 day of June, 1976, 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. Edwin Bryant hereby certify that on the 5 day of June,
at Faith Baptist County of Hendricks,
one thousand nine hundred and 76 of Hendricks County, State of Indiana,
State of Indiana, Groom Robert Earl Shoulders of Hendricks County, State of Indiana,
and, Bride Rebecca Jan Shoulders of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS
County.
Dated this 5 day of June, 1976.
Signed Rev. Edwin Bryant
Official Designation _____
Signed Alan 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

No. #198

File Bk 37

June 2, 1976
Date of Application

HENDRICKS County

MALE

Medical Examination Report Dated 6-2-76

Name of Physician Elmer L. Koch M.D.

FEMALE

Medical Examination Report Dated 6-2-76

Name of Physician Elmer L. Koch M.D.

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

MALE APPLICANT

Name First 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)

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

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

11. Full name of father Carson E. Smith
Residence of father (if deceased so state) Danville, Indiana
Occupation of father Factory Worker Race of father W.
Birthplace of father (State or foreign country) Indpls, Ind
12. Full maiden name of mother Barbara Ann Breelove
Residence of mother (if deceased so state) Danville, Ind
Occupation of mother Housewife 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 Ronald E. Smith
New Address 1528 Mary St. Indpls, Ind.
Subscribed and sworn to before me this 2nd day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Housewife
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 9705

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Arnold E. Stanton
Residence of father (if deceased so state) Oklahoma City, Okla.
Occupation of father Unknown Race of father W.
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary E. Elizabeth Owens
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Factory Worker Race of mother W.
Birthplace of mother (State or foreign country) Indpls, Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Sherry E. Kleiber
New Address 1528 Mary St. Indpls, Ind.
Subscribed and sworn to before me this 2nd day of June, 1976
Glen 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 _____ 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 _____ Court by written order issued _____ 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 7th day of June, 1976, authorizing the joining together as husband and wife of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the 7th day of June, 1976, 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 _____ County.
Dated this 7th day of June, 1976.

Signed _____
Official Designation _____
Filed and recorded in accordance with the laws of the State of Indiana this 1st day of June, 1976.
Signed _____ Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 199

File 37

6-3-76
Date of Application

MALE
Medical Examination Report Dated 5-14-76
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated 5-14-76
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, representa-

MALE APPLICANT

Name First John Middle Mc Knight Last
Date of Birth Month April Day 18 Year 1938
Place of Birth (State or foreign country) Indianapolis, Marion Co., Ind.
Residence Address Street or R. R. 172 City Plainfield County Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Indianapolis Radiator Works
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree #4594

- ☐ 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: Howard Myron Mc Knight
Residence of father (if deceased so state): Plainfield, Ind.
Occupation of father: Warehouseman Race of father: W
Birthplace of father (State or foreign country): Indiana

12. Full maiden name of mother: Mary Roselle Russell
Residence of mother (if deceased so state): Plainfield, Ind.
Occupation of mother: Nurse Race of mother: W
Birthplace of mother (State or foreign country): Indiana

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

Signed John Mc Knight
New Address Box 266 Clayton
Subscribed and sworn to before me this 3 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____
HENDRICKS County _____
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 7th day of June, 1976, authorizing the joining together as husband and wife
of John W. McKnight and Karen D. Wildman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Marc Sonny Hays hereby certify that on the 12 day of June

at Plainfield, County of Hendricks
one thousand nine hundred and 76 of Hendricks County, State of Indiana

State of Indiana, Groom John W. McKnight of Hendricks County, State of Indiana
and, Bride Karen D. Wildman

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

Dated this 12th day of June, 1976
Signed Marc Sonny Hays
Baptist Pastor

Official Designation 15th day of June, 1976
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. 200
File June 3, 1976
Date of Application

MALE
Medical Examination Report Dated 6/1/76
Name of Physician Mr. George Ostheimer

FEMALE
Medical Examination Report Dated 6/1/76
Name of Physician Mr. George Ostheimer

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

MALE APPLICANT

Name Donald E. Cooper
Date of Birth June 3, 1927
Place of Birth (State or foreign country) Indiana
Residence Address 360 W. County Line Rd. Mooresville, Ind.
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages one

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

Usual Occupation Assistant Sup. Power & Light
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Water Reg. # 8547

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

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: Charlotte Wiley

Residence of mother (if deceased so state) Mooresville

Occupation of mother Retired 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 Donald E. Cooper

New Address 360 W. County Line Rd. Mooresville, Ind.

Subscribed and sworn to before me this 3 day of June, 1976

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

FEMALE APPLICANT

Name Mary Jaida Russell
Date of Birth March 2, 1936
Place of Birth (State or foreign country) Indiana
Residence Address R.R. #1 Box 234 Mooresville, Ind.
Maiden Name if Different Jucker
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages one

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

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

☐ Other (Specify) # 1117

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

Residence of father (if deceased so state) deceased

Occupation of father _____ Race of father _____

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother: Margaret Jucker

Residence of mother (if deceased so state) Mooresville, Ind.

Occupation of mother Retired Race of mother White

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

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

County of HENDRICKS in this application is true and correct.

Signed Mary Jaida Russell

New Address 360 W. County Line Rd. Mooresville, Ind.

Subscribed and sworn to before me this 3 day of June, 1976

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 1976, authorizing the joining together as husband and wife

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

I, Donald E. Cooper, hereby certify that on the 31st day of July, 1976, at Mooresville, County of Morgan, State of Indiana, Groom Donald E. Cooper and Bride Mary Jaida Russell of Hendricks County, State of Indiana, 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 31st day of July, 1976.

Signed Donald E. Cooper Official Designation Pastor

Signed Shirley M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1976.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 201
File June 4, 1976
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 5-28-76
Name of Physician Haggard & Hadley

FEMALE
Medical Examination Report Dated 5-28-76
Name of Physician Haggard & 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 Douglas Neil Hampton
Date of Birth Nov. 20 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Box 341, 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 Part Man
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 1 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 Dale Edward Hampton
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Aluminum Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Thelma Ruth Tow
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 Douglas N. Hampton
New Address 199 1/2 W. Broadway, Evansville, Ind.

Subscribed and sworn to before me this 4 day of June, 1976
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 Kim Ellen Worden
Date of Birth Feb. 24 1958
Place of Birth (State or foreign country) Battle Creek, Michigan
Residence Address P.O. Box 277, Brownsville, Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation None
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Richard A. Worden
Residence of father (if deceased so state) Avon, Ind.
Occupation of father Blad Contr. Race of father wh
Birthplace of father (State or foreign country) Michigan
 - Full maiden name of mother Nancy A. Hilton
Residence of mother (if deceased so state) Avon, Ind.
Occupation of mother None Race of mother wh
Birthplace of mother (State or foreign country) Michigan

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

County of HENDRICKS
Signed Kim E. Worden
New Address 199 1/2 W. Broadway, Dan. IN

Subscribed and sworn to before me this 4 day of June, 1976
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 8th day of June, 1976, authorizing the joining together as husband and wife
of Douglas Neil Hampton and Kim Ellen Worden

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Teal O. Younce hereby certify that on the 12th day of June,
76 at Avon Christian Ch. County of Hendricks

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

State of Indiana, Groom Douglas Neil Hampton of _____ County, State of Indian

and, Bride Kim Ellen Worden of _____ HENDRICKS

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

Dated this 12th day of June, 1976
Signed Teal O. Younce Minister
Official Designation June, 1976
28th day of _____ Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____
Signed Glen M. Harney 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. 202
File _____
Date of Application June 4, 1926

HENDRICKS County

MALE
Medical Examination Report Dated 6-4-26
Name of Physician M. O. Scammon, M.D.

FEMALE
Medical Examination Report Dated 6-4-26
Name of Physician M. O. Scammon, 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 Lane Wagner
Date of Birth May 24, 1954
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Rt. 6 Box 61, 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 Lab. Tech.
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 Eugene R. Wagner
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father wh
Birthplace of father (State or foreign country) Colorado
12. Full maiden name of mother Bonnie E. Crews
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Cook 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 Jeffrey Lane Wagner
New Address Rt. 6 Box 61 Danville, Ind.
Subscribed and sworn to before me this 4 day of June, 1926
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 Lena Kay Lofton
Date of Birth March 27, 1958
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 725 S. Kentucky, 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 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 Ronnie J. Lofton
Residence of father (if deceased so state) Lebanon, Ind.
Occupation of father Store Manager Race of father wh
Birthplace of father (State or foreign country) Missouri
8. Full maiden name of mother Latoria A. Jones
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother None Race of mother wh
Birthplace of mother (State or foreign country) Arkansas

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Lena Kay Lofton
New Address Rt. 6, Box 61 Danville
Subscribed and sworn to before me this 4 day of June, 1926
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 _____ day of _____, 1926, authorizing the joining together as husband and wife of Jeffrey Lane Wagner and Lena Kay Lofton.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norman L. Weaver, hereby certify that on the 12 day of June, one thousand nine hundred and 26, at Danville, County of Hendricks, State of Indiana, Groom Jeffrey Lane Wagner of Hendricks County, State of Indiana and, Bride Lena Kay Lofton of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 12 day of June, 1926.

Signed Norman L. Weaver
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 16 day of June, 1926.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 203

File

6-4-76
Date of Application

MALE
Medical Examination Report Dated 5-10-76
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 5-10-76
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 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 Student

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

☐ Other (Specify) #4352

- Are you now or have you been adjudged, diagnosed or considered 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 Kenneth Everett Davis
Residence of father (if deceased so state) Arizona
Occupation of father Brick Layer Race of father
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Barbara Ann Bell
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother
Birthplace of mother (State or foreign country) Indianapolis

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

Signed x Timothy C. Davis

New Address

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed Father

Signed Mother

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

FEMALE APPLICANT

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation

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

☐ Other (Specify) #563431

- Are you now or have you been adjudged, diagnosed or considered 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 Wilbur Earl Vidito
Residence of father (if deceased so state) Same
Occupation of father Insurance Agent
Birthplace of father (State or foreign country) Indianapolis

8. Full maiden name of mother Marie Frances Johnson
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother
Birthplace of mother (State or foreign country) Indianapolis

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

Signed x Beth Ann Vidito

New Address

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } 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 5 day waived
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 5th day of June 1976, 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. R. B. Acheson, hereby certify that on the 5 day of June
one thousand nine hundred and 76, at Indianapolis, County of Marion,
State of Indiana, Groom Timothy Charles Davis, County, State of Indiana
and, Bride Beth Ann Vidito of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County, 5 June 1976
Dated this day of

Signed R. B. Acheson Ordained Minister
Official Designation

Signed Alex 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. 204
File 37
Date of Application 6-7-76

MALE
Medical Examination Report Dated May 18, 1976
Name of Physician Dr. R. Smith

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 LAST Middle Garland Muncy Paul
Date of Birth Month Day Year December 10 1953
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address P.O. Box 4906 U.S.A.F. Academy Colorado
Previous 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.A.F.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Ind. St. Bd. of Health
☐ Other (Specify) 53100905 Health
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

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

11. Full name of father George Muncy
Residence of father (if deceased so state) Deceased
Occupation of father Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Nazel Mink
Residence of mother (if deceased so state) Plainfield Ind.
Occupation of mother Cashier 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 Garland Muncy
New Address General Delivery, Vance AFB, OK
Subscribed and sworn to before me this 7 day of June, 19 76
Elen M. Harney Clerk HENDRICKS Circuit Court

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

State of Indiana, } 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 11 day of June, 19 76, authorizing the joining together as husband and wife of Garland Muncy and Vicki L. Carr.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Richard Zare, hereby certify that on the 12 day of June, 19 76, at Plainfield, County of Hendricks, State of Indiana, Groom Garland Muncy of Hendricks County, State of Ind. and, Bride Vicki L. Carr of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 11 day of June, 19 76.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19 76.

FEMALE APPLICANT
Name First Middle Last Vicki L. Carr
Date of Birth Month Day Year March 23 1954
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 1626 Albert 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 Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree #02680
☐ 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 Wallace L. Carr
Residence of father (if deceased so state) Plainfield
Occupation of father Electric Engineer Race of father W
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Louis V. Pettisrew
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Illinois

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

Signed Vicki L. Carr
New Address General Delivery, Vance AFB, OK
Subscribed and sworn to before me this 7 day of June, 19 76
Elen M. Harney Clerk HENDRICKS Circuit Court

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

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

Clerk

Signed Rev. Richard Zare
Official Designation Roman Catholic Priest
Subscribed and sworn to before me this 23 day of June, 19 76
Elen M. Harney Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 205

File 37

June 7, 1976
Date of Application

MALE
Medical Examination Report Dated June 1, 1976
Name of Physician Wm. Butler

FEMALE
Medical Examination Report Dated 5-26-76
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, represents."

MALE APPLICANT

Name First Middle Last
Kenneth J. Goodwin
Date of Birth Month Day Year
Feb. 2 1953
Place of Birth (State or foreign country)
Indianapolis, Indiana
Residence Address Street or R. R. City County State
AMMO CO. SUPBN. 2nd FSSS CAMP LEVENE, ON SLOW CO. RT. 2 BOX 83, 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 Marine Corp.

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

☒ Other (Specify) Registration Card 5941285

- Are you now or have you been adjudged, diagnosed or considered 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 Carl C. Goodwin
Residence of father (if deceased so state) 5977 N. Elton Indianapolis, Ind.
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Wilma Jean Berth
Residence of mother (if deceased so state) 5977 N. Elton Indianapolis, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed X Kenneth J. Goodwin
New Address Camp Lejeune N.C.

Subscribed and sworn to before me this day of 1976

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1976

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.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the June 1976, authorizing the joining together as husband and wife of Indiana dated the 15th day of June and Susan Jeane Farmer.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 19th day of June, 1976, at Indianapolis, County of Marion, State of Indiana, one thousand nine hundred and 76 of Marion, County, State of Indiana, State of Indiana, Groom Kenneth J. Goodwin of Hendricks, County, State of Indiana, and, Bride Susan Jeane Farmer of Hendricks, County, State of Indiana.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks, County, 15th day of June, 1976.

Dated this day of June, 1976

Signed David J. Markey
Official Designation Pastor, Northview Ch. of the Brethren

22nd day of June, 1976

Signed Glen M. Harvey
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 206

File 37

6-7-76

Date of Application

MALE

Medical Examination Report Dated 5-28-76

Name of Physician David M. Hadley

FEMALE

Medical Examination Report Dated 5-28-76

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 Larry Middle W. Last Nees
Date of Birth Month March Day 11 Year 1953
Place of Birth (State or foreign country) Brazil
Residence Address Street or R. R. 1901 Union City Lafayette County Indiana State Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Purdue Un. StaffDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Clay Co. Bd of Health 88.10. pp. 2☐ 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 Harold Herman Nees
Residence of father (if deceased so state) Poland, Ind.
Occupation of father Self-Employed Race of father W
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Betty Louise Pitts
Residence of mother (if deceased so state) Poland, Ind.
Occupation of mother Self-employed Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Larry W. NeesNew Address 1901 Union St. Apt 336 Lafayette, Ind.

Subscribed and sworn to before me this 7 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Vickie Middle L. Last Scudder
Date of Birth Month Day Year

Place of Birth (State or foreign country) _____

Residence Address Street or R. R. 10 Northview City Danville County Indiana State Indiana
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation StudentDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree voter Reg. 8689☐ 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 Wendell H. Scudder
Residence of father (if deceased so state) 10 Northview Danville, Ind.
Occupation of father Teacher Race of father W
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Louise E. Gibbs
Residence of mother (if deceased so state) 10 Northview Danville, Ind.
Occupation of mother Secretary Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Vickie L. ScudderNew Address 1901 Union St. Lafayette, Ind.

Subscribed and sworn to before me this 7 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 11 day of June, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norman L. Weaver hereby certify that on the 19th day of June, 1976, at Danville State of Indiana, Groom Larry W. Nees and Vickie L. Scudder of Tippicanoe County, State of Indiana and, Bride Vickie L. Scudder of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19th day of June, 1976
Signed Norman L. Weaver Minister
Official Designation 22nd day of June, 1976
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 207

File 6-7-76
Date of Application

MALE
Medical Examination Report Dated 5-27-76
Name of Physician Walter Mc Mannis

FEMALE
Medical Examination Report Dated 5-27-76
Name of Physician Walter Mc Mannis

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

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered 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

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father: Greg W. Nichols
Residence of father (if deceased so state): Indianapolis, Ind.
Occupation of father: Nursingman Race of father: wh
Birthplace of father (State or foreign country): Tennessee
12. Full maiden name of mother: Mary L. Varvel
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 Michael R. Nichols
New Address 7777 W. Washington
Subscribed and sworn to before me this 7 day of June, 1976
Glen M. Harney Clerk HENDRICKS Circuit Court

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

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

Clerk

FEMALE APPLICANT

Name First Middle Last
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 2
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: Richard B. Bancroft
Residence of father (if deceased so state): Indianapolis, Ind.
Occupation of father: R. C. 9 Race of father: wh
Birthplace of father (State or foreign country): Michigan
8. Full maiden name of mother: Dorothy L. Risinger
Residence of mother (if deceased so state): St. Johns, Mich.
Occupation of mother: factory worker Race of mother: wh
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 Marcia J. Bancroft
New Address 7777 W. Washington
Subscribed and sworn to before me this 7 day of June, 1976
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 _____
HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 11th day of June, 1976, authorizing the joining together as husband and wife
Michael Ray Nichols and Marcia Grace Bancroft
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. C. W. Fiscus hereby certify that on the 12th day of June, 1976,
at Indianapolis, County of Marion,
one thousand nine hundred and 76 of Hendricks County, State of Indiana,
State of Indiana, Groom Michael Ray Nichols of Marion County, State of Indiana,
and, Bride Marcia Grace Bancroft of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS
County, _____
Dated this 12th day of June, 1976.
Signed Rev. C. W. Fiscus
Official Designation Minister
Signed Glen M. Harney 15th day of June, 1976
HENDRICKS Clerk
Filed and recorded in accordance with the laws of the State of Indiana 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. 208

File 37

6-7-76

Date of Application

MALE
Medical Examination Report Dated 6-4-76
Name of Physician Elmer L. Koch

FEMALE
Medical Examination Report Dated 6-4-76
Name of Physician Elmer L. Koch

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

MALE APPLICANT

Name First James Middle Robert Last Rushton
Date of Birth Month July Day 21 Year 1956
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. B.O. Box 269 City Clayton County Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Hendricks Co. Highway
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 ☐
- Full name of father Robert E. Rushton
Residence of father (if deceased so state) Clayton, Ind.
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Indiana
 - Full maiden name of mother Patricia Louise Roberts
Residence of mother (if deceased so state) Clayton, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed James Robert Rushton
New Address P.O. Box 269 Clayton Ind.
Subscribed and sworn to before me this 7 day of June, 1976.
Ellen 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 Karen Middle Ann Last Flynn
Date of Birth Month June Day 16 Year 1956
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 630 Hawley City Danville County 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 House Cleaner
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 Robert Earl Flynn
Residence of father (if deceased so state) Danville, Ind.
Occupation of father 630 Hawley Allison Race of father W
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Mildred Jean Burton
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Lint Natl Bank 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 X Karen Flynn
New Address P.O. Box 269 Clayton, Ind.
Subscribed and sworn to before me this 7 day of June, 1976.
Ellen 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 14th day of June, 1976, authorizing the joining together as husband and wife of James Robert Rushton and Karen Ann Flynn.
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 12th day of June, 1976, at Danville, Hendricks County, State of Indiana, Groom James Robert Rushton and, Bride Karen Ann Flynn, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 12th day of June, 1976.

Signed Dr. Joseph D. Stump

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of June, 1976.

Signed Ellen 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. 209

File 37

6-8-76

Date of Application

MALE

Medical Examination Report Dated 6-7-76

Name of Physician A. N. Scudder

FEMALE

Medical Examination Report Dated 6-7-76

Name of Physician A. N. Scudder

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

MALE APPLICANT

Name First Dennis Middle L. Last Lawson
Date of Birth Month August Day 25 Year 1957
Place of Birth (State or foreign country) Lee County Virginia
Residence Address 82 Box 158 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 Station Attendant

Date of birth verified by ☒ Birth Cert. ☐ Judicial Decree Virginia Bpt. of Health 14557 065972

☐ Other (Specify) _____

- 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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
- If answer to 1 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 do so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

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

11. Full name of father Charles Lawson, Jr.
Residence of father (if deceased so state) Brownsburg, Ind
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Virginia

12. Full maiden name of mother Pauline Lawson
Residence of mother (if deceased so state) Brownsburg, Ind
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Virginia

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

Signed Dennis A. Lawson

New Address 120 Williams Dr Apt M Brownsburg

Subscribed and sworn to before me this 8 day of June, 1976.
Glenn M. Harvey Clerk HENDRICKS Circuit Court

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name First Bonnie Middle S. Last Snyder
Date of Birth Month September Day 22 Year 1958
Place of Birth (State or foreign country) Indianapolis
Residence Address 81 Box 92EA 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 Unemployed

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 ☐
- 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 Brice Edgar Snyder
Residence of father (if deceased so state) Brownsburg
Occupation of father Salesman Race of father W
Birthplace of father (State or foreign country) Pennsylvania
- Full maiden name of mother Cleora Magaline Leighner
Residence of mother (if deceased so state) Brownsburg Ind
Occupation of mother Nurse Race of mother W
Birthplace of mother (State or foreign country) Pennsylvania

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

Signed Bonnie S. Snyder

New Address 120 Williams Dr Apt M Brownsburg

Subscribed and sworn to before me this 8 day of June, 1976.
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 Brice E. Snyder Father

Signed Cleora M. Snyder Mother

Subscribed and sworn to before me this _____ day 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 _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 14 day of June, 1976, authorizing the joining together as husband and wife of Dennis A. Lawson and Bonnie S. Snyder.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glenn M. Harvey hereby certify that on the 18 day of June, 1976, at Brownsburg, County of Hendricks, State of Indiana, one thousand nine hundred and 76 of Hendricks County, State of Indiana, State of Indiana, Groom Dennis A. Lawson of Hendricks County, State of Indiana, and, Bride Bonnie S. Snyder of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 14 day of June, 1976.

Signed Glenn M. Harvey Official Designation Minister, Corinth Church, 1976.
Signed Glenn M. Harvey Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 210

File 6-8-76
Date of Application

MALE
Medical Examination Report Dated 6-5-76
Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated 6-5-76
Name of Physician J. Thomas Vieira

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

MALE APPLICANT

Name First Middle Last
Ronald Dean Chasteen
Date of Birth Month Day Year
March 28 1954
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
Rt 2 Box 94, Danville, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 3-12-76

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

Usual Occupation Truck Driver

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
Patrick Keigh 4 Danville
Christina Shawne 2 "

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

11. Full name of father Donald C. Chasteen
Residence of father (if deceased so state) Deceased
Occupation of father Race of father wh
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Emma D. Spears
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother L. P. N. 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 Ronald D. Chasteen
New Address Coatesville, Ind.

Subscribed and sworn to before me this 8 day of June, 1976
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 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 12 day of June, 1976, 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 Melvin McFarland, hereby certify that on the 12 day of June, 1976, at New Winchester, County of Hendricks, State of Indiana, Groom, Ronald Dean Chasteen, of Hendricks County, State of Indiana, and, Bride, Deborah Rae York, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 12 day of June, 1976.

Signed Glen Melvin McFarland
Official Designation Minister of the Gospel
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of June, 1976.

FEMALE APPLICANT

Name First Middle Last
Deborah Rae York
Date of Birth Month Day Year
Aug 18 1957
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
Rt. 2 Box 94, 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 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 ☐
- Full name of father Raymond B. York, Jr.
Residence of father (if deceased so state) Danville, Ind.
Occupation of father F. M. C. Race of father wh
Birthplace of father (State or foreign country) Tennessee
- Full maiden name of mother Patricia Ann Shaker
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother None Race of mother wh
Birthplace of mother (State or foreign country) Indiana

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

Signed Deborah R. York
New Address Coatesville, Ind.

Subscribed and sworn to before me this 8 day of June, 1976
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. 211

File

6-9-76

Date of Application

MALE

Medical Examination Report Dated 6/4/76

Name of Physician Glenn W. Baker M.D.

FEMALE

Medical Examination Report Dated 6/4/76

Name of Physician Glenn W. Baker M.D.

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

MALE APPLICANT

Name First John J. Middle Montani Last
Date of Birth Month November Day 29 Year 1957
Place of Birth (State or foreign country) Indianapolis
Residence Address 40 N. Green Street or R. R. City Brownsburg County Hendricks State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation U.S. Air Force

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

☐ Other (Specify) Hancock Co. Indiana 7/6/76

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

Name Age Address

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

11. Full name of father Joseph Ferdinand Montani
Residence of father (if deceased so state) Indianapolis Ind.
Occupation of father Self Employed Race of father White
Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Helen Louise Rouse
Residence of mother (if deceased so state) Indianapolis Ind.
Occupation of mother Mrs. Agent 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 John J. Montani

New Address 40 N. Green St. Brownsburg

Subscribed and sworn to before me this 9 day of June, 1976

Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

FEMALE APPLICANT

Name First Deborah S. Middle Hopkins Last
Date of Birth Month February Day 7 Year 1958
Place of Birth (State or foreign country) Brownsburg
Residence Address 314 S. Green Street or R. R. City Brownsburg County Hendricks State Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Sales Clerk - Blacks

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

☐ Other (Specify) # CH-23 page 18

- Are you now or have you been adjudged, diagnosed or considered 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 Leslie Hopkins
Residence of father (if deceased so state) Brownsburg Ind.
Occupation of father Ship Butcher Race of father White
Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Shirley Ann Campitt
Residence of mother (if deceased so state) Brownsburg Ind.
Occupation of mother Sales Dept. Store 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 Deborah S. Hopkins

New Address 40 N. Green St. Brownsburg

Subscribed and sworn to before me this 9 day of June, 1976

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 _____ and filed _____

in _____ County _____ Court by written order issued _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 14 day of June, 1976, authorizing the joining together as husband and wife

John J. Montani and Deborah S. Hopkins
Be it further remembered, the following marriage certificate was filed in my office, to-wit: 19th day of June

Clifford L. Carmichael hereby certify that on the 19th day of June, County of Hendricks
at Brownsburg, Indiana

one thousand nine hundred and 76 of _____ County, State of _____
State of Indiana, Groom John Joseph Montani of _____ County, State of _____

and, Bride Deborah Sue Hopkins of _____ County, State of _____

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

Dated this 14th day of June, 1976 Signed Clifford L. Carmichael
Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of June, 1976
Signed Glenn M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 214
File June 9 1976
Date of Application

MALE
Medical Examination Report Dated 5/27/76
Name of Physician J. W. Asher, M.D.

FEMALE
Medical Examination Report Dated 5/27/76
Name of Physician J. W. Asher, 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 Ray Anderson
Date of Birth March 15 1954
Place of Birth (State or foreign country) Washington
Residence Address 2342 Bruland Drive City Indianapolis State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

- ☐ Other (Specify) Sanction Manual Keep
- Are you now or have you been adjudged, diagnosed or considered 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 W. Anderson
Residence of father (if deceased so state) Terre Haute Ind.
Occupation of father Coal Miner Race of father White
Birthplace of father (State or foreign country) Genevieve Ind.
12. Full maiden name of mother Virginia L. Peterson
Residence of mother (if deceased so state) Terre Haute Ind.
Occupation of mother Department Store Race of mother White
Birthplace of mother (State or foreign country) Tacoma Wash.

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

Signed Richard Ray Anderson

New Address 2342 Bruland Dr.

Subscribed and sworn to before me this 9 day of June, 19 76
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Patricia Mae Vinson
Date of Birth June 24 1956
Place of Birth (State or foreign country) Indianapolis
Residence Address R.R. #1 Box 70c Brownsburg Ind. City Marion 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 State Entry Operator

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

- ☐ Other (Specify) # 7201
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Harold Eugene Vinson
Residence of father (if deceased so state) Indianapolis Ind.
Occupation of father Truck Driver Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Joyce Lucille Walsh
Residence of mother (if deceased so state) Brownsburg Ind.
Occupation of mother Bookkeeper 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 Patricia Mae Vinson

New Address 2342 Bruland Drive

Subscribed and sworn to before me this 9 day of June, 19 76
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 17 day of June, 19 76, authorizing the joining together as husband and wife

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

I, Marc Sonny Hays hereby certify that on the 17 day of June,
one thousand nine hundred and 76 at Clainfield, County of Hendricks,
State of Indiana, Groom Richard Ray Anderson of Marion County, State of Indiana
and, Bride Patricia Mae Vinson of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 17 day of June, 19 76.

Signed Marc Sonny Hays

Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of June, 19 76.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 215

File Bk 37

June 9, 1976
Date of Application

MALE

Medical Examination Report Dated 6-9-76

Name of Physician Eric Clark

FEMALE

Medical Examination Report Dated 6-9-76

Name of Physician Eric Clark

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

MALE APPLICANT

Name First Middle Last
Michael L. Shotts
Date of Birth Month Day Year
March 7 1958
Place of Birth (State or foreign country)
Indianapolis, Indiana
Residence Address Street or R. R. City County State
R#3 Apt 9 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 Farm Equipment

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

☐ Other (Specify) # 58-022005

- Are you now or have you been adjudged, diagnosed or considered 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 Larry M. Shotts
Residence of father (if deceased so state) Indpls, Ind.
Occupation of father Genl. Bldg. Erection Race of father W.
Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Myrna L. Strong
Residence of mother (if deceased so state) Clemons, Ind.
Occupation of mother Secretary 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 Michael L. Shotts

New Address R 3 apt 9 Plainfield

Subscribed and sworn to before me this 9 day of June, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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
Karon S. Thompson
Date of Birth Month Day Year
November 21 1958
Place of Birth (State or foreign country)
West Virginia
Residence Address Street or R. R. City County State
R R 1 Box 664 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 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 ☐
- Full name of father Robert Wade Thompson
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Farm Equipment Race of father W.
Birthplace of father (State or foreign country) West Virginia

8. Full maiden name of mother Lucille Deloris Bays
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) West Virginia

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

County of HENDRICKS

Signed Karon S. Thompson

New Address R 3 apt 9 Plainfield

Subscribed and sworn to before me this 9 day of June, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1976, authorizing the joining together as husband and wife

of Indiana dated the 10 day of June, and Karon S. Thompson

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

I, Rev. Robert W. Thompson hereby certify that on the 11th day of June

one thousand nine hundred and 76 at Center Hendricks County of Indiana

State of Indiana, Groom Michael Larry Shotts of Hendricks County, State of Indiana

and, Bride Karon S. Thompson of Hendricks County, State of Indiana

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

Dated this 11th day of June, 1976 Signed Rev. R. W. Thompson

Official Designation Minister of the Gospel

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of June, 1976

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 215

File Bk 37

June 9, 1976
Date of Application

MALE

Medical Examination Report Dated 6-9-76

Name of Physician Eric Clark

FEMALE

Medical Examination Report Dated 6-9-76

Name of Physician Eric Clark

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

MALE APPLICANT

Name First Middle Last
Michael L Shotts
Date of Birth Month Day Year
March 7 1958
Place of Birth (State or foreign country)
Indianapolis, Indiana
Residence Address Street or R. R. City County State
Rt 3 Apt 9 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 Farm Equipment

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

☐ Other (Specify) # 58-022005

- Are you now or have you been adjudged, diagnosed or considered 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: Larry M Shotts
Residence of father (if deceased so state): Indpls, Ind.
Occupation of father: Link-Bell FMC Race of father: W.
Birthplace of father (State or foreign country): Indpls, Ind.
12. Full maiden name of mother: Myrna L Strong
Residence of mother (if deceased so state): Clermont, Ind.
Occupation of mother: Secretary Race of mother: W.
Birthplace of mother (State or foreign country): Indpls, Ind.

State of Indiana,
County of HEN

Ne
Subscribed and sworn

CONSENT OF PAR
We, the parents, of
signs, state facts wh

State of Indiana,
County of HEN

Si
Si
Subscribed and sworn

FEMALE APPLICANT

Name First Middle Last
Karon S Thompson
Date of Birth Month Day Year
November 21 1958
Place of Birth (State or foreign country)
West Virginia
Residence Address Street or R. R. City County State
RR1 Box 664 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 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 ☐
- Full name of father: Robert Wade Thompson
Residence of father (if deceased so state): Plainfield, Ind.
Occupation of father: Farm Equipment Race of father: W.
Birthplace of father (State or foreign country): West Virginia

8. Full maiden name of mother: Lucille Deloris Barr
Residence of mother (if deceased so state): Plainfield, Ind.
Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country): West Virginia

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

Signed Karon S Thompson
New Address R3 Apt 9 Plainfield
Subscribed and sworn to before me this 9 day of June 1976

I, Robert W. Thompson + Lucille Thompson hereby give my consent for
my Daughter, Karon Suzanne Thompson to
marry Michael Larry Shotts.

Subscribed and sworn to before me this 9th day of June 1976

Jane H. Turner
Notary Public
My Commission Expires January 5, 1978

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. Court by written order issued 3 day waiver and filed
in HENDRICKS County Superior

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS County Circuit Court
of Indiana dated the 10 day of June 1976, 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. Robert W. Thompson hereby certify that on the 11th day of June

one thousand nine hundred and 76 at Center County of Hendricks

State of Indiana, Groom Michael Larry Shotts of Hendricks County, State of Indiana

and, Bride Karon S. Thompson of Hendricks County, State of Indiana

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

Dated this 11th day of June 1976 Signed Rev. R. W. Thompson
Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of June 1976
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. 216

File
6-10-76
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated June 4, 1976
Name of Physician M. O. Scamaron

FEMALE
Medical Examination Report Dated 6-4-76
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 Gilbert Davis
Date of Birth 7 5 1954
Place of Birth (State or foreign country) Rush County
Residence Address Box 65 North Salem
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Slacker
Usual Occupation Slacker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Rush Memorial Hospital
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Carl Creed Davis
Residence of father (if deceased so state) Same
Occupation of father Minister Race of father Indian
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Martha Helen Kretzer
Residence of mother (if deceased so state) Same
Occupation of mother Clerk Race of mother Indian
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 Gilbert K. Davis
New Address 2326 Hermitage Ct. Apt. 824
Subscribed and sworn to before me this 10 day of June, 19 76
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Stephanie Ray Lee
Date of Birth 12 31 1955
Place of Birth (State or foreign country) Indiana
Residence Address R L #1 Box 44A North Salem
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) Slacker
Usual Occupation Slacker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Witham Memorial Hosp
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Joskie Dwight Lee
Residence of father (if deceased so state) Same
Occupation of father Truck Mason Race of father Indian
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Linda Low Martell
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother Indian
Birthplace of mother (State or foreign country) Indiana

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

Signed Stephanie R. Lee
New Address Same
Subscribed and sworn to before me this 10 day of June, 19 76
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____ HENDRICKS _____ Circuit Court of Indiana, dated the 15 day of June, 19 76, authorizing the joining together as husband and wife of Gilbert K. Davis and Stephanie Ray Lee.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Earl C. Davis, hereby certify that on the 18 day of June, 19 76, at North Salem, County of Hendricks, State of Indiana, Groom Gilbert K. Ray Davis of Hendricks County, State of Indiana, and, Bride Stephanie Ray Lee of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS _____ County.
Dated this 18 day of June, 19 76.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19 76.

Signed Earl C. Davis, BS, FACP
Official Designation Gastor - Counselor
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 217

File Bk 37

June 10, 1976
Date of Application

MALE

Medical Examination Report Dated 5-12-76

Name of Physician Paul S. Lewis

FEMALE

Medical Examination Report Dated 5-12-76

Name of Physician Paul S. Lewis

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

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date May 2, 1976
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Truck Driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Selective Service #12-17-46-185

- Are you now or have you been adjudged, diagnosed or considered 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 1 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 Anthony William Hattenbach

Residence of father (if deceased so state) Deceased

Occupation of father Race of father W.

Birthplace of father (State or foreign country) Tell City, Indiana

12. Full maiden name of mother Virginia Gladys Stevens

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

Occupation of mother Housewife Race of mother W.

Birthplace of mother (State or foreign country) Louisville, Ky.

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

County of HENDRICKS in this application is true and correct.

Signed X Ronald W Hattenbach

New Address 10155 Kewanee Dr

Subscribed and sworn to before me this 10 day of June, 1976

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 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 ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date May 9, 1976
Color or Race White ☒ Negro ☐ Other ☐ (specify)

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

☐ Other (Specify) # 13286

- Are you now or have you been adjudged, diagnosed or considered 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 Harry Edward Idworthy
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Retired Race of father W.
Birthplace of father (State or foreign country) Indpls, Indiana
- Full maiden name of mother Beulah Louise Smith
Residence of mother (if deceased so state) Indpls, Indiana
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Connsville, Ind.

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

County of HENDRICKS in this application is true and correct.

Signed X Diana S. Key

New Address 10229 Sycamore Dr

Subscribed and sworn to before me this 10 day of June, 1976

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 15 day of June, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ and _____
Teal O. Younce hereby certify that on the 26th day of June

at _____ Lake of the Laterns _____ County of _____
one thousand nine hundred and 76 _____ Hendricks _____ County, State of _____
State of Indiana, Groom _____ of _____ Hendricks _____ County, State of _____

and, Bride _____ of _____ Hendricks _____ 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 26th day of June, 1976 Signed _____ Teal O. Younce Minister

Official Designation _____ June _____, 1976
County _____ day of _____ Clerk

Signed _____ Allen M. Harvey _____ Circuit Court
HENDRICKS

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. 218

File 37

6-10-76
Date of Application

MALE
Medical Examination Report Dated 6-9-76
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 6-9-76
Name of Physician David Hadley

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

MALE APPLICANT

Name First Howard Middle J. Last Owens
Date of Birth Month October Day 5 Year 1947
Place of Birth (State or foreign country) Chicago Cook Co. Illinois
Residence Address Street or R. R. 5932 Massesville Rd. City Indianapolis County Ind. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Salesman
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Ind. Dept. of Health
☐ Other (Specify) Illinois 67236

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

Name Age Address
Jason Allen Owens 5 Debris Drive
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 James Alfred Owens
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Georgia
12. Full maiden name of mother Dolores Jane Haley
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Accountant Race of mother W
Birthplace of mother (State or foreign country) Ohio

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

Signed Howard J. Owens

New Address 503 Stephen Dr. Brownsburg

Subscribed and sworn to before me this 10 day of June, 1976
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Miriam Middle E. Last Domroese
Date of Birth Month April Day 3 Year 1947
Place of Birth (State or foreign country) _____
Residence Address Street or R. R. 503 Stephens Dr. City Brownsburg 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 Speech Pathologist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Ind. Dept. of Health 7334
☐ 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 Dwight Frederick Domroese
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Ethel Lucille Domroese
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Miriam Elaine Domroese

New Address 503 Stephen Dr. Brownsburg, Ind.

Subscribed and sworn to before me this 10 day of June, 1976
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 June, 1976, authorizing the joining together as husband and wife of Howard J. Owens and Miriam E. Domroese

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

I, W. Robert Lewis hereby certify that on the 20th day of June, one thousand nine hundred and 76 at Brownsburg, County of Hendricks, State of Indiana, Groom Howard J. Owens of Marion County, State of Indiana and, Bride Miriam E. Domroese of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County. Dated this 15th day of June, 1976

Signed W. Robert Lewis

Official Designation Retired Minister, Christian Church in Ind.
22nd day of June, 1976

Signed Ellen M. Harvey 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. 219

HENDRICKS

County

File

6-10-76
Date of Application

MALE

Medical Examination Report Dated 6-4-76

Name of Physician Carl Heinlein M.D.

FEMALE

Medical Examination Report Dated 6-4-76

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, representa-

MALE APPLICANT

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

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Parts Man

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?
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 Max D. Cameron

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

Occupation of father Teacher Race of father wh

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Barbara J. Goodwin

Residence of mother (if deceased so state) Danville, Ind.

Occupation of mother Secretary 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 Gary Randall Cameron

New Address 871 Wyckford Dr Apt. D Indpls.

Subscribed and sworn to before me this 10 day of June 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1976

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 Secretary

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

☒ Other (Specify) School Record

- 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 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 R. Fitzgibbons

Residence of father (if deceased so state) Saudi Arabia

Occupation of father Oil Rig foreman Race of father wh

Birthplace of father (State or foreign country) Texas

8. Full maiden name of mother Matchie Morgan

Residence of mother (if deceased so state) Danville, Ind.

Occupation of mother None Race of mother wh

Birthplace of mother (State or foreign country) Texas

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

County of HENDRICKS

Signed Matchie L. Fitzgibbons

New Address 871 Wyckford Dr Apt. D

Subscribed and sworn to before me this 10 day of June 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1976

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June 1976, authorizing the joining together as husband and wife

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

I, Norman L. Weaver hereby certify that on the 19th day of June

one thousand nine hundred and 76 at Danville County of Hendricks

State of Indiana, Groom Gary Randall Cameron of Marion County, State of Indiana

and, Bride Matchie Luann Fitzgibbons of Hendricks County, State of Indiana

were 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 19th day of June 1976 Signed Norman L. Weaver Minister

Official Designation 22nd day of June 1976 Clerk

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. 220
File June 11, 1976
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 6-1-76
Name of Physician Karl Sienkewski, M.D.

FEMALE
Medical Examination Report Dated 6-1-76
Name of Physician Karl Sienkewski, M.D.

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

MALE APPLICANT

Name Charles Wyland Bone
Date of Birth Dec 13 1953
Place of Birth (State or foreign country) Mobileville, In.
Residence Address 9523 University Ave Apt 3, Des Moines
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Insurance

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. Bone
Residence of father (if deceased so state) Waukegan, Iowa
Occupation of father Insurance Race of father wh
Birthplace of father (State or foreign country) Iowa

12. Full maiden name of mother Jan L. Rootboer
Residence of mother (if deceased so state) Waukegan, Iowa
Occupation of mother Teacher Race of mother wh
Birthplace of mother (State or foreign country) Minnesota

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

Signed Charles Wyland Bone

New Address 9523 University Ave Apt 3

Subscribed and sworn to before me this 11 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Lu Ann Taylor
Date of Birth May 19 1955
Place of Birth (State or foreign country) Franklin, Calif.
Residence Address 518 S. Jefferson, Brownsburg, In.
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) _____

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

7. Full name of father Austin M. Taylor
Residence of father (if deceased so state) Brownsburg, In.
Occupation of father Inspector Race of father wh
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Mary L. Plummer
Residence of mother (if deceased so state) Brownsburg, In.
Occupation of mother Secretary 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 Lu Ann Taylor

New Address 9523 University Ave, Des Moines IA

Subscribed and sworn to before me this 11 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 June, 1976, 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 26 day of June, one thousand nine hundred and 76 at Brownsburg, County of Hendricks, State of Indiana, Groom Charles Wyland Bone of _____ County, State of Iowa and, Bride Lu Ann Taylor of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 26 day of June, 1976.

Signed Jerry P. Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of July, 1976.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 221

File Bk 37

June 11, 1976
Date of Application

MALE

Medical Examination Report Dated 6-7-76

Name of Physician R. Stephen J. J. J.

FEMALE

Medical Examination Report Dated 6-7-76

Name of Physician R. Stephen J. J. J.

ALL QUESTIONS 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 Sidney Middle Lee Last Branam
Date of Birth Month July Day 19 Year 1953
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address Street or R. R. 10th St. S. Hendricks, Ind. City Hendricks County Hendricks State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

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

☒ Other (Specify) Army Discharge Papers

- Are you now or have you been adjudged, diagnosed or considered 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 1 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 Sidney Lee Branam
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father W.
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Helen Beryl Taylor
Residence of mother (if deceased so state) Loachdale, Ind.
Occupation of mother Nurse Aide 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 Sidney Branam

New Address Loachdale

Subscribed and sworn to before me this 11 day of June, 1976
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 _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19____, authorizing the joining together as husband and wife of Indiana dated the 15 day of June and Clayetta D. Raney

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 19th day of June,
I, Rev. Charles E. Caplinger hereby certify that on the _____, County of Putnam

at New Maysville County, State of Indiana

one thousand nine hundred and 76 of Hendricks County, State of Indiana

State of Indiana, Groom Sidney Lee Branam of Putnam County, State of Indiana

and, Bride Clayetta Delane Raney of _____ HENDRICKS

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

County, _____
Dated this 19th day of June, 1976 Signed Rev. Charles E. Caplinger Minister

Official Designation _____, 1976
Signed Allen 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. 222
File June 14, 1976
Date of Application

MALE
Medical Examination Report Dated 6/3/76
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 6-3-76
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 Gregg Allen Stroup
Date of Birth March 1, 1956
Place of Birth (State or foreign country) Greensfield, Ind.
Residence Address Rt. 3 Box 55 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 Mechanics
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 113-56-019270

- Are you now or have you been adjudged, diagnosed or considered 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 Leo Stroup
Residence of father (if deceased so state) Rt 3 Danville Ind.
Occupation of father Barber Race of father White
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Mary Ann Fatawater
Residence of mother (if deceased so state) Rt 3 Danville Ind.
Occupation of mother Law Firm 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 Gregg Allen Stroup
New Address Rt 3 Box 55 Danville IN

Subscribed and sworn to before me this 11 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Jenny Lynn Wood
Date of Birth Aug 12, 1958
Place of Birth (State or foreign country) Bethel Grove, Ind.
Residence Address Rt 3 Box 20, 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 Waitress
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 Charles Joseph Wood
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Carpenter Race of father wh
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Barbara L Mc Kinnick
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother 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 Jenny Lynn Wood
New Address RB 3 Box 55 Danville Ind

Subscribed and sworn to before me this 14 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Charles Joseph Wood Father
Signed Barbara L Wood Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 15 day of June, 1976, authorizing the joining together as husband and wife

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

I, James I. Schockley hereby certify that on the 17 day of June, one thousand nine hundred and 76 at Danville, County of Hendricks State of Indiana, Groom Greg Allen Stroup of Hendricks County, State of Indiana and, Bride Jenny Lynn Wood of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 17 day of June, 1976.

Signed James I. Schockley
Official Designation Minister
21 day of June, 1976

Signed Glen M. Harvey 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. 223

File 37

6-11-76

Date of Application

MALE

Medical Examination Report Dated 6-11-76

Name of Physician Thomas O. Moore

FEMALE

Medical Examination Report Dated 6-11-76

Name of Physician Thomas O. Moore

ALL QUESTIONS 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 John Middle Last Lincher
Date of Birth August 14 1928
Place of Birth (State or foreign country) Linton
Residence Address 116 Oakhurst Pk. City Brownsburg State Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

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

Usual Occupation School Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Voter Reg. 2007

☒ 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 Clella E. Lincher
Residence of father (if deceased so state) Linton, Ind.
Occupation of father Retired Race of father ☒
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Madge M. Walton
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 John F. Lincher

New Address 116 Oakhurst Pk Brownsburg

Subscribed and sworn to before me this 11 day of June 1976

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 Carol Middle Last Cole
Date of Birth September 29 1957
Place of Birth (State or foreign country) Indiana
Residence Address 3535 Brookside Hwy Indianapolis, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Research Asst

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 Elmer Cole
3535 Brookside Hwy Indianapolis, Ind.
Residence of father (if deceased so state)
Occupation of father Painter Race of father ☒
Birthplace of father (State or foreign country) Iowa

8. Full maiden name of mother Bernice Lewis Brumendarig
3535 Brookside Hwy Indianapolis, Ind.
Residence of mother (if deceased so state)
Occupation of mother Secretary Race of mother ☒
Birthplace of mother (State or foreign country) Texas

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

County of HENDRICKS

Signed Carol Cole

New Address 116 Oakhurst Pk Brownsburg Ind

Subscribed and sworn to before me this 11 day of June 1976

Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 15 day of June 1976, authorizing the joining together as husband and wife

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

1. _____ hereby certify that on the 18 day of June

at Indianapolis, County of Marion

one thousand nine hundred and 76 _____ County, State of Indiana

State of Indiana, Groom John F. Lincher _____ County, State of Indiana

and, Bride Carol E. Cole _____ of Marion _____ HENDRICKS

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

County _____

Dated this 18 day of June 1976

Signed _____

Official Designation Presbyterian Minister

30 day of June 1976

Signed _____ 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. 224
File
June 11, 1976
Date of Application

MALE
Medical Examination Report Dated 6/7/76
Name of Physician Elmer L. Koch, M.D.

FEMALE
Medical Examination Report Dated 6/7/76
Name of Physician Elmer L. Koch, M.D.

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

MALE APPLICANT

Name First Middle Last
Date of Birth Day Month 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) Selection No. #12355188

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

Name Age Address

- (b) Are you supporting or contributing to their 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 G. Clark

Residence of father (if deceased so state) W. Columbia St. Danville, Ind.

Occupation of father Week Clerk Race of father White

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother: Mary Alice Howard

Residence of mother (if deceased so state) W. Columbia St. Danville, Ind.

Occupation of mother Week Clerk 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 Jay F. Clark

New Address 47 W. Columbia St. Danville, Ind.

Subscribed and sworn to before me this 11 day of June, 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Day Month 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 Student

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

☐ Other (Specify) #15498

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

7. Full name of father: Ernest Whitaker Jr.

Residence of father (if deceased so state) Deceased

Occupation of father _____ Race of father White

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother: Avis Lawson

Residence of mother (if deceased so state) W. Columbia St. Danville, Ind.

Occupation of mother Homemaker Race of mother White

Birthplace of mother (State or foreign country) Virginia

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

County of HENDRICKS

Signed Rachel A. Whitaker

New Address 236 S. Jefferson

Subscribed and sworn to before me this 11 day of June, 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____ Circuit Court

of Indiana dated the 15 day of June, 1976, authorizing the joining together as husband and wife

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

I, Norman L. Weaver

hereby certify that on the 20th day of June

one thousand nine hundred and 76 at Danville

State of Indiana, Groom Jay F. Clark of Hendricks County, State of Indiana

and, Bride Rachel A. Whitaker of Hendricks County, State of Indiana

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 20th day of June, 1976

Signed Norman L. Weaver

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of June, 1976

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 225

HENDRICKS

County

File 37

6-11-76

Date of Application

MALE

Medical Examination Report Dated 6-7-76

Name of Physician Joseph C. Kerlin

FEMALE

Medical Examination Report Dated 6-7-76

Name of Physician Joseph C. Kerlin

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 First John Middle J. Last Lehr II
Date of Birth Month June Day 25 Year 1953
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. 818 W. Main City Danville County Indiana State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Truck Driver

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Ind. St. Bd. of Health 610P

☐ 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 John Joseph Lehr
818 W. Main
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Patricia Jean Foreman
818 W. Main
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Sales Clerk Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed X John Lehr II
New Address RR 1 Box 33 Coatesville Ind.

Subscribed and sworn to before me this 11 day of June, 1976
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 Verna Middle J. Last Webb
Date of Birth Month November Day 9 Year 1957
Place of Birth (State or foreign country) 9 1957
Residence Address Street or R. R. R 6 Box 247 City Danville County Indiana State Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Sales Clerk

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

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered 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 Vernon Stubb
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Carpenter Race of father W
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Lois Marie Taylor
R 6 Box 247
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Sales Clerk 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 X Verna J. Webb
New Address R 1 Box 33 Coatesville

Subscribed and sworn to before me this 11 day of June, 1976
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 _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 15 day of June, 1976, authorizing the joining together as husband and wife of John J. Lehr II and Verna J. Webb

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Howard Cupp, hereby certify that on the 18th day of June, 1976, at _____ County of Hendricks, Indiana

one thousand nine hundred and 76 _____ of _____ County, State of Indiana
State of Indiana, Groom John J. Lehr II _____
and, Bride Verna G. Webb _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS
County, _____
Dated this 15th day of June, 1976 Signed _____ Pastor

Official Designation _____ June 22nd day of _____, 1976
Signed _____ 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. 226

File June 14, 1976

Date of Application

MALE
Medical Examination Report Dated 6/8/76
Name of Physician Eric D. Clark M.D.

FEMALE
Medical Examination Report Dated 5/28/76
Name of Physician John F. Phillips 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 Raymond R. Lane II
Date of Birth August 25, 1949
Place of Birth Indiana County
Residence Address 625 Simmons St. Plainfield Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1975-Went
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Restaurant Mgr.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Self Serv # 12 206 49 338
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☒
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Raymond R. Lane II Age 5 Address Mooresville 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 Raymond R. Lane
Residence of father (if deceased so state) Indianapolis Ind.
Occupation of father Supervisor Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Judith Ann Vick
Residence of mother (if deceased so state) Indianapolis Ind.
Occupation of mother Teacher Race of mother White
Birthplace of mother (State or foreign country) Shelby Co. Ind.

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

Signed Raymond R. Lane II

New Address 625 Simmons St.

Subscribed and sworn to before me this 11 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Pamela J. Caldwell
Date of Birth October 23, 1954
Place of Birth Indiana Co. Ind.
Residence Address 720 South East 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 Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) # 44556
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Phillip Caldwell

Residence of father (if deceased so state) Plainfield Ind.

Occupation of father Co-ordinator Race of father White

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Emogen Caldwell Marquette

Residence of mother (if deceased so state) 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 Pamela J. Caldwell

New Address 625 Simmons St.

Subscribed and sworn to before me this 11 day of June, 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 June, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, G. Kent Allen, hereby certify that on the 19 day of June, 1976, at Plainfield, County of Hendricks, State of Indiana, Groom Raymond R. Lane II and, Bride Pamela J. Caldwell of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 19 day of June, 1976.

Signed G. Kent Allen

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of June, 1976.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 327
File June 14 1976
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated June 4, 1976
Name of Physician Victor J. Vollrath M.D.

FEMALE
Medical Examination Report Dated June 4, 1976
Name of Physician Victor J. Vollrath 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 Brian L. Horn
Date of Birth 9 27 1957
Place of Birth Bedford, In.
Residence Address 705 Francis Dr. Brownsburg
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 Manager K-Mart
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #113-57-079968

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Willis Regan Horn
Residence of father (if deceased so state) Same
Occupation of father Truckway Express Race of father _____
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Khelday Ann Smith
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 Brian L. Horn
New Address 3619C N. Glen Arm Rd

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Deborah Lynn Laycock
Date of Birth 6 14 1957
Place of Birth Indianapolis, In.
Residence Address 3 Walnut Ct 802 Indpls.
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
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #6803

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Mason Laycock
Residence of father (if deceased so state) Same
Occupation of father Salesman Race of father _____
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Shirley Ann Lane
Residence of mother (if deceased so state) R #1 Walden In.
Occupation of mother T.W. 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 Deborah Lynn Laycock
New Address 3619C N. Glen Arm Rd

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } 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 _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the _____ day of _____, 1976, authorizing the joining together as husband and wife

of Brian L. Horn and Deborah Lynn Laycock
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ day of _____, 1976

I, Jerry P. Frash hereby certify that on the _____ day of _____, County of Hendricks, State of Indiana, at Brownsburg County, State of Indiana, of Mason County, State of Indiana, Hendricks County, State of Indiana, one thousand nine hundred and _____ day of _____, 1976

State of Indiana, Groom Brian L. Horn of _____ County, State of _____
and, Bride Deborah Lynn Laycock 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 _____, 1976. Signed Jerry P. Frash
Official Designation Minister _____, 1976

Signed Glen M. Harkins _____, 1976
Clerk _____

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1976
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. 228

File 6-14-76
Date of Application

MALE
Medical Examination Report Dated 6-2-76
Name of Physician A. D. Scudder M.D.

FEMALE
Medical Examination Report Dated 6-2-76
Name of Physician A. D. Scudder

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

MALE APPLICANT

Name First Middle Last
Vernon Lynn White
Date of Birth Month Day Year
Dec 10 1955
Place of Birth (State or foreign country)
Madison County Ind.
Residence Address Street or R. R. City County State
4129 Pendleton, Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Sales

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

☒ Other (Specify) Selective Service #12-48-55-1110

- Are you now or have you been adjudged, diagnosed or considered 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 Ernest W. White
Residence of father (if deceased so state) Same
Occupation of father Eng. Race of father
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Edna Maxine Shotta
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Vernon Lynn White

New Address 4129 Pendleton Av Anderson

Subscribed and sworn to before me this 14 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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
Susan Marie Trimble
Date of Birth Month Day Year
Nov 12 1955
Place of Birth (State or foreign country)
Indianapolis Ind.
Residence Address Street or R. R. City County State
R #1 Box 205 Pittsboro, 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 Operator

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

☐ Other (Specify) #12508

- Are you now or have you been adjudged, diagnosed or considered 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 Rush Trimble
Residence of father (if deceased so state) Same
Occupation of father Retired Race of father
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Lillian Clara Smith
Residence of mother (if deceased so state) Same
Occupation of mother Iron Rep 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 Susan Marie Trimble

New Address Same

Subscribed and sworn to before me this 14 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 18 day of June, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, V. C. McCormick

hereby certify that on the 19th day of June, 1976, at Brownsburg, County of Hendricks,
State of Indiana, Groom Vernon Lynn White and Susan Marie Trimble
and, Bride Susan Marie Trimble of Madison County, State of Indiana,
Hendricks County, State of Indiana

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

Dated this 19th day of June, 1976

Signed V. C. McCormick

Official Designation Minister
22nd day of June, 1976

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 229

File Bk 37

June 14, 1976
Date of Application

MALE

Medical Examination Report Dated 6-7-76

Name of Physician John Elliott Jr.

FEMALE

Medical Examination Report Dated 6-7-76

Name of Physician John Elliott Jr.

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

MALE APPLICANT

Name First Robert Middle Last Fritzsche
Date of Birth Month August Day 26 Year 1901
Place of Birth (State or foreign country) Hendricks County, Indiana
Residence Address R#2 Danville Hendricks Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 4
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Farmer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Dr. License # S315-34-6388

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Rudolph S. Fritzsche
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Germany
12. Full maiden name of mother Mary Ellen Fritzsche
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother W
Birthplace of mother (State or foreign country) Lehigh Co. Ind.

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

Signed R. H. Fritzsche

New Address R-2-Box 14 Danville Ind 46122

Subscribed and sworn to before me this 14 day of June, 1976
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 Court by written order issued _____ and filed _____
HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 18 day of June, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ and _____
I, C. Raymond Rissler hereby certify that on the 19th day of June, 1976, at _____ County of _____

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

State of Indiana, Groom Robert Fritzsche of _____ County, State of _____

and, Bride Lola B. Byrd 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 19th day of June, 1976

Signed C. Raymond Rissler Baptist Minister
Official Designation _____, 1976
22nd day of _____
Signed Glen M. Hawley 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. 230

File Bk 37June 14, 1976
Date of Application

MALE
Medical Examination Report Dated 6-8-76
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 6-8-76
Name of Physician Eric D. Clark

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

MALE APPLICANT

Name Paul Douglas Lester Jr.
Date of Birth October 15, 1956
Place of Birth (State or foreign country) Virginia
Residence Address RR #2 Box 53 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 Farming - Maintenance

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

☒ Other (Specify) Selective Service # 12-30-56-419

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

Name	Age	Address

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

11. Full name of father Paul Douglas Lester
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Farming Race of father W.
Birthplace of father (State or foreign country) Virginia
12. Full maiden name of mother Molly Lee Collins
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Nurses Aid Race of mother W.
Birthplace of mother (State or foreign country) Virginia

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

Sig

New Add

Subscribed and sworn to be:
Glen M. Harvey

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

State of Indiana,
County of HENDRICKS.

Signed

Signed

Subscribed and sworn to be:

COMPLETE IF MAR
HENDRICKS

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of June, 1976, 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, hereby certify that on the 7 day of July, one thousand nine hundred and 76, at Danville, County of Hendricks, State of Indiana, Groom Paul Douglas Lester, Jr. of Hendricks County, State of Ind. and, Bride Cindy Lou Hunter of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of July, 1976.

Signed John C. Maurer

Official Designation Judge Hendricks Co. Court

Signed Glen M. Harvey Clerk

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of July, 1976.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 231

File Book 37

Date of Application June 14, 1976

MALE
Medical Examination Report Dated 6-11-76
Name of Physician Eric S. Clark

FEMALE
Medical Examination Report Dated 6-11-76
Name of Physician Eric S. Clark M.D.

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

MALE APPLICANT

Name Michael David Curtis
Date of Birth April 6, 1955
Place of Birth (State or foreign country) Cleveland, Cuyahoga Co., Ohio
Residence Address 733 Hardin Blvd. Apt. C, Indianapolis, 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 Laborer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Blessed Sacrament
☐ Other (Specify) Baptismal & Birth Cert. - Church
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Nicholas Michael Curtis
Residence of father (if deceased so state) Deceased
Occupation of father C.E.D. Race of father W
Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Ann Marie Hutman
Residence of mother (if deceased so state) 3715 Remond Ave. Cleveland, Ohio
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Cleveland, Ohio

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Michael S. Curtis
New Address 733 Hardin Blvd. Apt C
Subscribed and sworn to before me this 14 day of June, 1976
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 Christine Marie Lombardo
Date of Birth Feb. 7, 1957
Place of Birth (State or foreign country) Cleveland, Cuyahoga Co., Ohio
Residence Address 26 Kimberly Lane, Plainfield, 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 Office work
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☒ Ohio Dept. of Health # 2346
☐ 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 Michael James Lombardo
Residence of father (if deceased so state) 26 Kimberly Lane, Plainfield, W
Occupation of father Freight Handler Race of father W
Birthplace of father (State or foreign country) Cleveland, Ohio
8. Full maiden name of mother Rose Marie Kutay
Residence of mother (if deceased so state) 26 Kimberly Lane W
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Willard, Ohio

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Christine Marie Lombardo
New Address 733 Hardin Blvd. apt. 3

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

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

State of Indiana, } 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 _____
HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 23 day of June, 1976, authorizing the joining together as husband and wife of Michael David Curtis and Christine Marie Lombardo
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Richard Zore, hereby certify that on the 26 day of June, 1976, at Plainfield, County of Hendricks, State of Ohio, of Cuyahoga County, State of Indiana, one thousand nine hundred and 76, Michael Curtis and, Bride Christine Lombardo, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, Indiana.
Dated this 23 day of June, 1976.
Signed Rev. Richard Zore
Official Designation Roman Catholic Priest
Signed Glen M. Harvey Clerk
Filed and recorded in accordance with the laws of the State of Indiana this 30 day of June, 1976.
Signed _____ HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 232
File June 14, 1976
Date of Application

MALE
Medical Examination Report Dated 6/14/76
Name of Physician Thomas M. Walker M.D.

FEMALE
Medical Examination Report Dated 6/14/76
Name of Physician Marvin Cathbert 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 Donald W. Newby II
Date of Birth September 12, 1957
Place of Birth Liberty, Indiana
Residence Address R.R. #4 Box 208 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 Air Force

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

☒ Other (Specify) U.S. Armed Forces I.D.

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

Name	Age	Address

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

11. Full name of father: Donald W. Newby

Residence of father (if deceased so state): Brownsburg Ind.

Occupation of father: Carpenter Race of father: White

Birthplace of father (State or foreign country): Whiteburg Ind.

12. Full maiden name of mother: Eva Marie Wood

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: Donald W. Newby II

New Address: San Antonio, Tx.

Subscribed and sworn to before me this 14 day of June, 1976

Ellen 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 Rebecca J. Overton
Date of Birth May 26, 1957
Place of Birth Indianapolis
Residence Address R.R. #1 Box 292 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 Accounting

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

☐ Other (Specify) # 6133

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

Residence of father (if deceased so state): Brownsburg Ind.

Occupation of father: Naval Avionics Race of father: White

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

8. Full maiden name of mother: Michael Eugene Stanley

Residence of mother (if deceased so state): Brownsburg Ind.

Occupation of mother: Housewife Race of mother: White

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 J. Overton

New Address: San Antonio, Tx.

Subscribed and sworn to before me this 14 day of June, 1976

Ellen 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 18 day of June, 1976, 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. Lawrence W. Newans hereby certify that on the 19th day of June

one thousand nine hundred and 76 at Brownsburg County of Hendricks

State of Indiana, Groom: Donald W. Newby II of Hendricks County, State of Indiana

and, Bride: Rebecca J. Overton of Hendricks County, State of Indiana

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

County. Dated this 19th day of June, 1976

Signed: Rev. Lawrence W. Newans Minister

Official Designation: _____

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of June, 1976

Signed: Ellen M. Harney Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 233

File 37

6-15-76

Date of Application

MALE

Medical Examination Report Dated

6-11-76

Name of Physician

Carl L. Heinlein

FEMALE

Medical Examination Report Dated

6-11-76

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 Robin K. Adamson
Date of Birth November 29 1953
Place of Birth (State or foreign country) Indianapolis
Residence Address 2340 Nowling Lane Indianapolis, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Computer Opr.

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

☐ Other (Specify)

113-53-100341

- Are you now or have you been adjudged, diagnosed or considered 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 Glen Adamson
69 N. Wayne
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Draftsman Race of father W
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Evelyn Donner
69 N. Wayne
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

New Address 2340 Nowling Lane Indpls.

Subscribed and sworn to before me this 15 day of June, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Carol S. Morshew
Date of Birth June 19 1958
Place of Birth (State or foreign country) Indianapolis
Residence Address 2341 Fontana Indianapolis, Ind.
Maiden Name if Different 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 Accounting 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 Harold Floyd Morshew
3041 Clover Dr.
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Maintenance Race of father W
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Carol Ann Mann
2341 Fontana
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Claims Representative 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 Carol Morshew

New Address 2340 Nowling Lane Indpls.

Subscribed and sworn to before me this 15 day of June, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 Carol Morshew Mother

Subscribed and sworn to before me this _____ day 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 _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1976, authorizing the joining together as husband and wife of Indiana dated the 23 day of June and Carol S. Morshew

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 26 day of June,
I, Merle L. Probst at Indianapolis County of Marion,
one thousand nine hundred and 76 of Hendricks County, State of Indiana,
State of Indiana, Groom Glen M. Harvey of Hendricks County, State of Indiana,
and, Bride Carol S. Morshew 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 26 day of June, 1976. Signed Merle L. Probst
Official Designation Minister
_____ day of _____, 1976.
Signed Glen M. Harvey Clerk
_____ HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 234
File 6-15-76
Date of Application

MALE

Medical Examination Report Dated 6-1-76Name of Physician W. R. Wise, M.D.

FEMALE

Medical Examination Report Dated 6-1-76Name of Physician W. R. Wise, M.D.

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

MALE APPLICANT

Name Edward Phillip Blair
Date of Birth Feb. 21 1946

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

Residence Address 538 Indusly Ave, Apt. 3, 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 CarpenterDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify).....

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

Name	Age	Address

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

11. Full name of father Edward Francis Blair
Residence of father (if deceased so state) Mooresville, Ind.
Occupation of father Aluminum Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Virginia Helen Short
Residence of mother (if deceased so state) Mooresville, 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 E. P. BlairNew Address 538 ENDUSLY AVE #3, BROWNSBURG, IN 46112

Subscribed and sworn to before me this 15 day of June, 1976
Glen M. Harway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

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

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

FEMALE APPLICANT

Name Deborah Jean Bennett
Date of Birth Oct 10 1954

Place of Birth (State or foreign country) Columbus, Ohio

Residence Address 917 Box Ave, Clermont, Ind.
Maiden Name if Different.....

Previous Marital Status: ☒ Never Married ☐ Number of Previous Marriages.....Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐Color or Race ☒ White ☐ Negro ☐ Other ☐ (specify).....Usual Occupation Nurse AidDate 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 Buster Bennett
Residence of father (if deceased so state) Unknown
Occupation of father..... Race of father wh
Birthplace of father (State or foreign country) N. Carolina
8. Full maiden name of mother Barbara Ann Ausland
Residence of mother (if deceased so state) Columbus, 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 Deborah J. BennettNew Address 538 Endusly Ave #3 Brownsburg Ind. 46112

Subscribed and sworn to before me this 15 day of June, 1976
Glen M. Harway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } 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 June, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James A. Jones hereby certify that on the 19th day of June,
one thousand nine hundred and 76 at Brownsburg, County of Hendricks,
State of Indiana, Groom Edward Phillip Blair of Hendricks County, State of Indiana
and, Bride Deborah Jean Bennett of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 19th day of June, 1976

Signed James A. JonesOfficial Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of June, 1976

Signed Glen M. Harway Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 235

File

HENDRICKS County

MALE

Medical Examination Report Dated 6-14-76

Name of Physician Eric Clark, M.D.

FEMALE

Medical Examination Report Dated 6-14-76

Name of Physician Eric Clark, M.D.

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 First Middle Last
Anthony Wayne Bailey
Date of Birth Month Day Year
Sept 6 1954
Place of Birth (State or foreign country)
Rushville, Ind.
Residence Address Street or R. R. City County State
3123 Elizabeth St. Clermont, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Mechanic
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) 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?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

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

11. Full name of father James Robert Bailey
Residence of father (if deceased so state) Clermont
Occupation of father Printer Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dorothea L. Warfield
Residence of mother (if deceased so state) Clermont, 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 Anthony W. Bailey
New Address RR 4 Box 303 Brownsburg

Subscribed and sworn to before me this 16 day of June, 1976
Glen M. Harney Clerk HENDRICKS Circuit Court

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name First Middle Last
Cindy Sue Cole
Date of Birth Month Day Year
Oct 1 1958
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
Rt. 2 Box 157 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 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 ☐
- Full name of father Edward N. Thomas Cole
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Machinist Race of father wh
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Maxine Louise Spencer
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Indian Home 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 Cindy S. Cole
New Address RR 4 Box 303 Brownsburg

Subscribed and sworn to before me this 16 day of June, 1976
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 _____ F
Signed Maxine Cole M

Subscribed and sworn to before me this 16 day of June, 1976
Glen M. Harney Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties,
HENDRICKS County Circuit Court by written order issued 3 day waiver
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 17 day of June, 1976, authorizing the joining together as husband and wife
of Anthony Wayne Bailey and Cindy Sue Cole

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, H. Dean Wilsted hereby certify that on the 19th day of June, Hendricks,
at Plainfield County of Indiana
one thousand nine hundred and 76 of Marion County, State of Indiana
State of Indiana, Groom Anthony Wayne Bailey of Hendricks
and, Bride Cindy Sue Cole 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, 19th day of June, 1976
Dated this 19th day of June, 1976

Signed H. Dean Wilsted Bishop

Official Designation June 1976
22nd day of June, 1976 Clerk

Signed Glen M. Harney
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. 235

File 6-16-76

HENDRICKS County

MALE
Medical Examination Report Dated 6-14-76
Name of Physician Eric Clark, M.D.

FEMALE
Medical Examination Report Dated 6-14-76
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, representa-

MALE APPLICANT

Name Anthony Wayne Bailey
Date of Birth Sept 16 1954
Place of Birth Rushville, Ind.
Residence Address 3123 Elizabeth St. Clermont, 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 Mechanic
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

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

11. Full name of father James Robert Bailey
Residence of father (if deceased so state) Clermont
Occupation of father Printer Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dorothea L. Warfield
Residence of mother (if deceased so state) Clermont, Ind.
Occupation of mother None Race of mother wh
Birthplace of mother (State or foreign country) Indiana

State of Indiana,
County of _____

Subscribed and sworn to before me this _____ day of _____, 1976.

CONSENT OF P.
We, the parents,
signs, state facts

State of Indiana,
County of _____

Subscribed and sworn to before me this _____ day of _____, 1976.

FEMALE APPLICANT

Name Cindy Sue Cole
Date of Birth Sept 1 1958
Place of Birth Indianapolis, Ind.
Residence Address Rt. 2 Box 157, 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) _____

- Are you now or have you been adjudged, diagnosed or considered 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 H. Thomas Cole
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Machinist Race of father wh
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Marjorie Louise Spencer
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Indianapolis 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 Cindy S Cole
New Address RR 4 Box 303 Brownsburg

Subscribed and sworn to before me this 16 day of June, 1976

I, Edward Cole, hereby give my consent for
my daughter, Cindy S Cole to
marry Anthony W. Bailey.

Edward Cole
Subscribed and sworn to before me this 16th day of June, 1976
Loretta Jane Price
Notary Public

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Court, _____ County, Indiana, dated the _____ day of _____, 1976, authorizing the joining together as husband and wife
of Anthony Wayne Bailey and Cindy Sue Cole
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, H. Dean Wilsted, hereby certify that on the 19th day of June, 1976, at Plainfield, County of Hendricks,
one thousand nine hundred and 76 of Marion County, State of Indiana,
State of Indiana, Groom Anthony Wayne Bailey of Hendricks County, State of Indiana,
and, Bride Cindy Sue Cole of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County,
Dated this 19th day of June, 1976.

Signed H. Dean Wilsted Bishop
Official Designation June, 1976
22nd day of _____
Signed Allen M. Narveef Clerk
HENDRICKS County, Indiana

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1976.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 236
File June 16, 1976

Date of Application

MALE
Medical Examination Report Dated 6-12-76
Name of Physician Thomas A. Kocoshis

FEMALE
Medical Examination Report Dated June 12, 1976
Name of Physician Thomas A. Kocoshis

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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
Thomas E. Crawford
Date of Birth Month Day Year
4 29 1940
Place of Birth (State or foreign country) Richmond, Indiana
Residence Address Street or R. R. City County State
R.R. 1 Milton 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 C. P. A.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Bureau of
☐ Other (Specify) Vital Statistics

- Are you now or have you been adjudged, diagnosed or considered 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: Elbert Lee Crawford
Residence of father (if deceased so state) R.R. 1 Milton, Ind.
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother: Barbara Ellen Barber
Residence of mother (if deceased so state) R.R. 1 Milton, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed: E. Crawford
New Address: RR #1 Milton, Indiana 47357

Subscribed and sworn to before me this 1st day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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
Patricia L. Engelbrecht
Date of Birth Month Day Year
Aug 20 1944
Place of Birth (State or foreign country) Lansing, Mich.
Residence Address Street or R. R. City County State
40 Hickory Rd. B. burg Hend. Ind.
Maiden Name (if different) Patricia L. O'Fulke

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 Medical Secretary

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

☐ Other (Specify) Lansing, Mich.

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

7. Full name of father: Carl Joseph O'Berlee
Residence of father (if deceased so state) Lapeer, Mich.
Occupation of father C. P. A. Race of father W
Birthplace of father (State or foreign country) Michigan
8. Full maiden name of mother: Martha J. Kerckhaert
Residence of mother (if deceased so state) Lapeer, Mich.
Occupation of mother Nurse Race of mother W
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: Patricia L. Engelbrecht

New Address: _____

Subscribed and sworn to before me this 16 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 July, 1976, authorizing the joining together as husband and wife
Thomas E. Crawford and Patricia L. Engelbrecht
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John D. Hefflin, hereby certify that on the 3rd day of July, 1976,
one thousand nine hundred and 76, at Cambridge City, County of Hendricks,
State of Indiana, Groom: Thomas E. Crawford, of Wayne County, State of Ind.
and, Bride: Patricia L. Engelbrecht, of Hendricks County, State of Ind.
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 7 day of July, 1976.

Signed: John D. Hefflin

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 9 day of July, 1976.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 237
File 6-17-76
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 6-14-76
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 6-14-76
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 Charles Leonard Hawhee
Date of Birth 11/28/1926
Place of Birth (State or foreign country) Perry Co. Ind.
Residence Address Rt 4 Box 111 Mooresville, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Madison 1975
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Supervisor
Date of birth verified by ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Discharge - 376768

- Are you now or have you been adjudged, diagnosed or considered 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 Michael Ruth Age 14 Address Rt 2 Pendleton, 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 Leonard Walker Hawhee
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Perry Co.
12. Full maiden name of mother Kathleen Mosier
Residence of mother (if deceased so state) deceased
Occupation of mother housewife Race of mother _____
Birthplace of mother (State or foreign country) Perry Co.

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Charles L. Hawhee
New Address same
Subscribed and sworn to before me this 17 day of June, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 Ella Louise Rund
Date of Birth 8/14/1941
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address Rt 4 Box 111 Mooresville, Ind.
Maiden Name if Different English
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marion 1969
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Self Employed
Date of birth verified by ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #14655

- Are you now or have you been adjudged, diagnosed or considered 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 Claude W. English
Residence of father (if deceased so state) Rt 4 Box 111 Mooresville
Occupation of father Self Employed Race of father _____
Birthplace of father (State or foreign country) Marion Co.
8. Full maiden name of mother Martha Louella Collier
Residence of mother (if deceased so state) same
Occupation of mother Retired Race of mother _____
Birthplace of mother (State or foreign country) Owen Co.

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

Signed Ella Louise Rund
New Address same
Subscribed and sworn to before me this 17 day of June, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 _____
HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court _____
of Indiana dated the 25 day of June, 1976, authorizing the joining together as husband and wife
Charles Leonard Hawhee and Ella Louise Rund

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Theron R. Castleman hereby certify that on the 27th day of June,
at Salem Un. Meth. Ch. County of Hendricks,
one thousand nine hundred and 76 of Hendricks County, State of Indiana,
State of Indiana, Groom Charles Leonard Hawhee of Hendricks County, State of Indiana,
and, Bride Ella Louise Rund 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 27th day of June, 1976. Signed Theron R. Castleman
Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of June, 1976.
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. 238
File June 18, 1976
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 6/16/76
Name of Physician L. V. Sander MD.

FEMALE
Medical Examination Report Dated 6/14/76
Name of Physician Warren D. Louett, 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 Robert M. Roseman
Date of Birth July 18 1957
Place of Birth (State or foreign country) St. Francis, Miss. Indpls. Ind.
Residence Address PO Box 635, Matha An Free Base, 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 Air Force (U.S.)

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

☐ Other (Specify) # 21752

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

Name	Age	Address

- (b) Are you supporting or contributing to their 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 Edward Roseman
Residence of father (if deceased so state) Indpls. Ind.
Occupation of father Electrician Race of father White
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Maryanne Mobley
Residence of mother (if deceased so state) Indpls. 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 in this application is true and correct.
County of HENDRICKS

Signed Robert M. Roseman
New Address Sacramento, California

Subscribed and sworn to before me this 18 day of June, 1976
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 Jina Sue McCay
Date of Birth November 1 1955
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. #2 Box 109 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 Cashier

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

☐ Other (Specify) # 113-55-095288

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

7. Full name of father Clifford L. McCay
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Inspector Race of father White
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Mavis Greenwood
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Indiana

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

Signed Jina Sue McCay
New Address Sacramento, CA

Subscribed and sworn to before me this 18 day of June, 1976
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 22nd day of June, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clifford L. Carmichael hereby certify that on the 26 day of June, one thousand nine hundred and 76 at Brownsburg, County of Hendricks, State of Indiana, Groom Robert Michael Roseman of Hendricks County, State of Indiana and, Bride Jina Sue McCay of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 22nd day of June, 1976.
Signed Clifford L. Carmichael
Official Designation Minister
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of July, 1976.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 239
File June 18, 1976
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 6-11-76
Name of Physician M. O. Scamaron

FEMALE
Medical Examination Report Dated 6-11-76
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 Michael W. Herring
Date of Birth Feb 19 1953
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 206 North Jefferson, Brownsburg
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

- ☐ Other (Specify) # 2111
- Are you now or have you been adjudged, diagnosed or considered 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 Raymond Carl Herring
Residence of father (if deceased so state) Same
Occupation of father Fireman Race of father _____
Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Peggy Jean Davis
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Michael W. Herring
New Address 202 N. Jefferson St
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk HENDRICKS Circuit Court

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

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

FEMALE APPLICANT

Name Connie L. Cook
Date of Birth Feb 21 1958
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 220 N. Adams, 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 Drug Store
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Witham Memorial
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Robert L. Cook
Residence of father (if deceased so state) Same
Occupation of father Wardrobe Laundry Race of father _____
Birthplace of father (State or foreign country) Kentucky
 - Full maiden name of mother Robert L. Burdine
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Connie L. Cook
New Address 202 N. Jefferson St
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk HENDRICKS Circuit Court

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

State of Indiana, } 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 _____
HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County, _____, 19____, authorizing the joining together as husband and wife of Indiana dated the 24 day of June and _____
Michael W. Herring _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____, hereby certify that on the 26th day of June, 19____, at _____, County of _____, State of _____, _____
one thousand nine hundred and 76 of _____
State of Indiana, Groom Michael W. Herring
and, Bride Connie L. Cook
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, _____, 19____
Dated this 26th day of June, 19____
Signed James A. Jones Minister
Official Designation _____
29th day of _____, 19____
Signed Wm. M. Harshey 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. 240
File June 18, 1976
Date of Application

MALE
Medical Examination Report Dated 6/17/76
Name of Physician Elmer L. Zach, M.D.

FEMALE
Medical Examination Report Dated 6/14/76
Name of Physician Carl L. Hunkler, 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 Danny Darnell Williams
Date of Birth April 30 1954
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address RR # 3 Box 304 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 Police Officer

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

☐ Other (Specify) # 4855

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

Name	Age	Address

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

11. Full name of father Lester T. Williams
Residence of father (if deceased so state) Marion, Ind.
Occupation of father Millwright Race of father White
Birthplace of father (State or foreign country) Kentucky

12. Full maiden name of mother Margie Anderson
Residence of mother (if deceased so state) Marion, Ind.
Occupation of mother Housewife 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 Danny Darnell Williams
New Address Forest Hills Estates, Indianapolis

Subscribed and sworn to before me this 18 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Carolyn Zimmerman
Date of Birth April 15 1956
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address 252 S. Tennessee Marion Ind.
Maiden Name if Different 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 File Clerk

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

☐ Other (Specify) # 4399

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

7. Full name of father Edward Leo Zimmerman
Residence of father (if deceased so state) Paris, Ind.
Occupation of father Painter Race of father White
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Mary Malchin
Residence of mother (if deceased so state) Marion, Ind.
Occupation of mother Shipping Clerk Race of mother White
Birthplace of mother (State or foreign country) Pennsylvania

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

Signed Carolyn Zimmerman

New Address Forest Hills Estates, Indianapolis

Subscribed and sworn to before me this 18 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 22 day of June, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James E. Taylor hereby certify that on the 3rd day of July,
one thousand nine hundred and 76 at Marion, County of Hendricks,
State of Indiana, Groom Danny Darnell Williams of Hendricks County, State of Ind.
and, Bride Carolyn Zimmerman of Hendricks County, State of Ind.
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3rd day of July, 1976.
Signed James E. Taylor
Official Designation Minister
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of July, 1976.

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 241

File 37

6-18-76

Date of Application

MALE

Medical Examination Report Dated 6-12-76

Name of Physician Eric D. Clark

FEMALE

Medical Examination Report Dated 6-12-76

Name of Physician Eric D. Clark

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

MALE APPLICANT

Name First Chris Middle W. Last Hutcherson
Date of Birth Month August Day 29 Year 1956
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. 303 Green St. City Plainfield County Ind. State Ind.
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Electrician
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Div. of Public Health
☐ Other (Specify) 9923

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

Name	Age	Address
Jack Warren Hutcherson		
Edith Ann Edmondson		

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

11. Full name of father Jack Warren Hutcherson
Residence of father (if deceased so state) Greenwood, Ind.
Occupation of father Machinist Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Edith Ann Edmondson
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Insurance Agent Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Chris HutchersonNew Address 303 Green St. Plainfield Ind.

Subscribed and sworn to before me this 18 day of June, 1976.
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1976, authorizing the joining together as husband and wife of Indiana dated the 23rd day of June and Elizabeth K. Plunkett

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Chris W. Hutcherson and Elizabeth K. Plunkett

I, Norman L. Weaver hereby certify that on the 26th day of June, County of Hendricks, State of Indiana

one thousand nine hundred and 76 at Hendricks County, State of Indiana

State of Indiana, Groom Chris W. Hutcherson of Hendricks County, State of Indiana

and, Bride Elizabeth K. Plunkett of Hendricks County, State of Indiana

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, _____ Signed Norman L. Weaver

Dated this 26th day of June, 1976 Official Designation Minsiter

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of June, 1976 Clerk Ellen M. Harvey

Signed Ellen M. Harvey HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 241

File 37

6-18-76

Date of Application

MALE

Medical Examination Report Dated 6-12-76

Name of Physician Eric D. Clark

FEMALE

Medical Examination Report Dated 6-12-76

Name of Physician Eric D. Clark

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

MALE APPLICANT

Name First Chris Middle W. Last Hutcheson
Date of Birth Month August Day 29 Year 1956
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. 303 Green St. City Plainfield County Ind.
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Electrician
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Div. of Public Health
☐ Other (Specify) 9923

- Are you now or have you been adjudged, diagnosed or considered 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

FEMALE APPLICANT

Name First Elizabeth Middle K. Last Plunkett
Date of Birth Month November Day 17 Year 1958
Place of Birth (State or foreign country) Beach Grove
Residence Address Street or R. R. 1717 Hawthorne City Plainfield County Ind.
Maiden Name if Different Plunkett
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 Div. of Public Health
☐ Other (Specify) SC-2682
- Are you now or have you been adjudged, diagnosed or considered 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 E. Plunkett
Residence of father (if deceased so state): 1717 Hawthorne City Plainfield County Ind.
Race of father: W

I, William E. Plunkett hereby give my consent for
my daughter Elizabeth Kathleen Plunkett to
marry Chris Warren Hutcheson.

Subscribed and sworn to before me this 7th day of June 19 76

Ann E. Syms
Notary Public

My commission expires 8-12-78

the information given
is true and correct.

W. E. Plunkett
Plainfield, Ind.
June 1976

Circuit Court

If only one parent
necessary.

Father

Mother

June 1976

Clerk

named parties, the
and filed

Circuit Court

of Indiana dated the 23rd day of June, 1976, authorizing the joining together as husband and wife
of Chris W. Hutcheson and Elizabeth K. Plunkett
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norman L. Weaver hereby certify that on the 26th day of June, County of Hendricks,
76 at Danville, County, State of Indiana
one thousand nine hundred and 76 of Hendricks County, State of Indiana
State of Indiana, Groom Chris W. Hutcheson of Hendricks County, State of Indiana
and, Bride Elizabeth K. Plunkett of Hendricks County, State of Indiana
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. June, 1976
Dated this 26th day of June, 1976
Signed Norman L. Weaver
Official Designation Minsiter, 19 76
28th day of June, 19 76 Clerk
Signed Ellen 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. 242
File 6-18-76
Date of Application

MALE
Medical Examination Report Dated 6-14-76
Name of Physician Lloyd Terry

FEMALE
Medical Examination Report Dated 6-14-76
Name of Physician Lloyd Terry

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

MALE APPLICANT

Name Roger Dee Jones
Date of Birth 12 11 1938
Place of Birth (State or foreign country) Tulsa Co.
Residence Address 200 South Main North Salem
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1972
Color or Race White ☒ Negro ☐ Other ☐ (specify) None
Usual Occupation Steam Fitter
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #113-38-058484

- Are you now or have you been adjudged, diagnosed or considered 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
Brenda Kay Jones 15 S. Center St.
Roger Tracy Jones 12 Id.

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

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

11. Full name of father Skinner James Jones
Residence of father (if deceased so state) Id.
Occupation of father Id. Race of father Id.
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Car W. Bladse
Residence of mother (if deceased so state) Id. Warrville
Occupation of mother Retired Race of mother Id.
Birthplace of mother (State or foreign country) Id.

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

Signed Roger Dee Jones

New Address R #1 Box 121 North Salem

Subscribed and sworn to before me this 18 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Audrey June Martin
Date of Birth 7 13 1935
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address R #1 Box 121 North Salem, Ind.
Maiden Name if Different Carr
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1972
Color or Race White ☒ Negro ☐ Other ☐ (specify) Johnson Co.
Usual Occupation Trans.

- Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Voter Reg. 13846
- Are you now or have you been adjudged, diagnosed or considered 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 Paul J. Carr
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Indianapolis

8. Full maiden name of mother Ethel Pauline Mable
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Noblesville, Ind.

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

Signed Audrey June Martin

New Address R #1 Box 121 North Salem, Ind.

Subscribed and sworn to before me this 18 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 24 day of June, 1976, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Earl E. Davis, hereby certify that on the 2nd day of July,
one thousand nine hundred and 76, at North Salem Christian Ch. County of Hendricks,
State of Indiana, Groom Roger Dee Jones of Hendricks County, State of Indiana,
and, Bride Audrey June 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 2nd day of July, 1976.

Signed Earl E. Davis, D.D., F.A.P.C.

Official Designation Pastor - Crossroads
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of July, 1976.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 243

HENDRICKS County

File 6-18-76

Date of Application

MALE

Medical Examination Report Dated 6-16-76
Name of Physician Glen Baker M.D.

FEMALE

Medical Examination Report Dated 6-16-76
Name of Physician Glen Baker M.D.

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

MALE APPLICANT

Name Garth Mac Donald Timmerman
Date of Birth July 31 1955
Place of Birth (State or foreign country) Ohio
Residence Address Box 200 Dayton, In.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Asst Manager
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 George R. Timmerman
Residence of father (if deceased so state) Dayton, In.
Occupation of father Self employed Race of father wh
Birthplace of father (State or foreign country) Michigan
12. Full maiden name of mother Mary Jane Cunningham
Residence of mother (if deceased so state) Murray, Ky.
Occupation of mother Professor 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 Garth Timmerman
New Address 121 Apt. B. William Dr. Bismarck, In.
Subscribed and sworn to before me this 18 day of June, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Dayna Kathryn Berry
Date of Birth May 22 1957
Place of Birth (State or foreign country) Missouri
Residence Address 121 William Dr. Bismarck, In.
Maiden Name if Different Dayna Kathryn Berry
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) _____

- Are you now or have you been adjudged, diagnosed or considered 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 Oliver W. Berry
Residence of father (if deceased so state) Washington, In.
Occupation of father Sanitarian Race of father wh
Birthplace of father (State or foreign country) Kansas
8. Full maiden name of mother Elberta L. Myers
Residence of mother (if deceased so state) Washington
Occupation of mother None Race of mother wh
Birthplace of mother (State or foreign country) Kansas

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

Signed Dayna K. Berry
New Address 121 William Dr. Apt B
Subscribed and sworn to before me this 11 day of June, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1976, authorizing the joining together as husband and wife of Indiana dated the 23 day of June and Dayna Kathryn Berry

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Gary C. Black _____, County of Marion
at Indianapolis _____, State of Indiana
one thousand nine hundred and 76 _____, County, State of Indiana
State of Indiana, Groom Garth MacDonald Timmerman of Hendricks
and, Bride Dayna Katherine Berry of Hendricks

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 27th day of June, 1976.
Signed Gary C. Black Minister
Official Designation _____, 1976

Subscribed and sworn to before me this 29th day of June, 1976.
Signed Glen M. Harvey 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. 245

HENDRICKS

County

File

6-21-76
Date of Application

MALE

Medical Examination Report Dated 6-14-76

Name of Physician David Haggard

FEMALE

Medical Examination Report Dated 6-14-76

Name of Physician David Haggard

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

MALE APPLICANT

Name First James Middle L Last Auman Jr.
Date of Birth Month Sept Day 9 Year 1925
Place of Birth (State or foreign country) Detroit Michigan
Residence Address 7777 West Washington St. 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 Carpenter

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 James L. Auman Jr.
Residence of father (if deceased so state) 141 Rockville, Ind.
Occupation of father Retired Race of father
Birthplace of father (State or foreign country) Shepardsville, Ind.
12. Full maiden name of mother Mary Ann Markowitz
Residence of mother (if deceased so state) 141 Rockville, Ind.
Occupation of mother Housewife Race of mother
Birthplace of mother (State or foreign country) Detroit Michigan

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

Signed James L. Auman, Jr.

New Address 7777 W. Washington St.

Subscribed and sworn to before me this 21 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Lisa Middle J Last Patrick
Date of Birth Month Sept Day 13 Year 1956
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 603 W. Township Rd. 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 Store Clerk

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

☐ Other (Specify) # 8911

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Dale Patrick
Residence of father (if deceased so state) 1402 N. Ala. Apt. Indpls.
Occupation of father Store Clerk Race of father
Birthplace of father (State or foreign country) Ind.

8. Full maiden name of mother Margaret Irene Case
Residence of mother (if deceased so state) 603 W. Twp. Rd. Plainfield
Occupation of mother Supervisor Race of mother
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 Lisa J. Patrick

New Address 7777 W. Washington St.

Subscribed and sworn to before me this 21 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 June, 1976, authorizing the joining together as husband and wife
James L. Auman, Jr. and Lisa J. Patrick

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 26th day of June
I, Rev. Dillon Laffin hereby certify that on the _____, County of Hendricks
at Plainfield _____
one thousand nine hundred and 76 of Marion _____
State of Indiana, Groom James Auman, Jr. _____
and, Bride Lisa J. Patrick _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS
County.

Dated this 25th day of June, 1976. Signed Rev. Dillon Laffin
Official Designation June 1976
28th day of _____ Clerk

Signed Glen M. Harvey
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 246

File

6-21-76

Date of Application

MALE

Medical Examination Report Dated 6-14-76

Name of Physician Lloyd Jerry

FEMALE

Medical Examination Report Dated 6-14-76

Name of Physician Lloyd Jerry

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

MALE APPLICANT

Name Harold F Hensley
Date of Birth June 18 1953
Place of Birth (State or foreign country) Middlesboro Kentucky
Residence Address R#6 Box 195 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 Truck Stop

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

☒ Other (Specify) Selective Service - 12-30-53-217

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

Name Age Address

- (b) Are you supporting or contributing to their 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 Thomas
Residence of father (if deceased so state) —
Occupation of father — Race of father —
Birthplace of father (State or foreign country) —

12. Full maiden name of mother Wester C. Trent
Residence of mother (if deceased so state) R#6 Box 195 Danville
Occupation of mother — 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 Harold F. Hensley
New Address 394 W. Marion

Subscribed and sworn to before me this 21 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian
We, the parents, of this applicant hereby 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

FEMALE APPLICANT

Name Cathy Jo Williams
Date of Birth June 1 1958
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 394 West Marion St. Danville
Maiden Name if Different —

Previous 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) H 5556

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

8. Full maiden name of mother Annabelle Larison
Residence of mother (if deceased so state) Same
Occupation of mother Head Co. Health Dept. 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 Cathy Jo Williams
New Address 394 W. Marion St. Danville

Subscribed and sworn to before me this 21 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian
We, the parents, of this applicant hereby 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 25 day of June, 1976, 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. H. Cliff Davis hereby certify that on the 26th day of June,
one thousand nine hundred and 76 at Danville, County of Hendricks,
State of Indiana, Groom Harold F. Hensley of Hendricks County, State of Indiana
and, Bride Cath Jo Williams of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29th day of June, 1976.

Signed Rev. H. Cliff Davis
Official Designation Minister, Hillcrest Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of June, 1976

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 247
File _____
Date of Application 6/21/76

HENDRICKS County

MALE
Medical Examination Report Dated 6/15/76
Name of Physician John H. Winter M.D.

FEMALE
Medical Examination Report Dated 6/14/76
Name of Physician Irving Cohen, M.D.

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

MALE APPLICANT

Name Daniel First Edward Middle Vermillion Last
Date of Birth July Month 2 Day 1957 Year
Place of Birth (State or foreign country) Indiana
Residence Address 640 Suckow Street or R. R. Plainfield City Ind. State
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Hendricks County Highway

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

☐ Other (Specify) # 113-57-244126

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

Name _____ Age _____ Address _____

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

11. Full name of father Edward Louis Vermillion
Residence of father (if deceased so state) Plainfield Ind.
Occupation of father Alumini Race of father White
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Eleanor Elizabeth Hawley
Residence of mother (if deceased so state) Plainfield Ind.
Occupation of mother State House 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 Daniel Edward Vermillion
New Address Country Village apt 10

Subscribed and sworn to before me this 21 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Rebecca First Ann Middle Rastetter Last
Date of Birth June Month 21 Day 1958 Year
Place of Birth (State or foreign country) Indiana
Residence Address 340 Southmore Street or R. R. Plainfield City Ind. State
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Unemployed

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

☐ Other (Specify) # 58-256-705

- Are you now or have you been adjudged, diagnosed or considered 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 A. Rastetter
Residence of father (if deceased so state) Plainfield Ind.
Occupation of father Alumini Race of father White
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Frances C. Nilly
Residence of mother (if deceased so state) Plainfield Ind.
Occupation of mother Bridgeport Bus 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 Rebecca Ann Rastetter
New Address Country Village apt 10

Subscribed and sworn to before me this 21 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____

_____ Court by written order issued _____

_____ County _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 25 day of June, 1976, authorizing the joining together as husband and wife _____

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

I, Rev. Richard Fore hereby certify that on the 2nd day of July, _____

one thousand nine hundred and 76 at Plainfield _____ County of Hendricks

State of Indiana, Groom Daniel Edward Vermillion of Hendricks _____ County, State of Indiana

and, Bride Rebecca Ann Rastetter of Hendricks _____ County, State of Indiana

were 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 June, 1976 _____

Signed Rev. Richard Fore _____

Official Designation Roman Catholic Priest _____

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

No. 248

File
June 22, 1976
Date of Application

HENDRICKS County

MALE

Medical Examination Report Dated 6-21-76
Name of Physician Arcadio M. Alapcon, M.D.

FEMALE

Medical Examination Report Dated 6-21-76
Name of Physician Arcadio M. Alapcon, M.D.

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

MALE APPLICANT

Name First James Middle Allen Last Tolle
Date of Birth Month 3 Day 1943
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Rt #1 Muncie, Ind. City Muncie County State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Security Officer

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

- Are you now or have you been adjudged, diagnosed or considered 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
Marjorie Ruth Tolle 7 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 Herbert Edward Tolle
Residence of father (if deceased so state) Miami, Fla.
Occupation of father Retired Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Ruth Evelyn Males
Residence of mother (if deceased so state) Miami, Fla.
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 James R. Tolle
New Address RR 2 Box 449 Clayton, Ind.

Subscribed and sworn to before me this 22 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Janice Middle Carroll Last Brittenback
Date of Birth Month 7 Day 1932
Place of Birth (State or foreign country) Hendricks Co. Indiana
Residence Address Rt. 2 Box 449 Clayton, Ind. City Clayton County State
Maiden Name if Different Littell
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 Security Guard

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 Mike D. Littell
Residence of father (if deceased so state) Clayton, Ind.
Occupation of father Retired Race of father wh
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Vileta Buis
Residence of mother (if deceased so state) Decatur
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
County of HENDRICKS in this application is true and correct.

Signed Janice C. Brittenback
New Address RR 2 Box 449 Clayton, Ind. 46119

Subscribed and sworn to before me this 22 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 June, 1976, 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 L. Denny

hereby certify that on the 27th day of June, one thousand nine hundred and 76 at R. R. #1, County of Morgan

State of Indiana, Groom James Allen Tolle of Hendricks County, State of Indiana

and, Bride Janice Carroll Brittenback of Hendricks County, State of Indiana

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

Dated this 27th day of June, 1976

Signed Charles L. Denny
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of June, 1976
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 249
File _____
Date of Application June 22, 1976

HENDRICKS County

MALE
Medical Examination Report Dated 6/21/76
Name of Physician Elmer L. Rich M.D.

FEMALE
Medical Examination Report Dated 6/21/76
Name of Physician Elmer L. Rich 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 Donald Weston Dugan
Date of Birth November 11 1948
Place of Birth (State or foreign country) Montgomery, Ala.
Residence Address 5840 Big Oak Dr. 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 Sales Representative
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Huntingburg, Ind.
☐ Other (Specify) The Stark Hospital
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ No ☐ Yes ☐
Of Unsound Mind? ☐ No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? ☐ No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? ☐ No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? ☐ No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? ☐ No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? ☐ No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? ☐ No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? ☐ No ☐ Yes ☐
8. Are you able to support a family? ☒ Yes ☐ No ☐
9. Are you likely to so continue? ☒ Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? ☐ No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Warren Carl Dugan		
Residence of father (if deceased so state)		
Occupation of father		
Birthplace of father (State or foreign country)		

(b) Are you supporting or contributing to their support? ☐ Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? ☐ Yes ☐ No ☐
11. Full name of father Warren Carl Dugan
Residence of father (if deceased so state) Lancaster, Pa.
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Bernice Esther Wagoner
Residence of mother (if deceased so state) Lancaster, Mo.
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 in this application is true and correct.
County of HENDRICKS
Signed Donald Dugan
New Address 5840 Big Oak Dr.
Subscribed and sworn to before me this 22 day of June, 1976
Elmer L. Rich Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 Jenni Lynn Kauffman
Date of Birth January 7 1954
Place of Birth (State or foreign country) Indiana
Residence Address 1768 Range Line Rd 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 A.F.N.B. Blanketing Co.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Health & Hospital Corp. - Marion Co. Ind.
☐ Other (Specify) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ No ☐ Yes ☐
Of Unsound Mind? ☐ No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? ☐ No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? ☐ No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? ☐ No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? ☐ No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? ☐ No ☐ Yes ☐
7. Full name of father Russell Reese Kauffman
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Kauffman Products Race of father White
Birthplace of father (State or foreign country) Pennsylvania
8. Full maiden name of mother Mrs. Muriel Person
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother L.S. App. Race of mother White
Birthplace of mother (State or foreign country) Pennsylvania

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

Signed Jenni L. Kauffman
New Address 5840 Big Oak Dr.
Subscribed and sworn to before me this 22 day of June, 1976
Elmer L. Rich Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 _____ Court by written order issued _____
_____ HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 28 day of June, 1976, authorizing the joining together as husband and wife of Donald Weston Dugan and Jenni Lynn Kauffman.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Donald Tyler, hereby certify that on the 29 day of June, _____, County of Hendricks,
at Brownsburg, _____, County, State of Indiana,
one thousand nine hundred and 76, of Marion County, State of Indiana,
State of Indiana, Groom Donald Weston Dugan of Hendricks County, State of Indiana,
and, Bride Jenni Lynn Kauffman of _____ County, State of _____,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 29 day of June, 1976.
Signed Rev. Donald Tyler
Official Designation Baptist Minister, 1976.
Signed Elmer L. Rich 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. 250

File

HENDRICKS

County

6-22-76
Date of Application

MALE

Medical Examination Report Dated 6-21-76

Name of Physician M. D. Scamhorn

FEMALE

Medical Examination Report Dated 6-21-76

Name of Physician M. D. Scamhorn

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

MALE APPLICANT

Name First Myron Middle Franklin Last Blackner
Date of Birth Month June Day 19 Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. 116 N. Grant City Brownburg County Ind. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation ContractorDate 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 Henry F. Blackner
Residence of father (if deceased so state) Pittsboro, Ind.
Occupation of father Allison's Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Freida K. Herring
Residence of mother (if deceased so state) Pittsboro
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 Myron F. BlacknerNew Address 116 N. Grant St Brownburg

Subscribed and sworn to before me this 22 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Vickie Middle Jean Last Smith
Date of Birth Month Oct Day 6 Year 1951
Place of Birth (State or foreign country) Buch Grove, Ind.
Residence Address Street or R. R. 116 N. Grant City Brownburg County Ind. State Ind.
Maiden Name if Different Johnson

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation SecretaryDate 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 Leonard L. Johnson
Residence of father (if deceased so state) Linton, Ind.
Occupation of father W. Stephens Race of father wh
Birthplace of father (State or foreign country) Tennessee
8. Full maiden name of mother Juanita Hargraves
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Ind. Ind. 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 Vickie Jean SmithNew Address 116 N. Grant Brownburg

Subscribed and sworn to before me this 22 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 28 day of June, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Myron Barnard hereby certify that on the 3rd day of July,
one thousand nine hundred and 76 at Indianapolis, County of Marion,
State of Indiana, Groom Myron Franklin Blackner of Hendricks County, State of Indiana
and, Bride Vickie Jean Smith of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.

Dated this 3rd day of July, 1976.

Signed Myron BarnardOfficial Designation JudgeFiled and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1976

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 251
File 37
6-22-76
Date of Application

MALE
Medical Examination Report Dated 6-15-76
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 6-15-76
Name of Physician Irving Cohen

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

MALE APPLICANT

Name First Middle Last
Michael Ray Van Arsdale
Date of Birth Month Day Year
July 28 1957
Place of Birth (State or foreign country)
Indianapolis Ind.
Residence Address Street or R. R. City County State
RR 1 Box 297 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 Produce Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree State Bd. of Health
☐ Other (Specify) 113-57-080290

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

Name	Age	Address
Poland R. Van Arsdale		RR 1 Box 297 Camby, 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: Poland R. Van Arsdale
Residence of father (if deceased so state): RR 1 Box 297 Camby, Ind.
Occupation of father: Self-employed Race of father: W
Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Kathleen Broce
Residence of mother (if deceased so state): RR 1 Box 297 Camby, 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: Michael R. Van Arsdale

New Address:

Subscribed and sworn to before me this 15 day of June, 1976.
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

FEMALE APPLICANT

Name First Middle Last
Deborah Ann Lewis
Date of Birth Month Day Year
November 24 1954
Place of Birth (State or foreign country)
Indianapolis Ind.
Residence Address Street or R. R. City County State
924 Gary Dr. 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 Service Representative
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Bureau of Vital Statistics 12850
☐ Other (Specify)

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

7. Full name of father: William Earl Lewis
Residence of father (if deceased so state): 924 Gary Dr. Plainfield, Ind.
Occupation of father: Self-employed Race of father: W
Birthplace of father (State or foreign country): Illinois
8. Full maiden name of mother: Ann Stanton Kain
Residence of mother (if deceased so state): 924 Gary Dr. Plainfield, Ind.
Occupation of mother: Indiana Bell Race of mother: W
Birthplace of mother (State or foreign country): Maryland

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

Signed: Deborah Ann Lewis

New Address:

Subscribed and sworn to before me this 15 day of June, 1976.
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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29 day of June, 1976, authorizing the joining together as husband and wife of Michael Ray Van Arsdale and Deborah Ann Lewis.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 10th day of July, 1976, at Plainfield, Hendricks County, State of Indiana.

I, Reverend Richard Zore, of Hendricks County, State of Indiana, one thousand nine hundred and 76, of Michael Ray Van Arsdale, of Hendricks County, State of Indiana, and, Bride, Deborah Ann Lewis, of Hendricks County, State of Indiana.

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

Dated this 29th day of June, 1976.

Signed: Rev. Richard Zore
Roman Catholic Priest

Official Designation: July 13, 1976
Signed: Allen M. Harney Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 252

File
Date of Application June 23, 1976

MALE
Medical Examination Report Dated 6/18/76
Name of Physician Carl L. Winkler M.D.

FEMALE
Medical Examination Report Dated 6/16/76
Name of Physician R. Stephen Dravin, 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
Kevin Lee Smart
Date of Birth Month Day Year
September 3 1956
Place of Birth (State or foreign country)
Washington
Residence Address Street or R. R. City County State
R 5 Vernon Villa, North Vernon 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 Vanner Inc. Assistant Mgr.

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

☐ Other (Specify) # 80578

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

Name Age Address

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

11. Full name of father Sheld Woodrow Smart

Residence of father (if deceased so state) Washington Ind.

Occupation of father Bus driver Race of father White

Birthplace of father (State or foreign country) Mc Minnville Tenn

12. Full maiden name of mother Norma Ruth Heltgrew

Residence of mother (if deceased so state) Washington Ind.

Occupation of mother Bus driver Race of mother White

Birthplace of mother (State or foreign country) Marion Co. Ind.

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

County of HENDRICKS in this application is true and correct.

Signed Kevin Lee Smart

New Address R 5 Vernon Villa, North Vernon, Ind.

Subscribed and sworn to before me this 23 day of June, 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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
Patricia J. Gleason
Date of Birth Month Day Year
October 4 1960
Place of Birth (State or foreign country)
Bunnycastle
Residence Address Street or R. R. City County State
1345 Colonial Lane 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 Student

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

☐ Other (Specify) Putnam Co. Hospital

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

7. Full name of father Paul Allen Gleason

Residence of father (if deceased so state) Unknown

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

Birthplace of father (State or foreign country) Iowa

8. Full maiden name of mother Norma Jean Galloway

Residence of mother (if deceased so state) Danville Ind.

Occupation of mother..... 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 Patricia J. Gleason

New Address R 5 Vernon Villa North Vernon Ind.

Subscribed and sworn to before me this 23 day of June, 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Location of legal father unknown

State of Indiana, } ss:

County of HENDRICKS

Signed..... Father

Signed Donna J. Stephens Mother

Subscribed and sworn to before me this 23 day of June, 1976

Glen M. Harvey Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 1976, 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, hereby certify that on the 25 day of June, 1976, at Danville, County of Hendricks

one thousand nine hundred and 76, State of Indiana, Groom Kevin Lee Smart, of Jennings County, State of Indiana

and, Bride Patricia J. Gleason, of Hendricks County, State of Indiana,

were by me united 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 June, 1976.

Signed John C. Maurer

Official Designation Judge, Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of June, 1976.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 253
File June 23 1976
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 6/21/76
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated 6/21/76
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, representa-

MALE APPLICANT

Name Andrew High
Date of Birth April 25 1954
Place of Birth (State or foreign country) Indianapolis
Residence Address James Ct. 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) Student
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Id. No. # 12 3054 179

- Are you now or have you been adjudged, diagnosed or considered 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 Carl Louis High
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Major Engineer Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Rachel High
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Flint, Michigan

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

Signed Andrew D. High
New Address 3708 Yellow Poplar Indianapolis 17, Ind.

Subscribed and sworn to before me this 23 day of June, 1976
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

FEMALE APPLICANT

Name Donna Whitaker
Date of Birth October 2 1955
Place of Birth (State or foreign country) Indianapolis
Residence Address 401 E. Main St. Brownsburg, Ind.
Maiden Name if Different Donna J. Whitaker
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) Clerk
Usual Occupation Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 10699

- Are you now or have you been adjudged, diagnosed or considered 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 Donna J. Whitaker
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Lab Tech. Race of father White
Birthplace of father (State or foreign country) Ohio
8. Full maiden name of mother Ellen Ellen Ragdale
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Office - Nat. Hosp. 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 Donna J. Whitaker
New Address 3708 Yellow Poplar Indianapolis 17, Ind.

Subscribed and sworn to before me this 23 day of June, 1976
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Court _____
of Indiana dated the 29 day of June, 1976, authorizing the joining together as husband and wife
of Andrew D. High and Donna J. Whitaker
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Wilson, hereby certify that on the 9 day of July,
at Brownsburg, County of Hendricks,
one thousand nine hundred and 76, of Marion, County, State of Indiana,
State of Indiana, Groom Andrew D. High of Hendricks,
and, Bride Donna J. Whitaker of Hendricks,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 9 day of July, 1976.
Signed Joseph D. Wilson
Official Designation Minister _____
Signed Allen M. Harney _____
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana 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. 254
File
June 23, 1976
Date of Application

MALE
Medical Examination Report Dated 6-11-76
Name of Physician Carl L. Heisler, M.D.

FEMALE
Medical Examination Report Dated 6-11-76
Name of Physician Carl L. Heisler, 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 Edward Middle Patton Last Neely
Date of Birth Month June Day 30 Year 1952
Place of Birth (State or foreign country) Plainfield, Hend. Co. Ind.
Residence Address P.O. Box 67, Clayton, Hendricks Co. Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Hendricks Superior

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

Usual Occupation Plant Food Manager

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selection Ser. # 12-30-52 245

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

(a) Name Age Address
Kandice Patricia Neely - 4 - Lawrence Ind.

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

11. Full name of father Charles Chester Neely
Residence of father (if deceased so state) P.O. Box 67, Clayton Ind.
Occupation of father Dock Worker Race of father W.
Birthplace of father (State or foreign country) Hendricks Co. Ind.
12. Full maiden name of mother Sally Mabel Johnston
Residence of mother (if deceased so state) P.O. Box 67, Clayton
Occupation of mother Postal Clk. Race of mother W.
Birthplace of mother (State or foreign country) Dayton, Ohio

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

Signed Edward P. Neely
New Address R. 1 Box 287, Clayton Ind.
Subscribed and sworn to before me this 23 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Suzanne Middle McCain Last
Date of Birth Month April Day 13 Year 1956
Place of Birth (State or foreign country) Methodist Hosp., Indianapolis, Marion Co. Ind.
Residence Address R.R. 2, Box 170, Clayton Hendricks Co. Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Store Clerk

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Local No. 4330

- Are you now or have you been adjudged, diagnosed or considered 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 Perry McCain Jr.
Residence of father (if deceased so state) R.R. 2 Box 170 Clayton
Occupation of father Truck Repair Race of father W.
Birthplace of father (State or foreign country) Methodist Hosp. Indiana, Ind.
8. Full maiden name of mother Jane Catherine Davis
Residence of mother (if deceased so state) R.R. 2
Occupation of mother Homemaker Race of mother W.
Birthplace of mother (State or foreign country) New Jersey

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

Signed Suzanne McCain
New Address R. 1, Box 287, Clayton Ind.

Subscribed and sworn to before me this 23 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 23 day of June, 1976, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glenn P. Ramsey, Jr., hereby certify that on the 2nd day of July,
one thousand nine hundred and 76, at Clayton, County of Hendricks,
State of Indiana, Groom Edward Patton Neely of Hendricks County, State of Indiana,
and, Bride Suzanne McCain of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 28th day of June, 1976.

Signed Glenn P. Ramsey, Jr.
Official Designation Presbyterian Pastor
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 6 day of July, 1976.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 255
File 8k37
Date of Application June 24, 1976

HENDRICKS County

MALE
Medical Examination Report Dated 6-23-76
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 6-23-76
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 Roger Alvin Que
Date of Birth March 21, 1941
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 2550 Brandysburg Ct., Indpls, Marion Ind
Previous Marital Status: ☒ Never Married ☐ Divorce ☐ Annulment
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)
- Are you now or have you been adjudged, diagnosed or considered 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: Alvin O. Que
Residence of father (if deceased so state) Indpls, Ind.
Occupation of father Sign Painter Race of father W
Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother: Etta E. Warren
Residence of mother (if deceased so state) Indpls, 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 Roger Alvin Que
New Address 2550 Brandysburg Ct. #809
Subscribed and sworn to before me this 24 day of June, 1976.
Glenn M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

FEMALE APPLICANT

Name Linda P. Hunsinger
Date of Birth August 19, 1951
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 2550 Brandysburg Ct., Indpls, Marion Ind
Maiden Name if Different Linda P. Hunsinger
Previous Marital Status: ☒ Never Married ☐ Divorce ☐ Annulment
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment
Color or Race ☒ White ☐ Negro ☐ Other (specify)
Usual Occupation Costs Receivable 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: William Eugene Hunsinger
Residence of father (if deceased so state) Brownsville, Ind.
Occupation of father Inspector Race of father W
Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother: Delores Mae Mc Cullough
Residence of mother (if deceased so state) Brownsville, Ind.
Occupation of mother Purchaser Race of mother W
Birthplace of mother (State or foreign country) Dallas, Texas

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Linda P. Hunsinger
New Address 2550 Brandysburg Ct. #809
Subscribed and sworn to before me this 24 day of June, 1976.
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 _____ and filed _____ Court by written order issued _____
_____ HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 30 day of June, 1976, authorizing the joining together as husband and wife of Roger Alvin Que and Linda P. Hunsinger.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Donald Tyler, hereby certify that on the 3rd day of July, 1976, at Bethesda Baptist Church, County of Hendricks, one thousand nine hundred and 76 of Marion County, State of Ind.
State of Indiana, Groom Roger Alvin Que and, Bride Linda P. Hunsinger of Hendricks County, State of Ind.
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 3 day of July, 1976.
Signed Rev. Donald Tyler
Official Designation Baptist Minister, 1976.
Signed Glenn M. Harvey Clerk
_____ HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 256

File Bk 37

June 24, 1976
Date of Application

MALE

Medical Examination Report Dated 6-15-76

Name of Physician J. P. Crisp M.D.

FEMALE

Medical Examination Report Dated 6-15-76

Name of Physician J. P. Crisp

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

MALE APPLICANT

Name First Gregory Middle Whipps Last
Date of Birth January 14 1958
Place of Birth (State or foreign country) San Diego, California
Residence Address 405 W. Main Street or R. R. City Plainfield County Hendricks State Ind.

Previous Marital Status: Never Married ☒ Number of Previous MarriagesLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Highway

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

8009 300

☐ 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
John Albert Whipps		

- 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 Albert Whipps

Residence of father (if deceased so state) San Diego, California

Occupation of father Mechanist Race of father W

of father (State or foreign country) Minnesota

name of mother Sarah Bell Nelson

of mother (if deceased so state) Plainfield, Ind.

of mother (State or foreign country) North Carolina

of mother (State or foreign country) North Carolina

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

Signed x Gregory Whipps

New Address Hyattsville, Maryland

and sworn to before me this 24 day of June 1976

M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed _____ Father
Signed La Dondra June Jeffers Mother

and sworn to before me this 24 day of June 1976
M. Harvey Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of June 1976, 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. Harry Mosier

hereby certify that on the 26th day of June one thousand nine hundred and 76 at Marion County of Indianapolis, State of Indiana, Groom Gregory A. Whipps

and, Bride Norita L. Jeffers 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 26th day of June 1976

Signed Rev. Harry Mosier

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of June 1976

Signed M. Harvey Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 256
File Bk 37
Date of Application June 24, 1976

MALE
Medical Examination Report Dated 6-15-76
Name of Physician J. P. Cripe M.D.

FEMALE
Medical Examination Report Dated 6-15-76
Name of Physician J. P. Cripe

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 A. Whipp
Date of Birth January 14, 1958
Place of Birth San Diego, California
Residence Address 405 W. Main Street or R. R. Plainfield City Hendricks County Ind State
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ - Negro ☐ Other ☐ (specify) _____
Usual Occupation Highway
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 8009 300
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father John Albert Whipp
Residence of father (if deceased so state) San Diego, California
Occupation of father Mechanic Race of father W

FEMALE APPLICANT

Name Norita L. Jeffers
Date of Birth June 28, 1958
Place of Birth Indianapolis
Residence Address 1931 S. Lyndhurst Dr. Street or R. R. Indpls City Marion County Ind State
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ - Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Melvin R. Jeffers
Residence of father (if deceased so state) Indpls, Ind.
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother La Jordan Jones 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) Jacksonville, Ind.

STATE OF INDIANA
COUNTY OF MARION

June 23, 1976

I, Melvin R. Jeffers, give my permission for my daughter,
Norita Jeffers, who is under age at this time, to be married on June 26,
1976.

Evelyn Allen Vitale
Notary Public

Melvin R. Jeffers
Melvin R. Jeffers

My commission expires Jan. 18, 1978

I declare and state the information given in this application is true and correct.

Jeffers
June, 1976.
HENDRICKS Circuit Court

marriage. If only one parent is present, the signature of the other parent is unnecessary.

Father Jeffers
Mother Jeffers
June, 1976.
Clerk

above named parties, the clerk of the court has signed 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 24th day of June, 1976, authorizing the joining together as husband and wife of Gregory A. Whipp and Norita L. Jeffers.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Harry Mosier, hereby certify that on the 26th day of June, 1976, at Marion, County of Indianapolis, State of Indiana, Groom Gregory A. Whipp of Hendricks County, State of Indiana and, Bride Norita L. Jeffers 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 26th day of June, 1976

Signed Rev. Harry Mosier

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of June, 1976

Signed Alan M. Harvee
Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 257

HENDRICKS

County

File

June 24, 1976
Date of Application

MALE

Medical Examination Report Dated 6-21-76

Name of Physician Thomas Walker, M.D.

FEMALE

Medical Examination Report Dated 6-21-76

Name of Physician Thomas Walker, M.D.

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

MALE APPLICANT

Name First Jerome Middle Eddie Last Johnson
Date of Birth June 21 1951
Place of Birth (State or foreign country) Indiana
Residence Address 106 N. Green Braunshurg, In.
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 Janitor

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 in "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 James A. Johnson
Residence of father (if deceased so state) Braunshurg, In.
Occupation of father Bus Driver Race of father wh
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Jeane M. Burcham
Residence of mother (if deceased so state) Braunshurg, In.
Occupation of mother Childs driver 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 Jerome Johnson

New Address 106 N. Green St.

Subscribed and sworn to before me this 24 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Signed _____

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

FEMALE APPLICANT

Name First Kathleen Middle Diane Last Nowak
Date of Birth June 14 1959
Place of Birth (State or foreign country) Indiana
Residence Address 526 Maple St. Braunshurg, In.
Maiden Name if Different Maple St.

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) # 7276

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Richard W. Nowak
Residence of father (if deceased so state) Paragon, In.
Occupation of father engineer Race of father wh
Birthplace of father (State or foreign country) New York
8. Full maiden name of mother Jeane M. Kern
Residence of mother (if deceased so state) Braunshurg, In.
Occupation of mother Brady Worker Race of mother wh
Birthplace of mother (State or foreign country) New York

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

Signed Kathleen Nowak

New Address 106 N. Green

Subscribed and sworn to before me this 24 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Jeane K. Nowak Mother

Subscribed and sworn to before me this 24 day of June, 1976
Glen M. Harvey Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 28 day of June, 1976, authorizing the joining together as husband and wife
of Jerome Eddie Johnson and Kathleen Diane Nowak

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joe Ridenour hereby certify that on the 17 day of July,
at Braunshurg, County of Hendricks,
one thousand nine hundred and 76 of Hendricks County, State of Indiana,
State of Indiana, Groom Jerome Eddie Johnson of Hendricks County, State of Indiana,
and, Bride Kathleen Diane Nowak of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____

Dated this 17 day of July, 1976
Signed Joe Ridenour
Official Designation Pastor, Minister, Speedway Christian Ch.
28 day of July, 1976
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. 258
File 6-24-76
Date of Application

MALE

Medical Examination Report Dated 6-17-76
Name of Physician Wm B. Kriel M.D.

FEMALE

Medical Examination Report Dated 6-17-76
Name of Physician Wm B. Kriel M.D.

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

MALE APPLICANT

Name Jeffrey James Linder
Date of Birth Aug 5 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 836 S. Manhattan Indianapolis, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation 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? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their 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 D. Linder
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Forklift Driver Race of father wh
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Shirley W. Creech
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Meat Wrapper 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 Jeffrey James Linder

New Address Bedford Park West Indianapolis

Subscribed and sworn to before me this 24 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Becky Suzanne McFall
Date of Birth June 7 1958
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 427 W. Maple St. 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) _____

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

7. Full name of father Arthur D. McFall
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father wh
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Betty June Howard
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Cashier Race of mother wh
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 Becky Suzanne McFall

New Address Bedford Park West

Subscribed and sworn to before me this 24 day of June, 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 30 day of June, 1976, authorizing the joining together as husband and wife of Jeffrey James Linder and Becky Suzanne McFall.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Dillon Laffin, hereby certify that on the 24 day of July, 1976, at Plainfield, County of Hendricks, State of Indiana, Groom Jeffrey James Linder of Marion County, State of Indiana, and, Bride Becky Suzanne McFall of Hendricks County, State of Indiana, were by me united 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 June, 1976.

Signed Rev. Dillon Laffin

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 29 day of July, 1976.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 259
File _____
Date of Application 6-25-76

HENDRICKS County

MALE
Medical Examination Report Dated 6-23-76
Name of Physician Larry Lovell MD

FEMALE
Medical Examination Report Dated 6-23-76
Name of Physician Larry Lovell

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

MALE APPLICANT

Name Andrew J. Clark
Date of Birth 30 1955
Place of Birth (State or foreign country) Elmhurst Ill.
Residence Address 507 Enderly Ave. 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 Baker

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

☐ Other (Specify) Memorial Hospital DuPage Co.

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

Name Age Address

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

11. Full name of father Mason Edward Clark
Residence of father (if deceased so state) R#5 Box 158A Brownsburg
Occupation of father Printer Race of father _____
Birthplace of father (State or foreign country) Rushville, Ind.
12. Full maiden name of mother Phyllis Irene Williams
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Ill.

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

Signed Andrew J. Clark

New Address 507 Enderly Ave - Brownsburg

Subscribed and sworn to before me this 25 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Patricia G. Mitchell
Date of Birth 9 1958
Place of Birth (State or foreign country) Cincinnati Ohio
Residence Address R#3 Zionsville, 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 Bonage

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

☐ Other (Specify) # P364

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

7. Full name of father Joe Lee Mitchell
Residence of father (if deceased so state) same
Occupation of father Printing Pressman Race of father _____
Birthplace of father (State or foreign country) Tennessee
8. Full maiden name of mother Laura Pearl Hefner
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 in this application is true and correct.
County of HENDRICKS

Signed Patricia Mitchell

New Address 507 Enderly Ave - Brownsburg

Subscribed and sworn to before me this 25 day of June, 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Joe Lee Mitchell Father

Signed Laura Pearl Mitchell Mother

Subscribed and sworn to before me this 25 day of June, 1976

Glen M. Harvey Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 25 day of June, 19____, authorizing the joining together as husband and wife
Andrew J. Clark and Patricia G. Mitchell

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Dale H. Beutler, hereby certify that on the 26th day of June, 19____, County of Boone

at Whitestown, County, State of Indiana

one thousand nine hundred and 76, of Hendricks County, State of Indiana

State of Indiana, Groom Andrew John Clark of Boone County, State of Indiana

and, Bride Patricia Gail Mitchell of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____, 1976 Signed Dale H. Beutler Pastor

Dated this 26th day of June, 1976 Official Designation _____
29th day of _____, 1976 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. 260
File 6-25-76
Date of Application

MALE

Medical Examination Report Dated 6-25-76

Name of Physician David B. Haggard M.D.

FEMALE

Medical Examination Report Dated 6-25-76

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 Charles B Brock
Date of Birth Oct 14 1908
Place of Birth (State or foreign country) London Kentucky
Residence Address Rt 2 Clayton
Previous Marital Status: Never Married ☒ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Retired

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

☒ Other (Specify) Do. License 126.9-16-9479

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

Name	Age	Address

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

11. Full name of father Theo Brock
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 Emily Brock
Residence of mother (if deceased so state) deceased
Occupation of mother Race of mother wh
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 Charles B Brock

New Address Rt 2 Clayton

Subscribed and sworn to before me this 25 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Irene Chasteen
Date of Birth Oct 21 1924
Place of Birth (State or foreign country) Kentucky
Residence Address 255 North Salem Rd. Danville, In
Maiden Name if Different Spears
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 L.P.N.

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

☒ Other (Specify) HCH Identification

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

7. Full name of father William J. Spears
Residence of father (if deceased so state) Bloomington In
Occupation of father Retired Race of father wh
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Marie Melton
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
County of HENDRICKS in this application is true and correct.

Signed Irene Chasteen

New Address Rt 2 Clayton, Ind

Subscribed and sworn to before me this 25 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 25 day of June, 1976, authorizing the joining together as husband and wife
Charles B. Brock and Irene Chasteen

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. R. S. Yeats

hereby certify that on the 28 day of June,
one thousand nine hundred and 76 at Danville, County of Hendricks,
State of Indiana, Groom Charles Brock of Hendricks County, State of Indiana
and, Bride Irene Chasteen of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 28th day of June, 1976

Signed R. S. Yeats

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of June, 1976

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 261
File Bk 37
Date of Application June 29, 1976

MALE
Medical Examination Report Dated 6-25-76
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 6-25-76
Name of Physician Glenn W. Baker M.D.

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

MALE APPLICANT

Name First Middle Last
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 Student

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

☒ Other (Specify) Selective Service #24-7-48-236

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

Name Age Address

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

11. Full name of father Edward Jerin
Residence of father (if deceased so state) Mooresville, Ind
Occupation of father Maintenance Race of father W
Birthplace of father (State or foreign country) Montana
12. Full maiden name of mother Violet L. Kendra
Residence of mother (if deceased so state) Mooresville, Ind
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Montana

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

Signed Michael J. Jerin
New Address Northwest Apt. Bloomington, Ind.
Subscribed and sworn to before me this 29 day of June, 1976
Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

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

Clerk

FEMALE APPLICANT

Name First 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 School Teacher

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 Howard Edward McNeilly
Residence of father (if deceased so state) Brownsburg, Ind
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Brownsburg, Ind
8. Full maiden name of mother Hazel Ruth Smith
Residence of mother (if deceased so state) Brownsburg, Ind
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Boone Co, Ind

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

Signed Susan J. McNelly
New Address Northwest Apt. Bloomington, Ind.
Subscribed and sworn to before me this 29 day of June, 1976
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 _____ and filed _____ Court by written order issued _____
HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the _____ day of _____, 1976, authorizing the joining together as husband and wife of Michael J. Jerin and Susan J. McNelly

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the _____ day of _____, 1976, at _____ County of _____, State of _____, I, Clifford L. Carmichael, _____ of _____ County, State of _____, Indiana, Groom Michael J. Jerin and, Bride Susan J. McNelly 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 _____ County, _____

Dated this 6th day of July, 1976. Signed Clifford L. Carmichael United Methodist Minister
Official Designation July, 1976.
Signed Glenn M. Harvey Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 262

File 6-30-76

Date of Application

MALE
Medical Examination Report Dated 6-21-76
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 6-21-76
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 Middle Last
Giacchetti, Donald J.
Date of Birth Month Day Year
June 13 1953
Place of Birth (State or foreign country)
Chicago, Ill
Residence Address Street or R. R. City County State
13100 Maple Ave, Hammond, Ill
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Systems Analysis

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: Anacleto D. Giacchetti
Residence of father (if deceased so state) Chicago, Ill
Occupation of father Retired Race of father wh
Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother: Elaine Olmizak
Residence of mother (if deceased so state) Chicago, Ill
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 in this application is true and correct.

County of HENDRICKS

Signed Don J. Giacchetti

New Address 936 Westbrooke Way Hopkins, Minn

Subscribed and sworn to before me this 30 day of June, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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
Martina Eileen Maloney
Date of Birth Month Day Year
March 4 1954
Place of Birth (State or foreign country)
Indianapolis, Ind
Residence Address Street or R. R. City County State
Rt 5 Box 153, 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 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: Bernard C. Maloney
Residence of father (if deceased so state) Brownsburg, Ind
Occupation of father Farmer Race of father wh
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother: Margaret J. Bodine
Residence of mother (if deceased so state) Brownsburg, Ind
Occupation of mother Teacher 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 Martina E. Maloney

New Address 936 Westbrooke Way Hopkins, Minn

Subscribed and sworn to before me this 30 day of June, 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed..... Father

Signed..... Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7 day of July, 1976, 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 J. Gilday

hereby certify that on the 10th day of July, 1976, at St. Malachy Church, B'burg County of Hendricks, State of Indiana, Groom

and, Bride Martina Eileen Maloney of Cook County, State of Illinois

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

Dated this 10th day of July, 1976.

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of July, 1976

Signed Robert J. Gilday
Official Designation Assoc. Pastor, St. Malachy Church

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

VOID

505

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 263
File 37

HENDRICKS County

MALE

Medical Examination Report Dated 6-12-76Name of Physician Thomas A. Kocochis

FEMALE

Medical Examination Report Dated _____

Name of Physician _____

Date of Application _____

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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. Crawford
Date of Birth April 29 1940
Place of Birth (State or foreign country) Richmond, Indiana
Residence Address 221 Milton, Wayne Co., 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 C. P. D.Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Bureau of vital statistics 13, 6, 3114☐ 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 Elbert Lee Crawford
Residence of father (if deceased so state) R.R. 1 Milton, Ind.
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Barbara Ellen Surber
Residence of mother (if deceased so state) R.R. 1 Milton, 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 Thomas E. Crawford
New Address R.R. 1 Milton, Indiana 47357

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } 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 _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court

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: _____ day of _____, 19____
I, _____ hereby certify that on the _____ day of _____, County of _____, State of _____, at _____ of _____ County, State of _____, one thousand nine hundred and _____ of _____ County, State of _____, and, Bride _____

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

Dated this _____ day of _____, 19____ Signed _____

Official Designation _____, 19____
Clerk _____

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 264

File

7-1-76

Date of Application

MALE

Medical Examination Report Dated 7-1-76

Name of Physician Joseph C. Kerlin M.D.

FEMALE

Medical Examination Report Dated 7-1-76

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 R. Dale Middle Jackson Last
Date of Birth Month 6 Day 1 Year 1928

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

Residence Address 23 Eldin Dr. Plainfield City Plainfield County Marion State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marion 1974

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

Usual Occupation Principal

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

☐ Other (Specify) # 2891

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

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

11. Full name of father Herbert S. Jackson
Residence of father (if deceased so state) deceased

Occupation of father _____ Race of father _____

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Alice P. Ross
Residence of mother (if deceased so state) 1400 N. Edmondson Ave. Indpls.

Occupation of mother Retired 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 R. Dale Jackson

New Address 23 Eldin Dr. Plainfield Ind.

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

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk _____

FEMALE APPLICANT

Name First Judith Middle Dorris Last Peters
Date of Birth Month 8 Day 1 Year 1940

Place of Birth (State or foreign country) Madison Co. Ill.

Residence Address 806 Thorndale, Indpls. Ind. City Indpls. County Ind. State Ind.

Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marion 1972

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

Usual Occupation Teacher

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

☐ Other (Specify) 59 P22

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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. Dorris
Residence of father (if deceased so state) deceased

Occupation of father _____ Race of father _____

Birthplace of father (State or foreign country) Ill.

8. Full maiden name of mother Mildred P. Edwards
Residence of mother (if deceased so state) 808 Durley Greenfield Ind.

Occupation of mother Retired Race of mother _____

Birthplace of mother (State or foreign country) Bond Co. Ill.

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

Signed Judith D. Peters

New Address 23 Eldin Dr. Plainfield

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

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } 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 _____ day of _____, 1976, authorizing the joining together as husband and wife of R. Dale Jackson and Judith Dorris Peters

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

I, Rev. Charles R.E. Mueller hereby certify that on the 9th day of July, 1976, at 2837 E. New York St. Indianapolis, Ind. County of Marion, State of Indiana, Groom R. Dale Jackson of Hendricks County, State of Indiana and, Bride Judith Dorris Peters 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 9th day of July, 1976.

Signed Rev. Charles R.E. Mueller

Official Designation Minister
13th day of July, 1976

Signed Glen M. Harney Clerk
_____ HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 265

File Bk 37

July 2, 1976
Date of Application

HENDRICKS

County

MALE

Medical Examination Report Dated 6-29-76

Name of Physician J. A. Mukhtar M.D.

FEMALE

Medical Examination Report Dated 6-29-76

Name of Physician J. A. Mukhtar M.D.

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

MALE APPLICANT

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

Usual Occupation General Contractor
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Learned Jones #308-56-6331

- Are you now or have you been adjudged, diagnosed or considered 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 in "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
Bradley Roger Smith 3 Lexington, 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 Robert M. Smith
Residence of father (if deceased so state) Springville, Ind.
Occupation of father Maintenance Race of father W
Birthplace of father (State or foreign country) Lebanon, Ind.
12. Full maiden name of mother Farbetta Cummings
Residence of mother (if deceased so state) Deceased
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Noblesville, Ind.

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

Signed Ed J. Smith
New Address 105 South Walnut, Lexington, Ind.
Subscribed and sworn to before me this 2 day of July, 1976
Glen M. Hawley Clerk HENDRICKS Circuit Court

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

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

Clerk

FEMALE APPLICANT

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

Usual Occupation Beautician
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 N. Stewart
Residence of father (if deceased so state) Lexington, Ind.
Occupation of father Pattern Maker Race of father W
Birthplace of father (State or foreign country) Pittsburg, Ind.
- Full maiden name of mother Lucille J. Powers
Residence of mother (if deceased so state) Lexington, Ind.
Occupation of mother Housewife Race of mother W
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 Catherine L. Stewart
New Address 105 South Walnut, Lexington, Ind.
Subscribed and sworn to before me this 2 day of July, 1976
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 _____ and filed _____
_____ Court by written order issued _____
_____ County _____
_____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court
of Indiana dated the 1 day of July, 1976, authorizing the joining together as husband and wife
of Ed R. Smith and Cathy L. Stewart
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Steven C. Kares hereby certify that on the 17 day of July,
at Lexington County of Hendricks,
one thousand nine hundred and 76 of Indiana County, State of Indiana,
State of Indiana, Groom Ed R. Smith of Hendricks County, State of Indiana,
and, Bride Catherine L. Stewart of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 17 day of July, 1976.
Signed Steven C. Kares
Official Designation Minister, 1976.
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____
_____ Clerk
_____ HENDRICKS _____ Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 266
File July 2, 1976
Date of Application

MALE
Medical Examination Report Dated 7-14-76
Name of Physician Wm. Edwards, M.D.

FEMALE
Medical Examination Report Dated 7-1-76
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 Clifford Ray McDonald
Date of Birth May 4 1938
Place of Birth (State or foreign country) Midland Arkansas
Residence Address 22324 1/2 Normandy Torrance Calif.
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 Truck Driver
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
<u>Mike Anthony</u>	<u>2</u>	<u>Carson, Calif.</u>

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

- Full name of father Ray F. McDonald
Residence of father (if deceased so state) Wilmington, Calif.
Occupation of father Retired Race of father wh
Birthplace of father (State or foreign country) Okla
- Full maiden name of mother Adie L. Cullen
Residence of mother (if deceased so state) Wilmington, Calif.
Occupation of mother None Race of mother wh
Birthplace of mother (State or foreign country) Arkansas

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Clifford McDonald
New Address 22324 1/2 Normandy Blvd.
Subscribed and sworn to before me this 15 day of July, 1976
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 Vivetta Sue Wright
Date of Birth Feb. 16 1976
Place of Birth (State or foreign country) Witham Mem Hosp. Lebanon Boone Ind.
Residence Address 435 Harden 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 Waitress
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

7. Full name of father Henry Joseph Wright
Residence of father (if deceased so state) 435 Harden St. Plainfield
Occupation of father Waitress Race of father W
Birthplace of father (State or foreign country) Plainfield Ind.
8. Full maiden name of mother Josephine Leona Glen
Residence of mother (if deceased so state) 435 Harden St. Plainfield
Occupation of mother School Cafeteria Race of mother W
Birthplace of mother (State or foreign country) Brownburg Ind.

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

Signed Vivetta Sue Wright
New Address Torrance, Calif.
Subscribed and sworn to before me this 2 day of July, 1976
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 July, 1976, authorizing the joining together as husband and wife Clifford Ray McDonald and Vivetta Sue Wright. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, H. Doyle Cain hereby certify that on the 16 day of July, one thousand nine hundred and 76 at Plainfield, County of HENDRICKS, State of Indiana, Groom Clifford Ray McDonald of Sebastian County, State of ARKANSAS and, Bride Vivetta Sue Wright of Boone County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 16 day of July, 1976.

Signed H. Doyle Cain
Official Designation Minister Ch. of Christ. Mission. Ind.
Filed and recorded in accordance with the laws of the State of Indiana this 20 day of July, 1976
Signed Glen M. Hawley Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 267
File _____
Date of Application July 2, 1976

HENDRICKS County

MALE
Medical Examination Report Dated 7-21-76
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 7-2-76
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, representa-

MALE APPLICANT

Name Raymond H. Aurnhammer
Date of Birth Nov 29 1943
Place of Birth (State or foreign country) Ill.
Residence Address 36 Hickory Rd. Brownsburg
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Manager
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) 60421
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Herbert Aurnhammer		736 N. Patton Ave. Ill.

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

11. Full name of father Herbert Aurnhammer
Residence of father (if deceased so state) 736 N. Patton Ave. Ill.
Occupation of father Retired Race of father _____
Birthplace of father (State or foreign country) Berlin Germany

12. Full maiden name of mother Wanda Kitzloff
Residence of mother (if deceased so state) 736 N. Patton
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Germany

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

Signed Raymond H. Aurnhammer
New Address 36 Hickory Rd. Brownsburg, Ind.
Subscribed and sworn to before me this 27th day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Sylvia Sandra Fair
Date of Birth Jan 16 1943
Place of Birth (State or foreign country) Ill.
Residence Address Washington D.C.
Residence Address 36 Hickory Rd. Brownsburg, Ind.
Maiden Name if Different Gong
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ 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 Gong
Residence of father (if deceased so state) Las Vegas, Nev.
Occupation of father Restaurant Bus. Race of father wh
Birthplace of father (State or foreign country) China

8. Full maiden name of mother Anne Titerence
Residence of mother (if deceased so state) Washington, Va
Occupation of mother Waitress Race of mother wh
Birthplace of mother (State or foreign country) Pennsylvania

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

Signed Sylvia Sandra Fair
New Address 36 Hickory Rd. Brownsburg, Ind.
Subscribed and sworn to before me this 2 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____
_____ Court by written order issued _____
_____ HENDRICKS County _____
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 27th day of July, 1976, authorizing the joining together as husband and wife
of Raymond H. Aurnhammer and Sylvia Sandra Fair
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. J. Kincaid Smith, hereby certify that on the 31st day of July,
one thousand nine hundred and 76, at Brownsburg, County of Hendricks,
State of Indiana, Groom Raymond H. Aurnhammer, of Hendricks County, State of Indiana,
and, Bride Sylvia Sandra Fair, of Hendricks County, State of Indiana,
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, _____, 1976.
Dated this 31st day of July, 1976.
Signed J. Kincaid Smith
Official Designation _____, 1976.
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. 268

File Bk 37

July 2, 1976
Date of Application

MALE
Medical Examination Report Dated 7-2-76
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 7-2-76
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 John Wayne Edwards
Date of Birth March 29 1948
Place of Birth (State or foreign country) Proctor, West Virginia
Residence Address 5301 Falcon Lane 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 Xerographic Technician

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 Robert W. Edwards
Residence of father (if deceased so state) Deceased
Occupation of father..... Race of father W
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Ethel Y. Blake
Residence of mother (if deceased so state) Proctor, West Va.
Occupation of mother Inspector Race of mother W
Birthplace of mother (State or foreign country) West Virginia

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

Signed John W. Edwards

New Address 5301 FALCON LN. INDIANAPOLIS, IND.

Subscribed and sworn to before me this 2 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 July, 1976, authorizing the joining together as husband and wife

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

I, Joseph D. Stump hereby certify that on the 10th day of July, 1976

one thousand nine hundred and 76 at Danville, County of Hendricks

State of Indiana, Groom John Wayne Edwards of Marion County, State of Indiana

and, Bride Donita Joy Honey of Hendricks County, State of Indiana

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

County. 10th day of July, 1976

Dated this..... day of....., 1976

Signed Dr. Joseph D. Stump

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of July, 1976

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1906

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 269

File BK 37

July 2, 1976
Date of Application

MALE

Medical Examination Report Dated 6-26-76

Name of Physician Martin Garfield

FEMALE

Medical Examination Report Dated 6-26-76

Name of Physician Martin Garfield

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1906 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Ray Middle L Last Rosselot
Date of Birth Month August Day 17 Year 1951
Place of Birth (State or foreign country) Indianapolis, Ind
Residence Address 1013 Valley View Dr Plainfield Hendricks Ind
Previous Marital Status: ☒ Never Married ☐ Number of Previous Marriages 0

Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐Color or Race ☒ White ☐ Negro ☐ Other ☐ (specify)Usual Occupation MechanicDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) # 8490

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 1 in "yes" has the cause of such condition been removed? ☐ No ☒ Yes
4. Are you afflicted with a transmissible disease? ☐ No ☒ Yes
5. Are you related to the bride closer than second cousin? ☐ No ☒ Yes
6. Are you now under the influence of intoxicating liquor? ☐ No ☒ Yes
7. Are you now under the influence of a narcotic drug? ☐ No ☒ Yes
8. Are you able to support a family? ☐ Yes ☒ No
9. Are you likely to so continue? ☐ Yes ☒ No
10. Do you have minor children from one or more former marriages? ☐ No ☒ Yes

(a) List their full names, ages and addresses

Name	Age	Address
Warren W. Rosselot		Plainfield, Ind.
Doris Lee King		Plainfield, Ind.

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

11. Full name of father Warren W. Rosselot
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Metal Spinning Race of father W
Birthplace of father (State or foreign country) Indy, Ind
12. Full maiden name of mother Doris Lee King
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) West Virginia

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

Signed Ray L. RosselotNew Address 1013 VALLEY VIEW DR #3 PLAINFIELDSubscribed and sworn to before me this 2 day of July, 1976

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 Court by written order issued _____

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

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 _____, 1976, authorizing the joining together as husband and wife of Indiana dated the 7 day of July and Betty Jean Gaskins

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 23 day of July, _____, County of Hendricks, I, Dillon Laffin at Plainfield County, State of Ind.

one thousand nine hundred and 76 of Hendricks County, State of Ind.

State of Indiana, Groom Ray L. Rosselot of Hendricks County, State of Ind.

and, Bride Betty Jean Gaskins of Hendricks County, State of Ind.

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

County. _____ Signed Dillon Laffin Minister

Dated this 7 day of July, 1976. _____ day of July, 1976. Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1976. Signed Glen M. Hawley 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. 270File July 2, 1976
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated June 28, 1976
Name of Physician M. O. Seashorn

FEMALE
Medical Examination Report Dated June 28, 1976
Name of Physician M. O. Seashorn

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

MALE APPLICANT

Name Anton Westrich
Date of Birth Nov 3 1956
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address R.R. 3 Box 129 Danville Hend. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify).....Usual Occupation MilitaryDate of birth verified by: ☐ Birth Cert. ☒ Judicial Decree☐ Other (Specify) Seashorn

- Are you now or have you been adjudged, diagnosed or considered 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 Francis Westrich
Residence of father (if deceased so state) same
Occupation of father Penn Central Race of father w
Birthplace of father (State or foreign country) Missouri
12. Full maiden name of mother Marie Stiemel
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother w
Birthplace of mother (State or foreign country) Ark.

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

Signed Anton Westrich

New Address.....

Subscribed and sworn to before me this 2 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Alison Ann Manis
Date of Birth Oct 6 1956
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 509 S. Green Brownsburg Hend. Ind.
Maiden Name if Different.....

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☐ Negro ☐ Other ☐ (specify).....Usual Occupation Sales ClerkDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) 56-089109

- Are you now or have you been adjudged, diagnosed or considered 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 J. Manis
Residence of father (if deceased so state) Indpls. Ind.
Occupation of father..... Race of father w
Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Dorothy M. Lawlor
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother w
Birthplace of mother (State or foreign country) Ind.

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

Signed Alison A. Manis

New Address.....

Subscribed and sworn to before me this 2 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 6 day of July, 1976, 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 A. Nash, hereby certify that on the 24 day of July,
one thousand nine hundred and 76, at Brownsburg, County of Hendricks,
State of Indiana, Groom Anton L. Westrich of Hendricks County, State of Indiana,
and, Bride Alison Ann Manis of Hendricks County, State of Indiana,
were by me united 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 July, 1976.

Signed Jerry A. NashOfficial Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of July, 1976.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 271

File 37

7-2-76

Date of Application

MALE

Medical Examination Report Dated 7-1-76

Name of Physician Irving Cohen

FEMALE

Medical Examination Report Dated 7-1-76

Name of Physician Irving Cohen

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

MALE APPLICANT

Name First Mark Middle Allen Last Summers
Date of Birth Month August Day 12 Year 1953
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. R3 Box 423 City Clainfield County Ind. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Carpenter

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

☐ Other (Specify) 8088

- Are you now or have you been adjudged, diagnosed or considered 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 Galph Summers
Residence of father (if deceased so state) Clainfield, Ind.
Occupation of father Illness Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Sophia Alherdson Gentry
Residence of mother (if deceased so state) Clainfield, 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 Mark Summers

New Address R3 Box 423 Clayton, Indiana

Subscribed and sworn to before me this 2 day of July, 1976.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Karen Middle Su Last Kirk
Date of Birth Month May Day 22 Year 1954
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. R1 Clayton City Ind. County Ind. State Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Computer

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

☐ Other (Specify) 113-54-037790

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

7. Full name of father Richard L. Kirk
Residence of father (if deceased so state) Indpls., Ind.
Occupation of father Marathon Oil Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Elizabeth M. Henshaw
Residence of mother (if deceased so state) Indpls., Ind.
Occupation of mother School Bus 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 Karen Su Kirk

New Address R1 Box 69 Clayton Ind 46118

Subscribed and sworn to before me this 2 day of July, 1976.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County _____, 1976, authorizing the joining together as husband and wife of Indiana dated the 9 day of July and Karen Su Kirk

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

I, Rev. Dillon Laffin hereby certify that on the 10 day of July, _____, County of Hendricks

at Clainfield _____, County, State of Indiana

one thousand nine hundred and 76 of Hendricks _____, County, State of Indiana

State of Indiana, Groom Mark Allen Summers of Hendricks _____, County, State of Indiana

and, Bride Karen S. Kirk 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 _____

County _____

Dated this 9 day of July, 1976.

Signed Rev. Dillon Laffin

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 _____, 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. 272
File _____
Date of Application July 6, 1976

MALE

Medical Examination Report Dated June 28, 1976
Name of Physician Robert Kirtley, M.D.

FEMALE

Medical Examination Report Dated June 28, 1976
Name of Physician Robert W. Kirtley

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

MALE APPLICANT

Name First Jerry Middle W. Last Burnett
Date of Birth Month July Day 29 Year 1953
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address Street or R. R. City County State
326 West Broadway, Danville
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1974
Hendricks
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Carpenter
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Putnam Co #41140-B

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (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 Wilbert Burnett
Residence of father (if deceased so state) 326 W Broadway Dan.
Occupation of father Tireman-Elisville Race of father _____
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Bertha Mae Campbell
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Kentucky

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

Signed Jerry W. Burnett
New Address RR 2 Box 18m Danville
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Barbara Middle A. Last Stasek
Date of Birth Month Aug Day 4 Year 1952
Place of Birth (State or foreign country) East Chicago Ind.
Residence Address Street or R. R. City County State
RR 2 Box 18m 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 Phy Therapist
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #1368

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Gronow Edward Stasek
Residence of father (if deceased so state) 624 Main St Dyer, Ind
Occupation of father Pattern maker Race of father _____
Birthplace of father (State or foreign country) East Chicago
8. Full maiden name of mother Roma Ellen Leahy
Residence of mother (if deceased so state) 624 Main St Dyer, Ind
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Dyer, Ind.

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Barbara A. Stasek
New Address RR 2 Box 18m, Danville Ind.
Subscribed and sworn to before me this _____ day of _____, 19____.
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 Barbara A. Stasek
New Address RR 2 Box 18m, Danville Ind.
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, _____ } 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 July, 19____, authorizing the joining together as husband and wife of Jerry W. Burnett and Barbara A. Stasek.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Joseph Fucak hereby certify that on the 17th day of July, 19____, at East Chicago, County of Lake, State of Indiana, Groom Jerry W. Burnett of Hendricks County, State of Indiana, and, Bride Barbara A. Stasek of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 17th day of July, 19____.

Signed Rev. Joseph Fucak
Official Designation Pastor
Filed and recorded in accordance with the laws of the State of Indiana this 16 day of August, 19____.
Signed Ellen M. Barney Clerk
_____ HENDRICKS _____ Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 273
File 7-6-76
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 7-3-76
Name of Physician David Haggard M.D.

FEMALE
Medical Examination Report Dated 7-3-76
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, representa-

MALE APPLICANT

Name Stephen Jay Weber
Date of Birth March 28 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 411 Buchanan 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)

- Are you now or have you been adjudged, diagnosed or considered 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 G. Weber

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

Occupation of father Truck Driver Race of father wh

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Cora J. Bennett

Residence of mother (if deceased so state) Plainfield, Ind.

Occupation of mother None Race of mother wh

Birthplace of mother (State or foreign country) Kansas

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

County of HENDRICKS in this application is true and correct.

Signed Stephen Jay Weber

New Address 411 Buchanan St. Plfld.

Subscribed and sworn to before me this 6 day of July, 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

Signed _____

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

_____, Clerk

FEMALE APPLICANT

Name Rebecca Ann Scribner
Date of Birth July 3 1958
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 2719 S. Taft Indianapolis, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation 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 Dwight J. Scribner

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

Occupation of father Teacher Race of father wh

Birthplace of father (State or foreign country) Illinois

8. Full maiden name of mother Phyllis M. Polen

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

Occupation of mother Librarian Aid 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 Rebecca Ann Scribner

New Address 411 Buchanan Plainfield

Subscribed and sworn to before me this 6 day of July, 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 _____

_____ HENDRICKS County _____

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 July, 1976, authorizing the joining together as husband and wife

Stephen Jay Weber and Rebecca Ann Scribner

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

I, Enoch S. Ralph hereby certify that on the 10th day of July

one thousand nine hundred and 76 at Plainfield County of Hendricks

State of Indiana, Groom Stephen Jay Weber County, State of Indiana

and, Bride Rebecca Ann Scribner County, State of Indiana

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

County, 10th day of July, 1976

Dated this _____ day of _____, 19____

Signed Enoch S. Ralph

Official Designation Minister _____, 1976

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

No. 274
File _____
Date of Application 7-6-76

HENDRICKS County

MALE
Medical Examination Report Dated 6-21-76
Name of Physician M. O. Scamhorn M.D.

FEMALE
Medical Examination Report Dated 6-21-76
Name of Physician M. O. Scamhorn 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 Ray First Edward Middle Ledington Last
Date of Birth June Month 30 Day 1956 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Rt. 1 Box 1484, Pittsboro, 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 Carpet Installer
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 E. Ledington
Residence of father (if deceased so state) Pittsboro, Ind.
Occupation of father Carpet Installer Race of father wh
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Julia A. Webb
Residence of mother (if deceased so state) Pittsboro
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 _____

New Address _____

Subscribed and sworn to before me this 6 day of July, 1976
Glen M. Harway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Yvonne First Sue Middle Ferree Last
Date of Birth June Month 26 Day 1957 Year
Place of Birth (State or foreign country) Matteson, Ill.
Residence Address 211 W. Donnelly Dr. Brownsburg 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 William F. Ferree
Residence of father (if deceased so state) Brownsburg
Occupation of father Penn Central Race of father wh
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Mary L. Young
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Bar tender Race of mother wh
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 _____

New Address _____

Subscribed and sworn to before me this 6 day of July, 1976
Glen M. Harway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } 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 July, 1976, authorizing the joining together as husband and wife of Ray Edward Ledington and Yvonne Sue Ferree.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev Charles Noll, hereby certify that on the 17 day of July, one thousand nine hundred and 76 at Brownsburg, County of Hendricks, State of Indiana, Groom Ray Edward Ledington of Hendricks County, State of Indiana and, Bride Yvonne Sue Ferree of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 13 day of July, 1976.

Signed Rev Charles Noll

Official Designation Catholic Priest

Signed Glen M. Harway Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of July, 1976.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 275
File July 6, 1976
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 6-22-76
Name of Physician William Edwards, M.D.

FEMALE
Medical Examination Report Dated 6-22-76
Name of Physician William Edwards, 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 Jerry Dean Gorton
Date of Birth Dec. 25 1954
Place of Birth (State or foreign country) Breensville, Putnam Co. Ind.
Residence Address 117 Hadley, Mooresville, Hendricks Co. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation mechanic

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 1 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 E. Gorton
Residence of father (if deceased so state) 530 Duffey St. Clay City
Occupation of father mechanic Race of father W
Birthplace of father (State or foreign country) Breensville, Ind.
12. Full maiden name of mother Peggy D. Arnold
Residence of mother (if deceased so state) 530 Duffey St. Clay City
Occupation of mother Beautician Race of mother W
Birthplace of mother (State or foreign country) Breensville, Ind.

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

Signed Jerry D. Gorton
New Address 117 Hadley, Mooresville, Ind.

Subscribed and sworn to before me this 6 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 Sue King
Date of Birth May 27 1951
Place of Birth (State or foreign country) Indianapolis, Marion Co. Ind.
Residence Address 117 Hadley, Mooresville, Hendricks Co. Ind.
Maiden Name if Different Karen Sue Ward

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marion Co. 1973

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 Ronald D. Ward
Residence of father (if deceased so state) Broadview, Hendricks Co. Ind.
Occupation of father Punch Agent Race of father W
Birthplace of father (State or foreign country) Hendricks Co. Ind.
8. Full maiden name of mother Barbara C. Winstel
Residence of mother (if deceased so state) 126 N. Century St. Clay City
Occupation of mother Clerk - Revenue Dept. Race of mother W
Birthplace of mother (State or foreign country) Hendricks Co. Ind.

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

Signed Karen Sue King
New Address 117 Hadley, Mooresville, Ind.

Subscribed and sworn to before me this 6 day of _____, 19____
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

State of Indiana, } 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 12 day of July, 1976, authorizing the joining together as husband and wife
of Jerry Dean Gorton and Karen Sue King

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Alley G. Shipley hereby certify that on the 24 day of July,
at Clay City, County of Hendricks,
one thousand nine hundred and 76 of Hendricks County, State of Indiana,
State of Indiana, Groom Jerry D. Gorton of Mooresville County, State of Indiana,
and, Bride Karen S. King 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 24 day of July, 1976.

Signed Alley G. Shipley
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 27 day of July, 1976.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 276

File

July 8, 1976
Date of Application

MALE

Medical Examination Report Dated 7-7-76
Name of Physician A. N. Sudder MD

FEMALE

Medical Examination Report Dated 7-7-76
Name of Physician A. N. Sudder 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 Timothy Middle Earl Last Mc Cowan
Date of Birth Month 7 Day 15 Year 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Box 3 Box 754 City Ind County Ind State Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

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

- ☐ Other (Specify) # 9083
- Are you now or have you been adjudged, diagnosed or considered 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>		
(c) Are you complying with any court order or orders issued for their support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

11. Full name of father Earl Boyd M. Cowan
Residence of father (if deceased so state) Same
Occupation of father Construction Race of father _____
Birthplace of father (State or foreign country) Carroll, Ill.
Maiden name of mother Emmalene Ella Edwards
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Illinois
I, Glen M. Harvey of HENDRICKS County, Indiana, do hereby depose and state the information given in this application is true and correct.
Signed Glen M. Harvey
New Address Box 754
Subscribed and sworn to before me this 8 day of July, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Kay Middle Frances Last Jarrett
Date of Birth Month 4 Day 14 Year 1961
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Box 3 Box 754 City Ind County Ind State Ind
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

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

- ☐ Other (Specify) # 41754
- Are you now or have you been adjudged, diagnosed or considered 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 Eddie Joe Jarrett
Residence of father (if deceased so state) 247 N. Adams
Occupation of father Salesman Race of father _____
Birthplace of father (State or foreign country) Morgan Co. Ind.
8. Full maiden name of mother Marylin Ann Nagelski
Residence of mother (if deceased so state) 247 N. Adams
Occupation of mother Secretary Race of mother _____
Birthplace of mother (State or foreign country) Indpls Ind.

I, Kay Jarrett of HENDRICKS County, Indiana, do hereby depose and state the information given in this application is true and correct.
Signed Kay Jarrett
New Address Box 754

Subscribed and sworn to before me this 8 day of July, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 July, 1976.
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 _____ Circuit Court of Indiana dated the 9 day of July, 1976, authorizing the joining together as husband and wife of Timothy Earl Mc Cowan and Kay Frances Jarrett.
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 _____ day of July, 1976, at Pittsboro, County of Hendricks, State of Indiana, Groom Timothy Earl Mc Cowan of Hendricks County, State of Indiana and, Bride Kay Frances Jarrett of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 26 day of July, 1976.

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 26 day of July, 1976.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 276

File July 8, 1976

Date of Application

MALE

Medical Examination Report Dated 7-7-76

Name of Physician A. D. Sudder MD

FEMALE

Medical Examination Report Dated 7-7-76

Name of Physician A. D. Sudder 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 Timothy Earl McCowan
Date of Birth 15 1956

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

Residence Address Rt #3 Box 754 City Hendricks State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Bus Boy

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

☐ Other (Specify) # 9083

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

An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

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

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

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

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

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

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

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

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

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

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

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

(a) List their full names, ages and addresses

Name Age Address

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

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

11. Full name of father Earl Boyd M. McCowan

Residence of father (if deceased so state) same

Occupation of father Construction Race of father _____

Birthplace of father (State or foreign country) Carroll, Ill.

(Immigrant) Edwards

FEMALE APPLICANT

Name Kay Frances Jarrett
Date of Birth 4 1961

Place of Birth (State or foreign country) Tompkinsville, Kentucky

Residence Address Rt #3 Brownburg City Hendricks State Ind.

Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation _____

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

☐ Other (Specify) # 41754

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

An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

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

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

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

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

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

7. Full name of father Eddie Joe Jarrett

Residence of father (if deceased so state) 247 N. Adams

Occupation of father Salesman Race of father Brownburg

Birthplace of father (State or foreign country) Morgan Co. Ind.

8. Full maiden name of mother Marilyn Ann Waglish

Residence of mother (if deceased so state) 247 N. Adams

Occupation of mother Secretary Race of mother _____

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.

I, MARYLIN A. JARRETT, hereby give my consent for
my daughter KAY FRANCES JARRETT to
marry TIMOTHY E. MCCOWAN.

Subscribed and sworn to before me this 8 day of July 1976

Marilyn Ann Jarrett

Beverly J. Smith

Notary Public

Comm Expires Nov 24, 1979

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

Clerk

Subscribed and sworn to before me this _____ day of _____, 1976

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 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 9 day of July, 1976, 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 _____ day of July

one thousand nine hundred and 76 at Pittsboro, County of Hendricks,

State of Indiana, Groom Timothy Earl McCowan of Hendricks County, State of Indiana,

and, Bride Kay Frances Jarrett of Hendricks County, State of Indiana,

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

County.

Dated this 26 day of July, 1976.

Signed William Charles Mc Graw

Official Designation Minister, Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of July, 1976.

Signed Glen M. Harvey

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 277

HENDRICKS

County

File

July 8, 1976
Date of Application

MALE

Medical Examination Report Dated 6-23-76

Name of Physician Wm. Edwards M.D.

FEMALE

Medical Examination Report Dated 6-9-76

Name of Physician Wm. Edwards M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 124, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Verlie D. Roberts
Date of Birth 7 13 1923
Place of Birth (State or foreign country) Mattoon, Ill.
Residence Address 707 Gibbs Ct. Plainfield, Ind.
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ 2
Last Marriage Ended By: 1968
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Con. Rail
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License #357-16-1253

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

Name Samuel J. Roberts Age 52 Address 707 Gibbs Ct.

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

11. Full name of father Verlie D. Roberts
Residence of father (if deceased so state) deceased
Occupation of father deceased Race of father Illinois
Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Russell Irene Wainwright
Residence of mother (if deceased so state) deceased
Occupation of mother deceased Race of mother Illinois
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Verlie D. Roberts
New Address 707 Gibbs Ct. Plainfield, Ind.
Subscribed and sworn to before me this 8 day of July, 19 76
Clerk HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be it Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 13 day of July, 19 76, authorizing the joining together as husband and wife

of Verlie D. Roberts and Elizabeth Ann Roberts
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Myron Barnard hereby certify that on the 9 day of September, 19 76, at Indianapolis, County of Marion, State of Indiana

one thousand nine hundred and 76 of Hendricks County, State of Indiana
State of Indiana, Groom Verlie D. Roberts of Hendricks County, State of Indiana
and, Bride Elizabeth Ann Roberts of Hendricks County, State of Indiana

were by me united 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 Septmeber, 19 76

Signed Myron Barnard Judge
Official Designation Sept. Clerk
13 day of Sept., 19 76

Signed Glen M. Hensley 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

No. 278

File 37

HENDRICKS County

7-8-76
Date of Application

MALE

Medical Examination Report Dated 7-7-76

Name of Physician Carl L. Heinlein

FEMALE

Medical Examination Report Dated 7-7-76

Name of Physician Carl L. Heinlein

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

MALE APPLICANT

Name First Cecil Middle Jr. Last Davies
Date of Birth Month December Day 16 Year 1955
Place of Birth (State or foreign country) Beech Grove Indiana
Residence Address Street or R. R. City County State
#1 Box 237 Bainbridge Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Army

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree State Bd. of Health☐ Other (Specify) # 113-55-104720

- Are you now or have you been adjudged, diagnosed or considered 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 Cecil C. Davies
Residence of father (if deceased so state) Air Force Korea
Occupation of father Air Force Race of father ☒
Birthplace of father (State or foreign country) Missouri
12. Full maiden name of mother Phyllis C. Carpenter
Residence of mother (if deceased so state) Bainbridge Ind.
Occupation of mother legal secretary Race of mother ☒
Birthplace of mother (State or foreign country) Indiana

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

Signed Carl Wayne Davies

New Address HMB 2167 ADA APO N.Y. 09056

Subscribed and sworn to before me this 8 day of July, 1976.

Ellen 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 Judith Middle D. Last Knight
Date of Birth Month March Day 17 Year 1957
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R. R. City County State
#2 Box 61 Coatesville, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree State Bd. of Health☐ Other (Specify) 57-023242

- Are you now or have you been adjudged, diagnosed or considered 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 Joseph E. Knight
Residence of father (if deceased so state) Coatesville Ind.
Occupation of father Truck Driver Race of father ☒
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Marjorie J. Cleveland
Residence of mother (if deceased so state) Coatesville, 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 Judith Ann Knight

New Address HMB 2167 ADA APO New York

Subscribed and sworn to before me this 8 day of July, 1976.

Ellen 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 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 8th day of July, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Cecil S. Davies hereby certify that on the 11th day of July

one thousand nine hundred and Seventy-six at New Winchester, County of Hendricks

State of Indiana, Groom Cecil Wayne Davies of Putnam County, State of Indiana

and, Bride Judith Ann Knight of Hendricks County, State of Indiana

were 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 11th day of July, 1976.

Signed Rev. Cecil S. Davies

Official Designation Minister (Baptist)

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of July, 1976.

Signed Ellen M. Harney Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 279
File _____
Date of Application 7-8-76

HENDRICKS County

MALE
Medical Examination Report Dated 6/28/76
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 6/28/76
Name of Physician David Haggard

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

MALE APPLICANT

Name Wally Eugene Marks
Date of Birth April 24 1948
Place of Birth (State or foreign country) Plainfield Ind
Residence Address 419 Buchanan City Plainfield Ind State Indiana
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: 1974 Birth Control
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Plant Analyst
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) # 642
- Are you now or have you been adjudged, diagnosed or considered 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 Harold Eugene Marks
Residence of father (if deceased so state) Indiana
Occupation of father Mail Carrier Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Margaret Josephine Bennett
Residence of mother (if deceased so state) Indiana
Occupation of mother Factory 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 Wally Eugene Marks
New Address 1007 Valley View Apt. 2, Plainfield Ind.
Subscribed and sworn to before me this 8 day of July, 1976.
Glen M. Harnett Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Cheryl Ann Barnett
Date of Birth March 3 1946
Place of Birth (State or foreign country) Indiana
Residence Address 1007 Valley View Apt 2 Plainfield Ind. City Plainfield Ind State Indiana
Maiden Name (if different) Lashbrook
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: 1975 Hendricks
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Factory
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 Dale Lashbrook
Residence of father (if deceased so state) Indiana
Occupation of father Unknown Race of father White
Birthplace of father (State or foreign country) French Lick Ind.
 - Full maiden name of mother Werna Mae Iden
Residence of mother (if deceased so state) Plainfield Ind.
Occupation of mother Office 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 Cheryl Ann Barnett
New Address 1007 Valley View - Plfd.
Subscribed and sworn to before me this 8 day of July, 1976.

Glen M. Harnett Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____
_____ Court by written order issued _____
_____ HENDRICKS County _____
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 July, 1976, authorizing the joining together as husband and wife
Wally Eugene Marks and Cheryl Ann Barnett
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 July,
at Plainfield, County of Hendricks,
one thousand nine hundred and 76, of Hendricks County, State of Indiana,
State of Indiana, Groom Wally Eugene Marks of Hendricks County, State of Indiana,
and, Bride Cheryl Ann Barnett of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 13 day of July, 1976.
Signed Rev. Dillon Laffin
Official Designation Minister, 1976.
Signed Glen M. Harnett 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. 280
File July 9, 1976
Date of Application

MALE
Medical Examination Report Dated 7-3-76
Name of Physician Thomas Walker, M.D.

FEMALE
Medical Examination Report Dated 7-3-76
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 Joseph Middle Paul Last Pedigo
Date of Birth Month Sept Day 15 Year 1954
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. City County State
Rt. 1 Box 38, 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 Truck Driver
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 Robert Paul Pedigo
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Truck driver Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Edna Mae Baum
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother School Bus driver 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 Joseph Paul Pedigo
New Address Rt. 1 Box 38, Plainfield, Ind.

Subscribed and sworn to before me this 9 day of July, 1976
Glen M. Harway Clerk HENDRICKS Circuit Court

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 9th day of July, 1976, authorizing the joining together as husband and wife
Joseph Paul Pedigo and Lana Jo McClure
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clifford L. Carmichael hereby certify that on the 10th day of July
one thousand nine hundred and 76 at Brownsburg, County of Hendricks,
State of Indiana, Groom Joseph Paul Pedigo of Hendricks County, State of Indiana
and, Bride Lana Jo McClure of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 9th day of July, 1976.

Signed Clifford L. Carmichael
Official Designation United Methodist Minister
Filed and recorded in accordance with the laws of the State of Indiana this 9th day of July, 1976.

Signed Glen M. Harway 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 Lana Jo McClure
New Address Rt. 1 Box 38, Plainfield, Ind.

Subscribed and sworn to before me this 9 day of July, 1976
Glen M. Harway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } 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. 281

File 37

7-9-76
Date of Application

MALE

Medical Examination Report Dated 7-7-76

Name of Physician Joseph C. Herlin

FEMALE

Medical Examination Report Dated 7-7-76

Name of Physician Joseph C. Herlin

ALL QUESTIONS 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 Harry Middle L Last Rush
Date of Birth December 12 1953
Place of Birth (State or foreign country) Indianapolis
Residence Address 1018 Ave St 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 Shipping Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Dept of Public Health
☐ Other (Specify) 12994

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 in "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Tom Richard Rush
412 Penn
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Retired Race of father Ir
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Clara Margaret Bass
412 Penn
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother Ir
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.
Signed Harry L. Rush
New Address 6030 Winnebago, Indph
Subscribed and sworn to before me this 9 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Eva Middle B Last Neeley
Date of Birth December 31 1957
Place of Birth (State or foreign country) Harvey
Residence Address 905 B Ridgewood Dr 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 Medical Receptionist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Dept. Public Health
☐ Other (Specify) 2357

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Ralph Eugene Neeley
Residence of father (if deceased so state) Clayton, Ind.
Occupation of father Carpenter Race of father Ir
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Janice Jane Claywell
Residence of mother (if deceased so state) Bellevue, Calif.
Occupation of mother Housewife Race of mother Ir
Birthplace of mother (State or foreign country) Harvey, Illinois

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.
Signed Eva Neeley
New Address 6030 Winnebago, Indph
Subscribed and sworn to before me this 9 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____
HENDRICKS County _____
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 13 day of July, 1976, authorizing the joining together as husband and wife
and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Friedrich Roeschlaub hereby certify that on the 24 day of July,
at Plainfield, County of Hendricks,
one thousand nine hundred and 76 of Indiana County, State of Indiana,
State of Indiana, Groom Harry L. Rush of Hendricks County, State of Indiana,
and, Bride Eva B. Neeley of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 13 day of July, 1976.

Signed Friedrich Roeschlaub
Official Designation Rector, St. Mark's Episcopal Ch.
day of July, 1976
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 27 day of July, 1976

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 282
File July 9, 1976
Date of Application

MALE
Medical Examination Report Dated 7-6-76
Name of Physician Leo Kammen M.D.

FEMALE
Medical Examination Report Dated 7-6-76
Name of Physician Leo Kammen 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 Michael Bradley
Date of Birth Nov. 21 1955
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 329 N. Mill, Plainfield, In.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Standard Grocery
Usual Occupation Standard Grocery
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 <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 John Wayne Bradley
Residence of father (if deceased so state) Plainfield, In.
Occupation of father Pipe fitter Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Virginia A. Pottorff
Residence of mother (if deceased so state) Plainfield, In.
Occupation of mother Secretary 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 James Bradley
New Address Indianapolis
Subscribed and sworn to before me this 9 day of July, 1976
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 Brenda Rose Steward
Date of Birth May 8 1958
Place of Birth (State or foreign country) Harrodsburg, In.
Residence Address 9607 Melody Ln. Indianapolis, In.
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) Standard Grocery
Usual Occupation Standard Grocery
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 Wayne Steward
Residence of father (if deceased so state) Greenfield, In.
Occupation of father Natl. Vea. Co. Race of father wh
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Beverly Joann Biddell
Residence of mother (if deceased so state) Indianapolis, In.
Occupation of mother Nurse 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 Steward
New Address Indianapolis
Subscribed and sworn to before me this 9 day of July, 1976
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 16 day of July, 1976, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, David B. Hazelwood hereby certify that on the 17 day of July,
one thousand nine hundred and 76 at Center Friends Church, County of Hendricks,
State of Indiana, Groom James M. Bradley of Hendricks County, State of Indiana
and, Bride Brenda Rose Steward of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 17 day of July, 1976.

Signed David B. Hazelwood
Official Designation Minister, Plainfield Baptist Ch.
Filed and recorded in accordance with the laws of the State of Indiana this 21 day of July, 1976
Signed Allen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 283

File 37

7-9-76

Date of Application

MALE

Medical Examination Report Dated 7-9-76

Name of Physician Malcolm Scamahorn

FEMALE

Medical Examination Report Dated 7-9-76

Name of Physician Malcolm 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, representa-

MALE APPLICANT

Name First Teddy Middle C. Last Boatman
Date of Birth Month January Day 24 Year 1954
Place of Birth (State or foreign country) Ill. Campbell
Residence Address Street or R. R. 425 S. Trewer City Brownsville County Ind.
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Mechanic
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
Ted Michael Boatman 3 4 Marianna St. Brownsville, 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 Teddy Richard Boatman
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father Ir
Birthplace of father (State or foreign country) Missouri
12. Full maiden name of mother Wilma Jane Mc Crawley
Residence of mother (if deceased so state) Brownsville, Ind.
Occupation of mother Secretary Race of mother Ir
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 Ted C. Boatman
New Address 231 Avon Ave Plainfield
Subscribed and sworn to before me this 9 day of July, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Cynthia Middle _____ Last Cherry
Date of Birth Month October Day 18 Year 1953
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. 231 Avon Ave City Plainfield County Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Divorced ☐ Annulment ☐ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Public Service

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 Donald Lee Cherry
Residence of father (if deceased so state) Brownsville, Ind.
Occupation of father Ullisons Race of father Ir
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Janice Louise Ferguson
Residence of mother (if deceased so state) Brownsville, Ind.
Occupation of mother Housewife Race of mother Ir
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Cynthia S. Cherry
New Address 231 Avon Ave Plainfield

Subscribed and sworn to before me this 9th day of July, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County _____, 1976, authorizing the joining together as husband and wife of Indiana dated the 13 day of July, 1976, and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 17 day of July, 1976, at _____ Church, _____ County of _____, State of _____, _____

1, Rev. Dennis L. Dodson of _____ County, State of _____, _____

one thousand nine hundred and 76, _____ of _____ County, State of _____, _____

State of Indiana, Groom Teddy C. Boatman and, Bride Cynthia S. Cherry were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 13 day of July, 1976.
Signed Rev. Dennis L. Dodson
Official Designation Minister

Signed Glen M. Harvey
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. 284
File July 13, 1976
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated July 12, 1976
Name of Physician Cric Clark

FEMALE
Medical Examination Report Dated July 12, 1976
Name of Physician Cric Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Donald Edward Chamness
Date of Birth April 9, 1954
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 123 North Rd 200 E Danville Hend. 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 _____

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 113-54-244461

- Are you now or have you been adjudged, diagnosed or considered 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 Josephus Chamness
Residence of father (if deceased so state) same
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Helen White
Residence of mother (if deceased so state) same
Occupation of mother Victory Super Race of mother W
Birthplace of mother (State or foreign country) Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Ronald Edward Chamness

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Rita Rochelle Craig
Date of Birth March 12, 1958
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 2415 E. Main Danville Hend. 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) 2937

- Are you now or have you been adjudged, diagnosed or considered 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 S. Craig
Residence of father (if deceased so state) same
Occupation of father TV Repair Race of father W
Birthplace of father (State or foreign country) West Virginia
8. Full maiden name of mother Norma G. Sutherland
Residence of mother (if deceased so state) same
Occupation of mother Bookkeeper 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 Rita Rochelle Craig

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, } 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 12th day of July, 1976, authorizing the joining together as husband and wife Donald Edward Chamness and Rita Rochelle Craig.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Roof hereby certify that on the 25 day of July, one thousand nine hundred and 76 at Chambersfield, County of Hendricks, State of Indiana, Groom Don E. Chamness of Hendricks County, State of Ind. and, Bride Rita Rochelle Craig of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 25 day of July, 1976.

Signed John C. Roof

Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of July, 1976.
Signed Elen M. Harshef Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 285

HENDRICKS

County

File

7-13-76
Date of Application

MALE

Medical Examination Report Dated 7-9-76

Name of Physician W. M. Edwards M.D.

FEMALE

Medical Examination Report Dated 7-9-76

Name of Physician W. M. Edwards M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First David Middle Lynn Last Monroe
Date of Birth Month Feb. Day 4 Year 1954
Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address Street or R. R. City County State
6117 Beechview Dr. Indianapolis, Ind.

Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
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) 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? 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 Monroe
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Doctor Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Francis Cinselst
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Printing Work 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 David L. Monroe

New Address 507 Enderly Ave. #5 Brownsburg

Subscribed and sworn to before me this 13 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____ Court by written order issued _____

_____ HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 17th day of July, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ and Patricia Jane Barracough

I, John C. Modesitt hereby certify that on the 18 day of July, 1976, at _____, County of _____, State of _____

one thousand nine hundred and 76 of _____ County, State of _____

State of Indiana, Groom David Lynn Monroe of _____

and, Bride Patricia Jane Barracough 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, _____ Signed John C. Modesitt

Dated this 18 day of July, 1976. Official Designation Minister of the Gospel Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____ Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 286

File 37

7-13-76

Date of Application

MALE

Medical Examination Report Dated 7-12-76

Name of Physician Carl Heinlein

FEMALE

Medical Examination Report Dated 7-12-76

Name of Physician Carl Heinlein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
David W. Walker
Date of Birth Month Day Year
June 24 1957
Place of Birth (State or foreign country)
Cardwell Mo.
Residence Address Street or R. R. City County State
202 E. Clinton 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 Retired

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☒ Other (Specify) Div. License I.D.

- Are you now or have you been adjudged, diagnosed or considered 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: Cleo Wayne Walker
610 S. Cross
Residence of father (if deceased so state): Danville, Ind.
Occupation of father: City of Danville Race of father: W
Birthplace of father (State or foreign country): Missouri

12. Full maiden name of mother: Patsy Ruth Jones
222 Darling
Residence of mother (if deceased so state): Paragould, Arkansas
Occupation of mother: Restaurant Manager Race of mother: W
Birthplace of mother (State or foreign country): Arkansas

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of: HENDRICKS

Signed: David W. Walker

New Address: 202 E. Clinton Apt 2 Danville Ind.

Subscribed and sworn to before me this 13 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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
Karen S. Compton
Date of Birth Month Day Year
September 3 1957
Place of Birth (State or foreign country)
Indianapolis Ind.
Residence Address Street or R. R. City County State
202 E. Clinton 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 Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree State Bd. of Health

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: Charles E. Compton
Rt 1 Box 7926
Residence of father (if deceased so state): Danville, Ind.
Occupation of father: Bus driver Race of father: W
Birthplace of father (State or foreign country): Indiana

8. Full maiden name of mother: Lorna S. Bell
Rt 1 Box 7926
Residence of mother (if deceased so state): Danville, Ind.
Occupation of mother: Credit Union 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: Karen S. Compton

New Address: 202 E. Clinton Danville

Subscribed and sworn to before me this 13 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 17 day of July, 1976, 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 N. Bedford, hereby certify that on the 17th day of July, 1976, at Danville, County of Hendricks, State of Indiana, Groom: David W. Walker, and, Bride: Karen S. Compton, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17th day of July, 1976.
Signed: Robert N. Bedford
Official Designation: Minister
22nd day of July, 1976.
Signed: Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of July, 1976.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 287
File 7-14-76
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 7-7-76
Name of Physician Wm. Edwards, M.D.

FEMALE
Medical Examination Report Dated 7-7-76
Name of Physician Wm. Edwards, 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 Larry Neil Profitt
Date of Birth July 11 1955
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 4345 Aspen Valley, 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 Factory Worker
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 Claude P. Profitt
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Inspector Race of father wh
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Mary L. Collins
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Supervisor 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 Larry Profitt
New Address 5221 Broad Drive Indpls

Subscribed and sworn to before me this 14 day of July, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Irene Kalcheck
Date of Birth April 7 1958
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Box 219, North Salem, Ind.
Maiden Name if Different

Previous Marital Status: ☒ Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐

Color or Race ☒ White ☐ Negro ☐ Other (specify)
Usual Occupation None

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ No ☐ Yes
Of Unsound Mind? ☐ No ☐ Yes
- Are you under guardianship as a person of unsound mind? ☐ No ☐ Yes
- Are you afflicted with a transmissible disease? ☐ No ☐ Yes
- Are you related to the groom closer than second cousin? ☐ No ☐ Yes
- Are you now under the influence of intoxicating liquor? ☐ No ☐ Yes
- Are you now under the influence of a narcotic drug? ☐ No ☐ Yes

7. Full name of father Ray T. Kalcheck
Residence of father (if deceased so state) North Salem
Occupation of father Sheet Metal Worker Race of father wh
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Jewell S. Wilson
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
County of HENDRICKS in this application is true and correct.

Signed Judy Kalcheck
New Address 5221 Broad Drive

Subscribed and sworn to before me this 14 day of July, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____

_____ HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 20 day of July, 1976, authorizing the joining together as husband and wife

of Larry Neil Profitt and Judy Irene Kalcheck
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____

I, Norman L. Weaver hereby certify that on the 24 day of July, _____, County of Hendricks, State of Indiana

one thousand nine hundred and 76, at Danville _____, County, State of Indiana

State of Indiana, Groom Larry Neil Profitt of Hendricks _____, County, State of Indiana

and, Bride Judy Irene Kalcheck 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

Dated this 24 day of July, 1976.
Signed Norman L. Weaver
Official Designation Minister, 1976.
Signed Glen M. Harvey Clerk
_____ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 288
File BK #37
Date of Application July 14, 1976

MALE
Medical Examination Report Dated 7/12/76
Name of Physician Wm Edwards M.D.

FEMALE
Medical Examination Report Dated 7/12/76
Name of Physician Wm Edwards 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 Jaye Bennett
Date of Birth Month Day Year
Place of Birth (State or foreign country) Ind.
Residence Address 9005 Harmony Dr. 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 Prophet Company

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 113-54-845816

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their 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. Bennett

Residence of father (if deceased so state) Harmony Dr. Indpls.

Occupation of father Union Ave. Race of father White

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Kathleen J. Forny

Residence of mother (if deceased so state) Harmony Dr. Indpls.

Occupation of mother Prophet Company 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 Randy Jaye Bennett

New Address 9524 Harmony Drive

Subscribed and sworn to before me this 14 day of July, 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Pam R. Stuart
Date of Birth Month Day Year
Place of Birth (State or foreign country) Ind.
Residence Address 9524 Harmony Dr. 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 Amusic Boat Company

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) St. Francis Hosp. Black Grove, Ind.

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Frank Sturt
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Gertrude Wells
Residence of mother (if deceased so state) Indpls. 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 Pam R Stuart

New Address 9524 Harmony Drive

Subscribed and sworn to before me this 14 day of July, 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 16th day of July, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Albert S. Kitchen hereby certify that on the 17 day of July,

one thousand nine hundred and 76 at Indianapolis, County of Marion,

State of Indiana, Groom Randy Jaye Bennett of Hendricks County, State of Indiana

and, Bride Pam R. Stuart of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17 day of July, 1976.

Signed Albert S. Kitchen

Official Designation Asst. Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of July, 1976.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 289

File BK 37

Date of Application

MALE

Medical Examination Report Dated

7/14/76

Name of Physician

Glenn W. Baker

FEMALE

Medical Examination Report Dated

7/14/76

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, representa-

MALE APPLICANT

Name Michael A. Cook
Date of Birth September 29 1956
Place of Birth (State or foreign country) Jacksonville, Orange Florida
Residence Address Box 409 Jacobs 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) Draft 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 Donald Eugene Cook
Residence of father (if deceased so state) Unknown

Occupation of father Unknown Race of father White

Birthplace of father (State or foreign country) Indpls. Ind.

12. Full maiden name of mother Elizabeth Eleanor Smith

Residence of mother (if deceased so state) New York Mills, Minn.

Occupation of mother Homemaker Race of mother White

Birthplace of mother (State or foreign country) Omaha, Nebraska

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Michael A. Cook

New Address Box 409 Jacobs Ind.

Subscribed and sworn to before me this 14 day of July, 1976

Glenn W. Baker Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Belinda S. Usilton
Date of Birth December 6 1958
Place of Birth (State or foreign country) Indpls.
Residence Address Box 409 Jacobs Ind.
Maiden Name if Different Belinda

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Arvon West Usilton

Residence of father (if deceased so state) Indianapolis Ind.

Occupation of father Carpenter Race of father White

Birthplace of father (State or foreign country) Indianapolis

8. Full maiden name of mother Mildred Bailey

Residence of mother (if deceased so state) Indianapolis Ind.

Occupation of mother Miss Mgr. Race of mother White

Birthplace of mother (State or foreign country) Kentucky

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Belinda S. Usilton

New Address P.O. Box 409 Jacobs

Subscribed and sworn to before me this 14 day of July, 1976

Glenn W. Baker Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Mildred Usilton Mother

Subscribed and sworn to before me this 14 day of July, 1976

Glenn W. Baker 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 _____

_____ County _____

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 21 day of July, 1976, and Belinda S. Usilton

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____

I, Rev Stephen C. Leans, hereby certify that on the 24 day of July, _____

one thousand nine hundred and 76, at Faith Baptist Church, County of Hendricks, _____

State of Indiana, Groom Michael A. Cook of Hendricks County, State of Indiana, _____

and, Bride Belinda S. Usilton of Hendricks County, State of Indiana, _____

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 24 day of July, 1976, _____

Signed Rev Stephen C. Leans

Official Designation Pastor, 1976

Signed Glenn W. Baker 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. 289
File BK 37
Date of Application July 14, 1976

HENDRICKS County

MALE
Medical Examination Report Dated 7/14/76
Name of Physician Glen W. Baker

FEMALE
Medical Examination Report Dated 7/14/76
Name of Physician Glen W. Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Michael A. Cook
Date of Birth September 29 1956
Place of Birth (State or foreign country) Jacksonville, Orange Florida
Residence Address R.R. #8 Box 409 Jacobs Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Carpenter

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Draft 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 Donald Eugene Cook
Residence of father (if deceased so state) Unknown
Occupation of father _____
Race of father _____
Birthplace of father (State or foreign country) Jacobs Ind.

12. Full maiden name of mother Elizabeth Eleanor Smith
Residence of mother (if deceased so state) New York Mills Tenn.
Occupation of mother _____
Race of mother _____
Birthplace of mother _____

State of Indiana, _____
County of HENDRICKS

Subscribed and sworn to before me this _____ day of _____, 1976.

State of Indiana, _____
County of HENDRICKS

Sig _____
Sig _____
Subscribed and sworn to before me this _____ day of _____, 1976.

State of Indiana, _____
County of HENDRICKS

Sig _____
Sig _____
Subscribed and sworn to before me this _____ day of _____, 1976.

State of Indiana, _____
County of HENDRICKS

Sig _____
Sig _____
Subscribed and sworn to before me this _____ day of _____, 1976.

State of Indiana, _____
County of HENDRICKS

Sig _____
Sig _____
Subscribed and sworn to before me this _____ day of _____, 1976.

State of Indiana, _____
County of HENDRICKS

Sig _____
Sig _____
Subscribed and sworn to before me this _____ day of _____, 1976.

State of Indiana, _____
County of HENDRICKS

Sig _____
Sig _____
Subscribed and sworn to before me this _____ day of _____, 1976.

State of Indiana, _____
County of HENDRICKS

Sig _____
Sig _____
Subscribed and sworn to before me this _____ day of _____, 1976.

State of Indiana, _____
County of HENDRICKS

Sig _____
Sig _____
Subscribed and sworn to before me this _____ day of _____, 1976.

State of Indiana, _____
County of HENDRICKS

Sig _____
Sig _____
Subscribed and sworn to before me this _____ day of _____, 1976.

State of Indiana, _____
County of HENDRICKS

Sig _____
Sig _____
Subscribed and sworn to before me this _____ day of _____, 1976.

State of Indiana, _____
County of HENDRICKS

Name Belinda S. Uselton
Date of Birth December 6 1958
Place of Birth (State or foreign country) Jacobs
Residence Address R.R. #8 Box 409 Jacobs 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) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Arnon Hoyt Uselton
Residence of father (if deceased so state) Jacksonville Ind.
Occupation of father Carpenter Race of father White
Birthplace of father (State or foreign country) Jacksonville

8. Full maiden name of mother Mildred Bailey
Residence of mother (if deceased so state) Jacksonville Ind.
Occupation of mother Miss Mfg. Race of mother White
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, _____
County of HENDRICKS

Signed Belinda S. Uselton
New Address R.R. #8 Box 409 Jacobs

I, Arnon Uselton, hereby give my consent for
my daughter, Belinda Sue
to marry Michael A. Cook.

Arnon Uselton
Subscribed and sworn to before me this 21st day of July, 1976.

Donna M. Musick
Notary Public

Donna M. Musick
NOTARY PUBLIC STATE OF INDIANA
MY COMMISSION EXPIRES MAR. 28, 1980
ISSUED THRU INDIANA NOTARY ASSOC.

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____ Court by written order issued _____
HENDRICKS County _____
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 _____, 1976, authorizing the joining together as husband and wife
of Indiana dated the 21 day of July, and Belinda S. Uselton
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Rev. Stephen C. Gens, hereby certify that on the 24 day of July,
one thousand nine hundred and 76, at South Baptist Church, County of Hendricks,
State of Indiana, Groom Michael A. Cook, of Hendricks County, State of Indiana,
and, Bride Belinda S. Uselton, of Hendricks County, State of Indiana,
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, _____, 1976.
Dated this 24 day of July, 1976.

Signed Rev. Stephen C. Gens
Official Designation Pastor, 1976.
day of August
Signed Donna M. Musick
HENDRICKS County, _____

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1976.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 290

File

Date of Application July 15, 1976

MALE

Medical Examination Report Dated 7/7/76

Name of Physician William Van Osdel M.D.

FEMALE

Medical Examination Report Dated 7/7/76

Name of Physician William Van Osdel M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Bruce Middle Lee Last Rodgers
Date of Birth Month March Day 8 Year 1952
Place of Birth (State or foreign country) Ind.
Residence Address RR # 8 Box 415 Indpls. City Indpls. County Ind. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Lay Black TapDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Public Health Nurse - 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
Robert Louis Rodgers		Indpls. Ind.
Jack Lefty Rodgers		Indpls. Ind.

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father: Robert Louis Rodgers
Residence of father (if deceased so state): Indpls. Ind.
Occupation of father: Jack Lefty Rodgers Race of father: White
Birthplace of father (State or foreign country): Indpls. Ind.
12. Full maiden name of mother: Orla Mae Shaddox
Residence of mother (if deceased so state): Indpls. Ind.
Occupation of mother: Shoe Factory Race of mother: White
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of: HENDRICKS

Signed: Bruce Lee Rodgers
New Address: RR # 8 Box 415 Indpls. Ind.

Subscribed and sworn to before me this 15 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Lana Middle Jean Last Everett
Date of Birth Month November Day 28 Year 1953
Place of Birth (State or foreign country) Ind.
Residence Address RR # 1 Box 79AA City Marion County Ind. State Ind.
Maiden Name if Different Turner

Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marriage 1976

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Arthur Teacher - Mgr.Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) 113-53-101622

- Are you now or have you been adjudged, diagnosed or considered 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: Warren H. Turner
Residence of father (if deceased so state): Indpls. Ind.
Occupation of father: Busset Rusty Race of father: White
Birthplace of father (State or foreign country): Kentucky
8. Full maiden name of mother: Wendy H. Lawrence
Residence of mother (if deceased so state): Indpls. Ind.
Occupation of mother: Wannabe Race of mother: White
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of: HENDRICKS

Signed: Lana Jean Everett
New Address: RR # 8 Box 415 Indpls. Ind.

Subscribed and sworn to before me this 15 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of: HENDRICKS

Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued 3 day waiver and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15 day of July, 1976, 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 24 day of July, 1976, at Friendswood, County of Marion, State of Indiana, Groom Bruce Lee Rodgers of Hendricks County, State of Indiana, and, Bride Lana Jean Everett of Hendricks County, State of Indiana, were by me united 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 July, 1976.

Signed: Rev. Ralph C. Wade
Official Designation: Pastor, Friendswood Baptist Church

Signed: Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of July, 1976.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 291

File 37

HENDRICKS

County

Date of Application

MALE

Medical Examination Report Dated 7-15-76

Name of Physician Eric D. Clark

FEMALE

Medical Examination Report Dated 7-15-76

Name of Physician Eric D. Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Sylvester Middle Last Bay
Date of Birth Month 21 Day 1911
Place of Birth (State or foreign country) Brown County Indiana
Residence Address Street or R. R. 681 Harvest Dr. City Greenwood, Ind. State Indiana
Previous Marital Status: Never Married ☐ Divorced ☐ Annulled ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Radio Manager

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Driver's License

☒ Other (Specify) Vet of Foreign Wars 5310-10-0128

- Are you now or have you been adjudged, diagnosed or considered 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 Louis Linley Bay
Residence of father (if deceased so state) Deceased
Occupation of father Race of father IT
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Thersia Olive Wayman
Residence of mother (if deceased so state) Deceased
Occupation of mother 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 Sylvester Bay
New Address R.R. 2 Box 160 Indianapolis

Subscribed and sworn to before me this 15 day of July, 1976.
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
Signed _____ Clerk

Subscribed and sworn to before me this _____ day of _____, 19____.

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____

HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

in _____ HENDRICKS Circuit Court

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1976, authorizing the joining together as husband and wife

of Indiana dated the 20th day of July, 1976, and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____

I, _____ hereby certify that on the 22 day of July, 1976,

at Plainfield, _____ County of _____

one thousand nine hundred and 76 _____ County, State of _____

State of Indiana, Groom Sylvester Bay _____

and, Bride May I Medaris _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County _____

Dated this 22 day of July, 1976.

Signed R. Kent Allen _____

Official Designation Minister _____

26 day of July, 1976.

Signed Glen M. Harney _____

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

No. 292

File

HENDRICKS County

July 16, 1976
Date of Application

MALE

Medical Examination Report Dated 7-12-76

Name of Physician M. O. Scamahorn

FEMALE

Medical Examination Report Dated 7-12-76

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 Scott Middle David Last Manson
Date of Birth Month Aug Day 16 Year 1955
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. City County State
502 Marsteller Dr. Brownsburg
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) # 8799

- Are you now or have you been adjudged, diagnosed or considered 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
George David Manson		

- 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 David Manson
Residence of father (if deceased so state) Same
Occupation of father Salesman Race of father
Birthplace of father (State or foreign country) Crawfordville
12. Full maiden name of mother Jan Louise Wingstner
Residence of mother (if deceased so state) Same
Occupation of mother Teacher Race of mother
Birthplace of mother (State or foreign country) Rockford Ill.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed A. Scott O. Manson

New Address

Subscribed and sworn to before me this 16 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1976
Clerk

FEMALE APPLICANT

Name First Yolanda Middle Annette Last Shaw
Date of Birth Month Aug Day 16 Year 1955
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. City County State
6225 Kentucky Ave. Indpls.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous MarriagesLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Typist

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) # 8821

- Are you now or have you been adjudged, diagnosed or considered 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 Neal Shaw Jr.
Residence of father (if deceased so state) Same
Occupation of father Salesman Race of father
Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Roberta Ann Yorgew
Residence of mother (if deceased so state) Same
Occupation of mother Cook Race of mother
Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Yolanda A. Shaw

New Address

Subscribed and sworn to before me this 16 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1976
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 23rd day of July, 1976, authorizing the joining together as husband and wife of Scott David Manson and Yolanda Annette Shaw.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Kenneth Ray Jensen hereby certify that on the 7th day of August, 1976, at Pioneer Park, Mooresville, County of Hendricks, State of Indiana, Groom Scott David Manson of Hendricks County, State of Indiana, and, Bride Yolanda Annette Shaw 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 7th day of August, 1976.

Signed Kenneth Jensen

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of August, 1976.

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. 293

File 37

7-16-76

Date of Application

MALE

Medical Examination Report Dated 7-9-76

Name of Physician P. B. Warriner

FEMALE

Medical Examination Report Dated 7-9-76

Name of Physician P. B. Warriner

ALL QUESTIONS 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 Harold J Kalb
Date of Birth 25 1938
Place of Birth (State or foreign country) Michigan
Residence Address 533 Temperance Indianapolis 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 Salesman
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Marine Corp Discharge Certificate

- Are you now or have you been adjudged, diagnosed or considered 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

(b) Are you supporting or contributing to their 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 Adam Kalb
Residence of father (if deceased so state) deceased
Occupation of father retired Race of father W
Birthplace of father (State or foreign country) Michigan
12. Full maiden name of mother Mary Katherine Luty
Residence of mother (if deceased so state) Lagiew, Mich
Occupation of mother retired Race of mother W
Birthplace of mother (State or foreign country) Mich

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.
Signed Harold J. Kalb
New Address RR 2 Box 177-L Brownsburg, Ind.
Subscribed and sworn to before me this 16 day of July, 1976.
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 Joyce L Paole
Date of Birth 23 1951
Place of Birth (State or foreign country) Indiana
Residence Address 533 Temperance Indianapolis Ind.
Maiden Name if Different 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 School Teacher
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 Charles E. Coole
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Buyer Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Margaret E. Coole
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Secretary Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Joyce L. Paole
New Address RR 2 Box 177-L Brownsburg, Ind.
Subscribed and sworn to before me this 16 day of July, 1976.
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 Court by written order issued _____ and filed in _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 20 day of July, 1976, authorizing the joining together as husband and wife of Harold J. Kalb and Joyce L. Paole.
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, L. M. Hieber hereby certify that on the 7th day of August, _____, County of Marion,
at Indianapolis _____, County, State of Indiana,
one thousand nine hundred and 76 of Hendricks _____, County, State of Indiana,
State of Indiana, Groom Harold J. Kalb _____ of Marion _____, County, State of Indiana,
and, Bride Joyce L. Paole _____ of Hendricks _____, County, State of Indiana,
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, _____, 1976.
Dated this 15th day of August, 1976.
Signed L. M. Hieber Pastor
Official Designation _____ August _____, 1976
Signed Allen M. Harvey Clerk
_____ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 294

File
Date of Application July 16 1976

HENDRICKS County

MALE
Medical Examination Report Dated 7-13-76
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 7-13-76
Name of Physician A. N. Scudder M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name William Michael Burkhard
Date of Birth 4/1/1958
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 518 Enderby Apt 1, Brownsburg, In.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Construction
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 3834

- Are you now or have you been adjudged, diagnosed or considered 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 Frank J. Burkhard
Residence of father (if deceased so state) Lexington, In.
Occupation of father Fireman Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Linda J. Thomas
Residence of mother (if deceased so state) Lexington, In.
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 Bill Byrd

New Address 518 Enderby Apt #1

Subscribed and sworn to before me this 16 day of June, 1976.
Glen M. Harway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Linda Dorene Hodge
Date of Birth 5/29/1956
Place of Birth (State or foreign country) Franklin, In.
Residence Address Rt 5 Box 164, Brownsburg, In.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 20359-B

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you 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 Lee Hodge
Residence of father (if deceased so state) Brownsburg, In.
Occupation of father Carpenter Race of father wh
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Barbara J. Thomas
Residence of mother (if deceased so state) Brownsburg, In.
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 Linda Hodge

New Address 518 Enderby Apt #1

Subscribed and sworn to before me this 16 day of June, 1976.
Glen M. Harway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } 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 23 day of July, 1976, authorizing the joining together as husband and wife
of William Michael Burkhard and Linda Dorene Hodge.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Kenneth E. Vetter, hereby certify that on the 30 day of July, 1976, at Brownsburg, County of Hendricks, State of Indiana, Groom William Michael Burkhard of Hendricks County, State of Indiana, and, Bride Linda Dorene Hodge of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 30 day of July, 1976.

Signed Rev. Kenneth E. Vetter

Official Designation Pastor, Bartlett Chapel Z. M. Church

Signed Glen M. Harway Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of August, 1976.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 295

File

July 16, 1976
Date of Application

MALE

Medical Examination Report Dated 7/16/76

Name of Physician Carl L. Hunsler M.D.

FEMALE

Medical Examination Report Dated 7/19/76

Name of Physician Carl L. Hunsler M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Donald Middle Harrison Last Walker
Date of Birth Month June Day 6 Year 1928
Place of Birth (State or foreign country) Indiana
Residence Address 299 Cartersburg Rd. City Wesley County Warrick State Ind.
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1976 Florida

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation SeamanDate 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 Wesley F. Walker
Residence of father (if deceased so state) 299 Cartersburg Rd. Ind.
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Suzette Knighton
Residence of mother (if deceased so state) Ind.
Occupation of mother Retired Race of mother White
Birthplace of mother (State or foreign country) Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Donald Harrison WalkerNew Address 372 N. Richie Ind.

Subscribed and sworn to before me this 16 day of July, 1976
Allen M. Marney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Marjorie Middle Carol Last Bradley
Date of Birth Month January Day 23 Year 1944
Place of Birth (State or foreign country) Indiana
Residence Address 372 N. Richie City Ind. County Ind. State Ind.
Maiden Name if Different Fields
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation HomemakerDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☒ Other (Specify) School Record

- Are you now or have you been adjudged, diagnosed or considered 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 Fields
Residence of father (if deceased so state) Ind.
Occupation of father Custodian Race of father White
Birthplace of father (State or foreign country) Kentucky
- Full maiden name of mother Margaret Hazel Evans
Residence of mother (if deceased so state) Ind.
Occupation of mother Custodian Race of mother White
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKSSigned Marjorie Carol BradleyNew Address 372 N. Richie Ind.Subscribed and sworn to before me this 16 day of July, 1976Allen M. Marney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____ Court by written order issued _____

_____ HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

in _____ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _____ HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1976, authorizing the joining together as husband and wife of Indiana dated the 20 day of July and Marjorie Carol Bradley

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 7th day of August

I, John C. Modest at Wesley Methodist Church, County of Hendricks

one thousand nine hundred and 76 of Hendricks County, State of Indiana

State of Indiana, Groom Donald Harrison Walker of _____ County, State of Indiana

and, Bride Marjorie Carol Bradley 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 _____

Dated this 7th day of August, 1976. Signed John C. Modest Minister

Official Designation Minister, 1976. Signed Allen M. Marney Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____. 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. 26

File Bk 37

Date of Application July 19, 1976

MALE

Medical Examination Report Dated 7-15-76

Name of Physician William Edwards M.D.

FEMALE

Medical Examination Report Dated 7-15-76

Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First James Middle Allen Last Alexander
Date of Birth Month November Day 6 Year 1957
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address R#3 Box 466 Plainfield Hendricks Ind.
City Plainfield County Hendricks State Ind.

Previous Marital Status: Never Married ☒ Number of Previous MarriagesLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation military

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☒ Other (Specify) Reinstatement Agreement

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Donald L. Alexander
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Mechanist FMC Race of father W.
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Martha Virginia Thayer
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Indph. Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed James Allen Alexander

New Address Massachusetts

Subscribed and sworn to before me this 19th day of July, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1976.
Clerk

FEMALE APPLICANT

Name First Debra Middle A Last Melow
Date of Birth Month June Day 24 Year 1958
Place of Birth (State or foreign country) Wood River Illinois
Residence Address R#1 Box 91-123 Danville Hendricks Ind.
City Danville County Hendricks State Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous MarriagesLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation military

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☒ Other (Specify) Reinstatement Agreement

- Are you now or have you been adjudged, diagnosed or considered 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 Dwight Melow
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Truck Driver Race of father W.
Birthplace of father (State or foreign country) Illinois

8. Full maiden name of mother Lenora Mae Raymond
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Illinois

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Debra A. Melow

New Address Massachusetts

Subscribed and sworn to before me this 19th day of July, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1976.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued and filed in
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 23 day of July, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Neal O. Neill Younce, hereby certify that on the 24 day of July,

one thousand nine hundred and 76, at Union Christian Church County of Hendricks,
State of Indiana, Groom James Allen Alexander of Hendricks County, State of Indiana,

and, Bride Debra A. Melow of Hendricks County, State of Indiana,
were by me united 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 July, 1976.

Signed Neal O. Younce

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of July, 1976.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 297
File 7-19-76
Date of Application

MALE

Medical Examination Report Dated 7-17-76
Name of Physician Wm. Edwards, M.D.

FEMALE

Medical Examination Report Dated 7-17-76
Name of Physician Wm. Edwards, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Johnny Reed Wilson
Date of Birth June 16 1957
Place of Birth (State or foreign country) Indianapolis, In
Residence Address Rt 8 Box 380, Indpls Hind. In.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) None
Usual Occupation Railroad
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
James M. Wilson		

- (b) Are you supporting or contributing to their 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. Wilson
Residence of father (if deceased so state) Indianapolis, In
Occupation of father Elect. Truck Race of father wh
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Ruby Cobb
Residence of mother (if deceased so state) Indianapolis, In
Occupation of mother None Race of mother wh
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 John R. Wilson
New Address APT 147 Lakeview Drive
Subscribed and sworn to before me this 19 day of July, 1976
Ellen 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 Donna Marie Osborne
Date of Birth Nov 4 1957
Place of Birth (State or foreign country) Ind
Residence Address Fort Branch, N. Car.
Maiden Name if Different 10032 Otter Creek, Indpls Hind. In.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) None
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 Harold C. Osborne
Residence of father (if deceased so state) Unknown
Occupation of father Barber Race of father wh
Birthplace of father (State or foreign country) Ohio

8. Full maiden name of mother Shirley P. Hoover
Residence of mother (if deceased so state) Indianapolis, In
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 Donna Osborne
New Address APT 147 Lakeview Dr.
Subscribed and sworn to before me this 19 day of July, 1976
Ellen 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 _____
in _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 23 day of July, 1976, authorizing the joining together as husband and wife of Johnny Reed Wilson and Donna Marie Osborne.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Caul Taylor, hereby certify that on the 30 day of July,
at Indianapolis, County of Hendricks,
one thousand nine hundred and 76 of Hendricks County, State of Indiana,
State of Indiana, Groom Johnny Reed Wilson of Hendricks County, State of Indiana,
and, Bride Donna Marie Osborne of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 30 day of July, 1976.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Caul Taylor Minister, Elmore U. M. Church
Official Designation _____ day of _____, 1976
Signed Ellen 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. 298

File 7-19-76

37

Date of Application

MALE

Medical Examination Report Dated 7-15-76

Name of Physician Carl L. Heinlein

FEMALE

Medical Examination Report Dated 7-13-76

Name of Physician Carl L. Heinlein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Jesse Napier
Date of Birth Month Day Year
March 19 1948
Place of Birth (State or foreign country)
Indianapolis Ind.
Residence Address Street or R. R. City County State
251 Mackay Rd. Danville 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 Service man

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Sur. of Vital Statistics

☐ Other (Specify) _____ 2702

- Are you now or have you been adjudged, diagnosed or considered 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
Beverly Ann Napier	8	251 Mackay Rd., Danville
Mickelle Dawn Napier	3	" " " "

- 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 D. Napier
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Self-employed Race of father W
Birthplace of father (State or foreign country) Kentucky

12. Full maiden name of mother Lizzie D. Nalle
Residence of mother (if deceased so state) Danville, 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
County of HENDRICKS in this application is true and correct.

Signed X Jesse Napier

New Address 251 Mackay Rd, Danville

Subscribed and sworn to before me this 19 day of July, 1976.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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
Glenda Carol Lane
Date of Birth Month Day Year
February 9 1949
Place of Birth (State or foreign country)
Beach Grove Ind.
Residence Address Street or R. R. City County State
Box 64 Clayton Ind.
Maiden Name if Different
Glenda Carol McNamey
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Nurse Aid

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) St. Francis Hospital, Beach Grove

- Are you now or have you been adjudged, diagnosed or considered 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 Glendon Charles McNamey
Residence of father (if deceased so state) Clayton, Ind.
Occupation of father retired Race of father W
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Norma Jean Vannice
Residence of mother (if deceased so state) Clayton, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed X Glenda C. Lane

New Address 251 Mackay Rd, Danville

Subscribed and sworn to before me this 19 day of July, 1976.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 23 day of July, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, August V. Huber, hereby certify that on the 23 day of July, 1976, at Danville, County of Hendricks

State of Indiana, Groom Jessie Napier of Hendricks County, State of Indiana

and, Bride Glenda Carol Lane of Hendricks County, State of Indiana

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 23 day of July, 1976.

Signed August V. Huber

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 27 day of July, 1976.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 299
File July 20, 1976
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 7/14/76
Name of Physician A. M. Scudder M.D.

FEMALE
Medical Examination Report Dated 7/14/76
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, representa-

MALE APPLICANT

Name First Daniel Middle E. Last Gates
Date of Birth Month August Day 11 Year 1951
Place of Birth (State or foreign country) Boone Co. Ind.
Residence Address Street or R. R. 411 Maple St. City Pittsboro 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 Salon
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ind. Policy # 62 870 529
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Gerald Robert Gates
Residence of father (if deceased so state) Deceased
Occupation of father Truck Driver Race of father White
Birthplace of father (State or foreign country) Boone Co. Ind.
12. Full maiden name of mother Mammie Kathleen Ward
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Boone Co.
State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Daniel E. Gates
New Address 411 Maple St Pittsboro
Subscribed and sworn to before me this 20 day of July, 1976
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Joyce Middle K. Last Burgman
Date of Birth Month June Day 6 Year 1954
Place of Birth (State or foreign country) Marion Co. Indiana
Residence Address Street or R. R. 411 Maple St. City Pittsboro County Ind.
Maiden Name if Different Marshall
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Boone 1976
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Kroger Company
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Richard J. Marshall
Residence of father (if deceased so state) Deceased
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Alma M. Courtot
Residence of mother (if deceased so state) Deceased
Occupation of mother F.A.A. 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 Joyce K. Burgman
New Address 411 Maple St Pittsboro
Subscribed and sworn to before me this 20 day of July, 1976
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 Court by written order issued _____ and filed _____
in _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1976, authorizing the joining together as husband and wife of Indiana dated the 24th day of July and Joyce K. Burgman
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, John C. Maurer hereby certify that on the 24 day of July,
one thousand nine hundred and 76 at Danville, County of Hendricks,
State of Indiana, Groom Daniel E. Gates of Hendricks County, State of Indiana,
and, Bride Joyce K. Burgman of Hendricks County, State of Indiana,
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 24 day of July, 1976.
Signed John C. Maurer
Official Designation Judge, Hendricks Co. Court
_____ day of _____, 1976.
Signed Glen M. Hawley 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. 300

File 37

7-20-76

Date of Application

MALE

Medical Examination Report Dated 7-19-76

Name of Physician Irving Cohen

FEMALE

Medical Examination Report Dated 7-19-76

Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Gilbert Middle Gene Last Minton
Date of Birth Month March Day 22 Year 1952
Place of Birth (State or foreign country) Manchester
Residence Address Street or R. R. 418 S. Grant City Brownsburg County Indiana 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 MaintenanceDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☒ Other (Specify) Selective Service

- Are you now or have you been adjudged, diagnosed or considered 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 Lammie Minton
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Disabled Race of father It
Birthplace of father (State or foreign country) Kentucky
- Full maiden name of mother Lizzie Gregory
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Housewife 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 Gilbert Gene MintonNew Address 244 N. JEFFERSON BROWNSBURGSubscribed and sworn to before me this 20 day of July, 1976Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Elaine Middle Marie Last Reeder
Date of Birth Month July Day 1 Year 1953
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. 329 Hancock City Clainfield 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 TeacherDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☒ Other (Specify) Birth Reg. 8224

- Are you now or have you been adjudged, diagnosed or considered 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 Francis Reeder, Jr.
Residence of father (if deceased so state) Clainfield, Ind.
Occupation of father Supervisor Race of father It
Birthplace of father (State or foreign country) Kentucky
- Full maiden name of mother Margaret E. Loise Johnson
Residence of mother (if deceased so state) Clainfield, 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 Elaine Marie ReederNew Address 244 N. JEFFERSON BROWNSBURGSubscribed and sworn to before me this 20 day of July, 1976Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 28th day of July, 1976, authorizing the joining together as husband and wife
Gilbert Gene Minton and Elaine Marie Reeder
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Q. Kent Allen, hereby certify that on the 31 day of July,
one thousand nine hundred and 76 at Clainfield, County of Hendricks,
State of Indiana, Groom Gilbert Gene Minton of Hendricks County, State of Indiana
and, Bride Elaine Marie Reeder of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County HENDRICKS.

Dated this 31 day of July, 1976.Signed Q. Kent AllenOfficial Designation MinisterFiled and recorded in accordance with the laws of the State of Indiana this 3 day of August, 1976.Signed Glen M. Harvey

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 301

File

7-20-76
Date of Application

MALE

Medical Examination Report Dated

7-12-76

Name of Physician M.D. Scamaron

FEMALE

Medical Examination Report Dated

7-12-76

Name of Physician M.D. 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, representa-

MALE APPLICANT

Name David Lester Symmonds
Date of Birth Jan 12 1938
Place of Birth (State or foreign country) Ill.
Residence Address Wabash Ill. City County State
Rt. 1 Box 129, Pittsburg, Ill.
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

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
Ricci Symmonds 17 Pittsburg
Kayla 16 "
Pamela 12 "

(b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for
their support? Yes ☐ No ☒

11. Full name of father Hugo Symmonds
Residence of father (if deceased so state) Nauvoo, Ill.
Occupation of father Retired Race of father wh
Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Orpha M. Leininger
Residence of mother (if deceased so state) Nauvoo, Ill.
Occupation of mother Maid 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 David Lester Symmonds
New Address RR1 Box 129 Pittsburg

Subscribed and sworn to before me this 20 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Shirley Charlene Cruise
Date of Birth Dec 4 1940
Place of Birth (State or foreign country) Ill.
Residence Address Bargersville, Ind. City County State
Rt 4 Box 294 Greenwood, Ind.
Maiden Name if Different Poole

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation

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 Wayne D. Poole

Residence of father (if deceased so state) Bargersville, Ind.Occupation of father Retired Race of father whBirthplace of father (State or foreign country) Indiana8. Full maiden name of mother Eva Mae CornResidence of mother (if deceased so state) deceasedOccupation of mother _____ Race of mother whBirthplace 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 Shirley C. Cruise
New Address R. #1 Box 129 Pittsburg Ind.

Subscribed and sworn to before me this 20 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court
of Indiana dated the 24 day of July, 1976, authorizing the joining together as husband and wife
of David Lester Symmonds and Shirley Charlene Cruise

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev Carl F. Hicks hereby certify that on the 24 day of July,
at Bargersville, Ind. County of Johnson,
one thousand nine hundred and 76 County, State of Indiana,
State of Indiana, Groom David Lester Symmonds of Johnson County, State of Indiana,
and, Bride Shirley Charlene Cruise of Johnson County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____

Dated this 24 day of July, 1976. Signed Rev Carl F. Hicks
Official Designation August day of 7, 1976. Clerk
Signed Glen M. Harvey 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. 302

File

HENDRICKS

County

Date of Application

MALE

Medical Examination Report Dated

Name of Physician

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 Robert Joseph Palma
Date of Birth February 11 1946
Place of Birth (State or foreign country) Ill.
Residence Address 717 S. Grant St. 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 Unemployment EditorDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) # 369

- Are you now or have you been adjudged, diagnosed or considered 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 Lumir Stanley Palma
Residence of father (if deceased so state) Indianapolis Ind.
Occupation of father Planting Supply Race of father White
Birthplace of father (State or foreign country) Ill.
12. Full maiden name of mother Alice M. Clutck
Residence of mother (if deceased so state) Indianapolis Ind.
Occupation of mother Teacher Race of mother White
Birthplace of mother (State or foreign country) Brown Forest Ill.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed

New Address 417 South Grant St. Brownsburg

Subscribed and sworn to before me this 21 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Carolyn A. Kuster
Date of Birth February 18 1947
Place of Birth (State or foreign country) Ill.
Residence Address 1005 Center Dr. Indianapolis Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation TeacherDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Volume 14 pg 71 (11586)

- Are you now or have you been adjudged, diagnosed or considered 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 Earl Kuster
Residence of father (if deceased so state) Eastwick Ind.
Occupation of father Engineer Race of father White
Birthplace of father (State or foreign country) Richmond Ind.
8. Full maiden name of mother Mary Alice Allen
Residence of mother (if deceased so state) Westerville Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Wayne County

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed

New Address 417 S. Grant St. Brownsburg Ind.

Subscribed and sworn to before me this 21 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 July, 1976, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, J. Kincaid Smith hereby certify that on the 31st day of July,
one thousand nine hundred and seventy-six at Brownsburg, County of Hendricks,
State of Indiana, Groom Robert J. Palma of Hendricks County, State of Indiana
and, Bride Carolyn A. Kuster 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 31st day of July, 1976.

Signed

Official Designation Pastor, Messiah Lutheran Church

Signed

Clerk

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of August, 1976.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 303

File

July 21, 1976
Date of Application

MALE

Medical Examination Report Dated 7-14-76

Name of Physician Wm. Edwards M.D.

FEMALE

Medical Examination Report Dated 7-14-76

Name of Physician Wm. Edwards 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."

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Construction
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Marion Shane Clemens 10 Clayton

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Albert A. Clemens
Residence of father (if deceased so state) deceased
Occupation of father Race of father wh
Birthplace of father (State or foreign country) Alabama
12. Full maiden name of mother Mipa N. Canelius
Residence of mother (if deceased so state) Big Sandy, Tenn
Occupation of mother Race of mother wh
Birthplace of mother (State or foreign country) Alabama

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Marion Clemens
New Address Rt #2 Box 433 Clayton Ind

Subscribed and sworn to before me this 21 day of July, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1976.
Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Secretary - CIT Finance
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 2779

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Ernest Ward Jr.

Residence of father (if deceased so state) Rossett St. Plainfield
Occupation of father Engineer - Union Race of father White Ind.
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Beverly Jane Parker
Residence of mother (if deceased so state) Plainfield Ind.
Occupation of mother Homemaker Race of mother White
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 Jo Lynn Hoop
New Address Rt #2 Box 433 Clayton, Ind.
Subscribed and sworn to before me this 21 day of July, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1976.
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 in HENDRICKS County authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of July, 1976, authorizing the joining together as husband and wife of Marion Edward Clemens and Jo Lynn Hoop. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Everett V. Smock, hereby certify that on the 28th day of July, at Hazelwood, County of Hendricks, State of Indiana, one thousand nine hundred and 76, of Hendricks County, State of Indiana, Groom Marion Edward Clemens and, Bride Jo Lynn Hoop, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County. Dated this 28th day of July, 1976. Signed Everett V. Smock, Minister, August 1st day of 1976. Signed Glen M. Harvey, Clerk HENDRICKS Circuit Court. Filed and recorded in accordance with the laws of the State of Indiana this 28th day of July, 1976.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 304File July 22 1976
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 7-12-76
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 7-12-76
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 Everett Van Winkle
Date of Birth March 22 1948
Place of Birth (State or foreign country) Mooreville, Ind.
Residence Address P.O. Box 243 Clayton, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marion 1976
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Truck Driver
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #113-48-20516

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address
Michael L. Van Winkle -6-
5137 Ida St.
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 Everett M. Van Winkle
Residence of father (if deceased so state) P.O. Cloverdale, Ind.
Occupation of father Retired Race of father _____
Birthplace of father (State or foreign country) Washington, Ind.
12. Full maiden name of mother Erma W. Templeton
Residence of mother (if deceased so state) Cloverdale, 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 Everett R. Van Winkle
New Address RR 8 Box 217 Indianapolis, Ind.
Subscribed and sworn to before me this 22 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Helene Kay Ward
Date of Birth July 12 1955
Place of Birth (State or foreign country) Milton West Virginia
Residence Address Shirfield St. Winfield, West Virginia
Maiden Name if Different Horn
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ West Virginia 1976
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation _____
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) State of Virginia Book 16 p 97-A

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Luther Washington Horn
Residence of father (if deceased so state) Same
Occupation of father Retired Race of father _____
Birthplace of father (State or foreign country) West Virginia
8. Full maiden name of mother Dina Anderson Wilson
Residence of mother (if deceased so state) Same
Occupation of mother Asst. Cook Race of mother _____
Birthplace of mother (State or foreign country) West Virginia

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Helene Kay Ward
New Address RR 8 Box 217 Indianapolis, Ind.

Subscribed and sworn to before me this 22 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

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 30 day of July, 1976, authorizing the joining together as husband and wife of Everett R. Van Winkle and Helene Kay Ward.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Merle L. Frost hereby certify that on the 31 day of July, one thousand nine hundred and 76 at Mooreville, County of Morgan, State of Indiana, Groom Everett R. Van Winkle of Hendricks County, State of Indiana, and, Bride Helene Kay Ward of Butnam County, State of West Virginia, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 31 day of July, 1976.

Signed Merle L. Frost
Official Designation Ordained Minister
Filed and recorded in accordance with the laws of the State of Indiana this 3 day of August, 1976.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 305

File

HENDRICKS

County

MALE

Medical Examination Report Dated 7/19/76

Name of Physician Wm Edwards M.D.

FEMALE

Medical Examination Report Dated 7/19/76

Name of Physician Wm Edwards M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Last
Larry E Taylor
Date of Birth Month Day Year
August 18 1949
Place of Birth (State or foreign country)
Belford Lawrence Ind.
Residence Address Street or R. R. City County State
115 North East St. Plainfield Ind.
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ 1976 - M.D.
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1976 - M.D.
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Accounting Assistant
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
Chapline Renee Taylor 5yr. Plainfield Ind.

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Raymond Eugene Taylor
Residence of father (if deceased so state) Mrs. Whitland Ind.
Occupation of father Bill Collector Race of father White
Birthplace of father (State or foreign country) Bedford Ind.
12. Full maiden name of mother Alta Ruth Cooper
Residence of mother (if deceased so state) Mrs. Whitland Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Bedford Ind.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Larry E Taylor
New Address 115 North East Plainfield
Subscribed and sworn to before me this 22 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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
Carolyn L Ping
Date of Birth Month Day Year
July 22 1947
Place of Birth (State or foreign country)
Indianapolis Marion Ind.
Residence Address Street or R. R. City County State
423 Wabash, Plainfield Ind.
Maiden Name if Different Edwards
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ 1976 - M.D.
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1976 - M.D.
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Microphotographer Assistant
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 Theodore Edwards
Residence of father (if deceased so state) Indpls. Ind.
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Mildred Marie Keaney
Residence of mother (if deceased so state) Indpls. 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 Carol S. Ping
New Address 115 N. East St. Plainfield
Subscribed and sworn to before me this 22 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 _____ Court by written order issued _____
HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.
in _____

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1976, authorizing the joining together as husband and wife of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the 31st day of July, 1976, at _____ County of _____ State of Indiana, Groom _____ and, Bride _____
one thousand nine hundred and _____ of _____ County, State of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 28 day of July, 1976.
Signed _____
Official Designation Minister August 1976
Signed _____ Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed _____ Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 308File 37

HENDRICKS

County

7-23-76

Date of Application

MALE

Medical Examination Report Dated 7-23-76Name of Physician Malcolm O. Scamahorn

FEMALE

Medical Examination Report Dated 7-23-76Name of Physician Malcolm 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 Mark Case
Date of Birth November 7 1957
Place of Birth (State or foreign country) Norfolk Virginia
Residence Address 8 S. Green Brownsburg, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation mill worker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree 1899
☐ Other (Specify) Portsmouth Virginia Hospital

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Virgil Merrill Case
Residence of father (if deceased so state) mt. Pelier, Ind.
Occupation of father Salesman Race of father W
Birthplace of father (State or foreign country) Wheeling, Ind.
12. Full maiden name of mother Alice Jean Bentley
Residence of mother (if deceased so state) Pittsboro Ind.
Occupation of mother self-employed Race of mother W
Birthplace of mother (State or foreign country) N. Carolina

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Mark A. CaseNew Address 8 S. Green Brownsburg

Subscribed and sworn to before me this 23 day of July, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Janette Boffa
Date of Birth May 20 1958
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 25 E. College 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 Cashier - Bookkeeper

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Vital Statistics 58-240540

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Ray E. Boffa
Residence of father (if deceased so state) 25 E. College Brownsburg, Ind.

Occupation of father Alison's Race of father.....

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Kanda J. Durham
Residence of mother (if deceased so state) 25 E. College Brownsburg, Ind.

Occupation of mother Cashier Race of mother W

Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Janette Lynn BoffaNew Address 8 S. Green Brownsburg

Subscribed and sworn to before me this 23 day of July, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 26th day of July, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Wilson hereby certify that on the 7 day of August

one thousand nine hundred and 76 at Brownsburg, County of Hendricks

State of Indiana, Groom Mark A. Case of Hendricks County, State of Indiana

and, Bride Janette L. Boffa of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of August, 1976.

Signed Joseph D. WilsonOfficial Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of August, 1976.

Signed Glen M. Harvey ClerkHENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 309

File 37

7-23-76

Date of Application

MALE

Medical Examination Report Dated 7-20-76

Name of Physician Irving Cohen

FEMALE

Medical Examination Report Dated 7-20-76

Name of Physician Irving Cohen

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 First Kenneth Middle Wayne Last Carter
Date of Birth Month October Day 2 Year 1949
Place of Birth (State or foreign country) Greig, Tenn.
Residence Address 221 Pittsburg Street or R. R. Ind. City Pittsburg 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 TeacherDate 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 Freeman D. Carter
Residence of father (if deceased so state) Pittsburg, Ind.
Occupation of father Alison Race of father It
Birthplace of father (State or foreign country) Tennessee
12. Full maiden name of mother Bernadine Collins
Residence of mother (if deceased so state) Pittsburg, Ind.
Occupation of mother Cook 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 Kenneth Wayne Carter
New Address 620 Kentucky, Plainfield, Ind.
Subscribed and sworn to before me this 23 day of July, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Brenda Middle Carol Last Trent
Date of Birth Month March Day 19 Year 1949
Place of Birth (State or foreign country) Indianapolis
Residence Address 620 Kentucky Street or R. R. Ind. 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 TeacherDate 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 Wendall Trent
310 Gaines
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Link Belt Race of father It
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Marcia Marie Blair
310 Gaines
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Public Service 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 Brenda Carol TrentNew Address 620 Kentucky Plainfield, Ind.

Subscribed and sworn to before me this 23 day of July, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____
HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 28 day of July, 1976, authorizing the joining together as husband and wife
of Kenneth Wayne Carter and Brenda Carol Trent
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, P. Kent Allen hereby certify that on the 31st day of July,
at Plainfield, County of Hendricks, State of Indiana,
one thousand nine hundred and 76 of Hendricks County, State of Indiana,
State of Indiana, Groom Kenneth Wayne Carter of _____
and, Bride Brenda Carol Trent 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 31 day of July, 1976.
Signed P. Kent Allen
Official Designation Minister, 1976.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 306

File
7-23-76
Date of Application

MALE
Medical Examination Report Dated 7-21-76
Name of Physician Wm. Edwards M.D.

FEMALE
Medical Examination Report Dated 7-21-76
Name of Physician Wm. Edwards 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
Mark Kennedy
Date of Birth Month Day Year
Aug 19 1954
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
R #2 Box 51 Clayton

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Truck Driver

Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree

☒ Other (Specify) Voters Reg 3273

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their 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 D. Kennedy

Residence of father (if deceased so state) R #2 Box 51 Clayton

Occupation of father Self employed Race of father

Birthplace of father (State or foreign country) Indianapolis

12. Full maiden name of mother Loretta Dugger

Residence of mother (if deceased so state) R #2 Box 51 Clayton

Occupation of mother Waitress Race of mother

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 Mark Kennedy

New Address Cartersburg Ind.

Subscribed and sworn to before me this 23 day of July, 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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
Melissa Kaye Carwile
Date of Birth Month Day Year
July 20 1959
Place of Birth (State or foreign country)
Franklin, Ind.
Residence Address Street or R. R. City County State
R #6 Box 145 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

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Hospital # 37153B

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐

7. Full name of father Claude Carwile

Residence of father (if deceased so state) Same

Occupation of father Self employed Race of father

Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Nevada Richard

Residence of mother (if deceased so state) Same

Occupation of mother Housewife Race of mother

Birthplace of mother (State or foreign country) Kentucky

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Melissa Kaye Carwile

New Address Cartersburg Ind.

Subscribed and sworn to before me this 23 day of July, 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Claude Carwile Father

Signed Nevada Carwile Mother

Subscribed and sworn to before me this 23 day of July, 1976

Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Circuit Court by written order issued 3 day waiver and filed
in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 23 day of July, 1976, 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 hereby certify that on the 23 day of July, 1976, at Danville, County of Hendricks, State of Indiana, Groom Mark Kennedy and, Bride Melissa Kaye Carwile of Hendricks County, State of Ind.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23 day of July, 1976

Signed John C. Maurer
Official Designation Judge Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of July, 1976

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 307
File July 23, 1976
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 7/19/76
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 7/19/76
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 Joseph A. Folck
Date of Birth August 6, 1958
Place of Birth (State or foreign country) Buch Brown
Residence Address Box 11 Bainbridge 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) _____
- Are you now or have you been adjudged, diagnosed or considered 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 Keith Folck
Residence of father (if deceased so state) Bainbridge Ind.
Occupation of father Aluminum Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dorothy Lee Scott
Residence of mother (if deceased so state) Bainbridge Ind.
Occupation of mother Elementary School Race of mother White
Birthplace of mother (State or foreign country) Virginia

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Joseph A. Folck
New Address R 2 Box 53 Coatesville

Subscribed and sworn to before me this 23 day of July, 1976
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 Keith Folck Father
Signed Dorothy Lee Folck Mother
Signed Glen M. Harney Clerk
Subscribed and sworn to before me this 23 day of July, 1976

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued 3 day 9 age waiver and filed in HENDRICKS County Circuit authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS County, Indiana, dated the 26 day of July, 1976, authorizing the joining together as husband and wife of Joseph A. Folck and Dorothy Lee Scott.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, E. Raymond Kissler, hereby certify that on the 1st day of August, 1976, at Waverly R 2, County of Hendricks, State of Indiana, one thousand nine hundred and 76 of Putnam County, State of Indiana, and, Bride Dorothy Lee Scott of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this first day of August, 1976.

Signed E. Raymond Kissler
Official Designation Minister
Signed Glen M. Harney
Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of August, 1976.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 310

File 37

7-23-76

Date of Application

MALE

Medical Examination Report Dated 7-19-76

Name of Physician Steven M. Steindeler

FEMALE

Medical Examination Report Dated 7-23-76

Name of Physician Steven M. Steindeler

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Charles Middle Brittingham Last
Date of Birth Month August Day 29 Year 1955
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R. R. City County State
RRI Box 446 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 machinist

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
Paul Edward Brittingham		
RRI Box 446		
Plainfield, Ind.		
Carpenter		
Indiana		

- 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 Edward Brittingham
Residence of father (if deceased so state): Plainfield, Ind.
Occupation of father: Carpenter Race of father: ☒
Birthplace of father (State or foreign country): Indiana

12. Full maiden name of mother: Mary Jane Hanning
Residence of mother (if deceased so state): Plainfield, 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: Charles P. Brittingham

New Address: 1571 S. 16th St. Noblesville IND 46060

Subscribed and sworn to before me this 23 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Lovell Last
Date of Birth Month October Day 6 Year 1954
Place of Birth (State or foreign country) Huntingburg Ind.
Residence Address Street or R. R. City County State
6721 Bates Head Lane Indianapolis Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Dental Asst.

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: Delmar L. Lovell
Residence of father (if deceased so state): Dale, Indiana
Occupation of father: Banker Race of father: ☒
Birthplace of father (State or foreign country): Indiana

8. Full maiden name of mother: Peggy Lou Witten
Residence of mother (if deceased so state): Dale, Indiana
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: Patricia L. Lovell

New Address: 1571 S. 16th St. Noblesville IN 46060

Subscribed and sworn to before me this 23 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 23 day of July, 1976, 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 Chanian hereby certify that on the 31 day of July, 1976, at Dale, County of Spencer,
one thousand nine hundred and 76, State of Indiana, Groom Charles O. Brittingham of Hendricks County, State of Indiana,
and, Bride Patricia L. Lovell 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 July, 1976.

Signed: Samuel Chanian

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 4 day of August, 1976

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 311

HENDRICKS

County

File

July 23, 1976
Date of Application

MALE

Medical Examination Report Dated 7/13/76

Name of Physician Lawrence A. Reitz M.D.

FEMALE

Medical Examination Report Dated 7/13/76

Name of Physician Lawrence A. Reitz M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)

Residence Address Street or R. R. City 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 Auditor - Ind. Farm Bureau Co.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 113-53-038249

1. Are you now or have you been adjudged, diagnosed or considered as:

An Imbecile? No ☐ Yes ☐

Of Unsound Mind? No ☐ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐

If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐

4. Are you afflicted with a transmissible disease? No ☐ Yes ☐

5. Are you related to the bride closer than second cousin? No ☐ Yes ☐

6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐

7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐

8. Are you able to support a 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 F. Brickley

Residence of father (if deceased so state) Brownsburg Ind.

Occupation of father Micro-Biology Race of father White

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Jean E. Pearl

Residence of mother (if deceased so state) Brownsburg Ind.

Occupation of mother Homemaker Race of mother White

Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Daniel Thomas Brickley

New Address 403 Valley View Dr. Apt #4 Plainfield

Subscribed and sworn to before me this 23 day of July, 1976.

Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)

Residence Address Street or R. R. City State
Maiden Name if Different

Previous Marital Status: Never Married ☐ Number of Previous Marriages one

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1976 Hendricks

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Homemaker

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 12799

1. Are you now or have you been adjudged, diagnosed or considered as:

An Imbecile? No ☐ Yes ☐

Of Unsound Mind? No ☐ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐

3. Are you afflicted with a transmissible disease? No ☐ Yes ☐

4. Are you related to the groom closer than second cousin? No ☐ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐

6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐

7. Full name of father Conrad R. Stephens

Residence of father (if deceased so state) Plainfield Ind.

Occupation of father Ind. Farm Bureau Race of father White

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Velma L. White

Residence of mother (if deceased so state) Plainfield Ind.

Occupation of mother W. Assistant 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 Vicki Lynn Stephens

New Address 1103 Valley View Dr. Apt #4

Subscribed and sworn to before me this 23 day of July, 1976.

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

HENDRICKS County _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court

of Indiana dated the 28 day of July, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David B. Hazelwood, hereby certify that on the 6th day of August

at Plainfield, _____ County of _____

one thousand nine hundred and 76, _____ County, State of _____

State of Indiana, Groom Daniel Thomas Brickley of _____

and, Bride Vicki Lynn Stephens 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 6th day of August, 1976.

Signed David B. Hazelwood

Official Designation Minister, First Baptist Church

Signed Glen M. Harney

Filed and recorded in accordance with the laws of the State of Indiana 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. 312
File Bk 37
Date of Application July 23, 1976

MALE
Medical Examination Report Dated 7-12-76
Name of Physician Carl L. Hendlin

FEMALE
Medical Examination Report Dated 7-12-76
Name of Physician Carl L. Hendlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 R. Riley
Date of Birth March 24, 1958
Place of Birth (State or foreign country) Indianapolis, Marion Co., Ind.
Residence Address R #1 Box 288A Clayton 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 Janitor
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Local No. 3496
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Kenneth Rhea Riley
Residence of father (if deceased so state) Indpls, Ind.
Occupation of father Unemployed - Disability Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dorothy Olivia Shestham
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

I, Michael R. Riley do hereby depose and state the information given in this application is true and correct.
Signed Michael R. Riley
New Address Clayton
Subscribed and sworn to before me this 23 day of July, 1976.
Clerk Hendricks Circuit Court

CONSENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 Lynn Lewis
Date of Birth January 1, 1959
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address R #1 Box 288A Clayton Hendricks Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hospital # 58022
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Lewis
Residence of father (if deceased so state) Clayton, Ind.
Occupation of father Body Mechanic Race of father W
Birthplace of father (State or foreign country) Missouri
8. Full maiden name of mother May Shuler
Residence of mother (if deceased so state) Clayton, Ind.
Occupation of mother Housekeeper Race of mother W
Birthplace of mother (State or foreign country) Kentucky
State of Indiana, } ss:
County of HENDRICKS } I depose and state the information given in this application is true and correct.
Signed Debra Lewis
New Address Clayton
Subscribed and sworn to before me this 23 day of July, 1976.
Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 May Lewis Mother
Subscribed and sworn to before me this 23 day of July, 1976.
Clerk Hendricks

MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Clerk of the County of HENDRICKS 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
It is Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court on the 28 day of July, 1976, authorizing the joining together as husband and wife of Michael R. Riley and Debra Lynn Lewis.
Remembered, the following marriage certificate was filed in my office, to-wit:
I, Castor Charles Horton hereby certify that on the 31 day of July, 1976, at Greencastle, County of Morgan, State of Indiana, Groom Michael R. Riley of Hendricks County, State of Indiana, and, Bride Debra Lynn Lewis of Hendricks County, State of Indiana, were by me united 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 July, 1976.

Signed Castor Charles Horton
Official Designation Minister
Signed Hendricks Clerk
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of August, 1976.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 312
File Bk 31
Date of Application July 23, 1976

MALE
Medical Examination Report Dated 7-12-76
Name of Physician Carl L. Hurlin

FEMALE
Medical Examination Report Dated 7-12-76
Name of Physician Carl L. Hurlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Riley
Date of Birth March 24 1958
Place of Birth (State or foreign country) Indianapolis, Marion Co., Ind.
Residence Address Rt 1 Box 288A Clayton 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 Janitor
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Local No. 3496
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Kenneth Rhea Riley
Residence of father (if deceased so state) Indpls, Ind.
Occupation of father Unemployed - Disability Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dorothy Olivia Sheahan
Residence of mother (if deceased so state) Indpls, Ind.
Occupation of mother Housewife Race of mother W

FEMALE APPLICANT

Name Debra Lynn Lewis
Date of Birth January 1 1959
Place of Birth (State or foreign country) Bloomington, Ind.
Residence Address Rt 1 Box 288A Clayton Hendricks Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hospital # 58022
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Lewis
Residence of father (if deceased so state) Clayton, Ind.
Occupation of father Body Mechanic Race of father W
Birthplace of father (State or foreign country) Missouri
8. Full maiden name of mother May Shuler
Residence of mother (if deceased so state) Clayton, Ind.
Occupation of mother Housekeeper Race of mother W
Birthplace of mother (State or foreign country) Kentucky
State of Indiana, } ss: I depose and state the information given
County of HENDRICKS } in this application is true and correct.
Signed Debra Lewis
New Address Clayton
Subscribed and sworn to before me this 23 day of July, 1976

19 July 1976

To Whom it May Concern:

I, Joseph Lewis do hereby give my permission and consent for my daughter, Debra Lewis to marry Micheal Riley.

Joseph Lewis

State of Indiana

Marion County

On this 19 day of July 1976, personally appeared before me, a Notary Public, in and for said County and State, and he made oath that the foregoing statement by him subscribed is true in substance and in fact, and did acknowledge his signature thereto.

My commission expired 19 March 1979.

I, Pastor Charles Horton, one thousand nine hundred and 76 at Moore'sville, County of Morgan, State of Indiana, Groom Michael R. Riley of Hendricks County, State of Indiana and, Bride Debra Lynn Lewis of Hendricks County, State of Indiana, were by me united 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 July, 1976.

Signed Pastor Charles Horton
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of August, 1976.

Signed Ellen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 313

File BK 37

Date of Application
July 23 1976

MALE

Medical Examination Report Dated 7/19/76

Name of Physician Leo Kammann, M.D.

FEMALE

Medical Examination Report Dated 7/19/76

Name of Physician Leo Kammann, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Rick Middle Stewart Last Wallace
Date of Birth Month June Day 12 Year 1955
Place of Birth (State or foreign country) Kansas
Residence Address R.R. #1 La Fayette City Henry Ind. State Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 302

- Are you now or have you been adjudged, diagnosed or considered 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 Edwin Russell Wallace
Residence of father (if deceased so state) La Fayette, Ind.
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Iowa
12. Full maiden name of mother Carolyn Elizabeth Stewart
Residence of mother (if deceased so state) La Fayette, Ind.
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 Rick Stewart Wallace

New Address R.R. La Fayette, Ind.

Subscribed and sworn to before me this 23 day of July, 1976
Allen M. Hurray Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Sue Last Dillman
Date of Birth Month September Day 18 Year 1956
Place of Birth (State or foreign country) Indianapolis
Residence Address R.R. #2 Box 593 Plainfield Ind. State Indiana
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 10 817

- Are you now or have you been adjudged, diagnosed or considered 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 Ray Keith Dillman
Residence of father (if deceased so state) Plainfield Ind.
Occupation of father Gen. Mtns. Race of father White
Birthplace of father (State or foreign country) Illinois

8. Full maiden name of mother Phyllis Ann Dillman
Residence of mother (if deceased so state) Plainfield Ind.
Occupation of mother Public Serv. 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 Carol Sue Dillman

New Address R.R. La Fayette, Illinois

Subscribed and sworn to before me this 23 day of July, 1976
Allen M. Hurray Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____

_____ Court by written order issued _____

in _____ HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court

of Indiana, dated the 28 day of July, 1976, 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. Modersitt, hereby certify that on the 14th day of August

one thousand nine hundred and 76, at _____ Methodist Church, County of _____ State of _____

State of Indiana, Groom Rick Stewart Wallace of _____ County, State of _____

and, Bride Carol Sue Dillman 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 16th day of August, 1976. Signed John C. Modersitt Minister

Official Designation _____, 1976

Signed Allen M. Hurray 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. 314

File 37

7-26-76

Date of Application

MALE

Medical Examination Report Dated 7-16-76
Name of Physician Maurice V. Kahler

FEMALE

Medical Examination Report Dated 7-16-76
Name of Physician Maurice V. Kahler

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Ronald K. Ellett
Date of Birth July 27 1933
Place of Birth (State or foreign country) New Winchester, Marion Co., Indiana
Residence Address Box 1 Clayton Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Truck Driver

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Hendricks Co. Rept. Health Bk 5, 41

☐ 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

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Kern Ellett
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Gaudine Montgomery
Residence of mother (if deceased so state) 1104 W. Washington Bridgeport Ind.
Occupation of mother Office Worker 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 Ronald K. Ellett

New Address Box 1 Clayton Ind.

Subscribed and sworn to before me this 26 day of July, 1976.
Glenn M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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 Betty G. Wright
Date of Birth February 18 1930
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 2715 W. Jackson Indianapolis, Ind.
Maiden Name if Different Betty G. Maxwell
Previous Marital Status: Never Married ☐ Number of Previous Marriages 4
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Factory Worker

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Div. Public Health #998

☐ 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 George Maxwell
Residence of father (if deceased so state) Poland, Ind.
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Illinois

8. Full maiden name of mother Addie White
Residence of mother (if deceased so state) Poland, Ind.
Occupation of mother Retired Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Betty G. Wright

New Address Box 1 Clayton Ind.

Subscribed and sworn to before me this 26 day of July, 1976.
Glenn M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
HENDRICKS County _____ Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 30 day of July, 1976, authorizing the joining together as husband and wife
Ronald K. Ellett and Betty G. Wright

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Glenn Ramsey, Jr.
hereby certify that on the 31 day of July,
one thousand nine hundred and 76, at Clayton, County of Hendricks,
State of Indiana, Groom Ronald K. Ellett of Hendricks County, State of Indiana,
and, Bride Betty G. Wright of Marion County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of July, 1976.
Signed Glenn A. Ramsey, Jr.
Official Designation Presbyterian Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of August, 1976.
Signed Glenn M. Harney Clerk
HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 3-15-76

File 37

Date of Application 7-26-76

MALE

Medical Examination Report Dated 7-17-76

Name of Physician Barbara A. Beeler

FEMALE

Medical Examination Report Dated 7-17-76

Name of Physician Barbara A. Beeler

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Larry Middle LaMar Last Morris
Date of Birth Month January Day 4 Year 1955
Place of Birth (State or foreign country) Brownsville, Ind.
Residence Address R#1 Brownsville 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 Janitor - Student
Date of birth verified by ☒ Birth Cert. ☐ Judicial Decree Ind. Bd. of Health 55-005353
☐ 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
George L. Morris		

- 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 L. Morris
Residence of father (if deceased so state) Brownsville, Ind.
Occupation of father Computer Specialist Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Barbara E. Weakly
Residence of mother (if deceased so state) Brownsville, Ind.
Occupation of mother Sales Rep. 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 Larry LaMar Morris
New Address #5 Sherman's Trl. Ct. Atlanta, Ga.

Subscribed and sworn to before me this 26 day of July, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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
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 _____ and filed _____ Court by written order issued _____

HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 30 day of July, 1976, authorizing the joining together as husband and wife of Larry LaMar Morris and Marta Ann McJilton

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 1st day of August, 1976, at Brownsville, County of Hendricks, State of Indiana, Groom Larry LaMar Morris of Hendricks County, State of Indiana, and, Bride Marta Ann McJilton of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 1st day of August, 1976.
Signed Jerry A. Nash Minister
Official Designation August, 1976.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

FEMALE APPLICANT

Name First Marta Middle Ann Last McJilton
Date of Birth Month August Day 30 Year 1957
Place of Birth (State or foreign country) Montgomery Co., Ohio
Residence Address R#3 Brownsville Ind.
Maiden Name if Different Brownsville 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 Ohio Dept of Health 134-57-168558
☐ 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 C. McJilton
Residence of father (if deceased so state) Brownsville, Ind.
Occupation of father Claims Manager Race of father W
Birthplace of father (State or foreign country) Ohio
- Full maiden name of mother Helen Elizabeth Reiffenstein
Residence of mother (if deceased so state) Brownsville, Ind.
Occupation of mother Medical Records 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 Marta Ann McJilton
New Address #5 Sherman's Trl. Ct. Atlanta, Ga.

Subscribed and sworn to before me this 26 day of July, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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
Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 316
File _____
Date of Application 7-26-76

MALE
Medical Examination Report Dated 7-21-76
Name of Physician Wm. Edwards M.D.

FEMALE
Medical Examination Report Dated 7-21-76
Name of Physician Wm. Edwards 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 A. Bryant
Date of Birth 6 30 1953
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 1018 Hess St. Plainfield
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1974
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Oil Distributor
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-52-231060

- Are you now or have you been adjudged, diagnosed or considered 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 Ralph Leroy Bryant
Residence of father (if deceased so state) 837 Walton Dr. Plainfield
Occupation of father Oil Distributor Race of father _____
Birthplace of father (State or foreign country) Plainfield

12. Full maiden name of mother Martha Neidenberger
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Missouri

State of Indiana, _____ ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed David A. Bryant
New Address 1018 Hess St. Plainfield Ind.

Subscribed and sworn to before me this 26 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Melody Berlin
Date of Birth 8 26 1956
Place of Birth (State or foreign country) Tallahassee, Florida
Residence Address 905-B Ridgewood Dr. Pelfd.
Maiden Name if Different Warkless
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1976
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Sales Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 109-56-055592

- Are you now or have you been adjudged, diagnosed or considered 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 Shelton Warkless
Residence of father (if deceased so state) 427 Hickory Ln. Pelfd.
Occupation of father Pro. officer Race of father _____
Birthplace of father (State or foreign country) Tennessee

8. Full maiden name of mother Celeste Catherine Starvey
Residence of mother (if deceased so state) P#1 Box 119A Willbom Florida
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Florida

State of Indiana, _____ ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Melody Berlin
New Address 1018 Hess Street

Subscribed and sworn to before me this 26 day of July, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 30 day of July, 1976, 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 L. Drallinger hereby certify that on the 1st day of August, 1976, at Plainfield, County of Hendricks, State of Indiana, Groom David A. Bryant of Hendricks County, State of Indiana, and, Bride Melody Berlin of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 1st day of August, 1976.

Signed John L. Drallinger
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of August, 1976.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 317

File

MALE

Medical Examination Report Dated 7/21/76

Name of Physician A. N. Soudler, M.D.

FEMALE

Medical Examination Report Dated 7/21/76

Name of Physician A. N. Soudler, M.D.

Date of Application July 26, 1976

ALL QUESTIONS 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 Wayne Kidd
Date of Birth November 22 1929
Place of Birth (State or foreign country) Center Ky
Residence Address Center Ky
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: 1976 Boone

Color or Race White ☒ Negro ☐ Other ☐ (specify)Usual Occupation Truck MechanicDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) # 8129

- Are you now or have you been adjudged, diagnosed or considered 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 Wayne Kidd Age 18 Address Center Ky
Name Sharon Chase Kidd Age 16 Address Center Ky

- (b) Are you supporting or contributing to their 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 Garrett Kidd
Residence of father (if deceased so state) deceased
Occupation of father deceased Race of father White
Birthplace of father (State or foreign country) Center Ky
12. Full maiden name of mother Marion Byrd Davis
Residence of mother (if deceased so state) deceased
Occupation of mother deceased Race of mother White
Birthplace of mother (State or foreign country) Center, Kentucky

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed R. Wayne Kidd
New Address P.O. Box 33 North Salem Ind.

Subscribed and sworn to before me this 26 day of July, 1976
Glen M. Ramsey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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
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 _____ and filed _____ Court by written order issued _____

_____ HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 30 day of July, 1976, authorizing the joining together as husband and wife of Wayne Kidd and Phyllis V. Goodnight.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Earl C. Davis, hereby certify that on the 31st day of July, 1976, at N. Salem Christian Ch., County of Hendricks, State of Indiana, one thousand nine hundred and 76 of Hendricks County, State of Indiana, State of Indiana, Groom Robert Wayne Kidd of Hendricks County, State of Indiana, and, Bride Phyllis V. Goodnight of Hendricks County, State of Indiana, were by me united 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 July, 1976.

Signed Earl C. Davis B.D.
Official Designation Pastor - Crosses, 1976

Signed Glen M. Ramsey
Clerk _____ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

FEMALE APPLICANT

Name Phyllis V. Goodnight
Date of Birth January 27 1934
Place of Birth (State or foreign country) Boone Ky
Residence Address P.O. Box 33 North Salem Ind.
Maiden Name if Different unmarried
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: 1976 Montgomery Co.

Color or Race White ☒ Negro ☐ Other ☐ (specify)Usual Occupation School Bus DriverDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) # 2 Book H-12 pg 3

- Are you now or have you been adjudged, diagnosed or considered 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 Harvey Monroe Wentworth
Residence of father (if deceased so state) North Salem Ind.
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Mollie Bell Woodrum
Residence of mother (if deceased so state) North Salem 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 in this application is true and correct.
County of HENDRICKS

Signed Phyllis V. Goodnight
New Address P.O. Box 33, North Salem Ind.

Subscribed and sworn to before me this 26 day of July, 1976
Glen M. Ramsey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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
Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 318
File 7-26-76
Date of Application

MALE
Medical Examination Report Dated 7-26-76
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 7-26-76
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name James Cleathon Arthur
Date of Birth July 25 1949
Place of Birth (State or foreign country) Morgan Co. Ind.
Residence Address 211 S. Main, North Salem, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Musician
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered 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 A. Arthur
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Wendy Bowman
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed James Arthur
New Address Morgan Co. Ind.

Subscribed and sworn to before me this 26 day of July, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued 3 day waiver and filed
in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court

of Indiana dated the 27 day of July, 1976, authorizing the joining together as husband and wife
James Cleathon Arthur and Nancy Lou Shrake

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Sara E. Harad hereby certify that on the 27 day of July

one thousand nine hundred and 76 at Morgan Co. County of Hendricks

State of Indiana, Groom James Cleathon Arthur of Hendricks County, State of Indiana

and, Bride Nancy Lou Shrake of Morgan County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27 day of July, 1976.
Signed Sara E. Harad

Official Designation Town Judge
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, 1976.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 319
File 7-27-76
Date of Application

HENDRICKS

County

MALE

Medical Examination Report Dated 7-26-76
Name of Physician W. M. Edwards

FEMALE

Medical Examination Report Dated 7-23-76
Name of Physician W. M. Edwards

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, represents-

MALE APPLICANT

Name Richard Lee Nungester
Date of Birth May 12 1951
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 655 Bantwood, Mooresville, 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 Machinist
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
<u>Chris Nungester</u>	<u>5</u>	<u>Mooresville</u>
<u>Chad</u>	<u>4</u>	<u>"</u>

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Carl J. Nungester
Residence of father (if deceased so state) Mooresville, Ind.
Occupation of father Carpenter Race of father wh
Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Mary C. Tinney
Residence of mother (if deceased so state) Mooresville
Occupation of mother Housewife Race of mother wh
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 Richard Nungester
New Address RR2 Box 145 Indianapolis Ind

Subscribed and sworn to before me this 27 day of July, 1976.
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
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 HENDRICKS 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 27 day of July, 1976, authorizing the joining together as husband and wife
of Richard Lee Nungester and Ethel Kay Finley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Elvin Bryant hereby certify that on the 30 day of July
at Mooresville County of Morgan
one thousand nine hundred and 76 of Morgan County, State of Indiana
State of Indiana, Groom Richard Lee Nungester County, State of Indiana
and, Bride Ethel Kay Finley County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.

Dated this 30 day of July, 1976.
Signed Rev. Elvin Bryant
Official Designation minister

Signed Glenn M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 320

File _____

HENDRICKS County

July 27, 1976
Date of Application**MALE**Medical Examination Report Dated 7-23-76Name of Physician Joseph Kerlin**FEMALE**Medical Examination Report Dated 7-23-76Name of Physician Joseph Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Stephen Wayne Walton
Date of Birth Oct 9 1952
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Box 539 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 PlumberDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☒ Other (Specify) Military I.D.

- Are you now or have you been adjudged, diagnosed or considered 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
Robert W. Walton		Clayton, Ind.
Marlene Hayes		Prineville, Oregon

- (b) Are you supporting or contributing to their 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 W. WaltonResidence of father (if deceased so state) Clayton, Ind.Occupation of father: Self employed Race of father whBirthplace of father (State or foreign country) Indiana12. Full maiden name of mother: Marlene HayesResidence of mother (if deceased so state) Prineville, OregonOccupation of mother: Painter Race of mother whBirthplace of mother (State or foreign country) Oregon

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of: HENDRICKSSigned: Stephen Wayne WaltonNew Address: Prineville, OregonSubscribed and sworn to before me this 27 day of July, 1976Glen M. Harvey Clerk HENDRICKS Circuit Court**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby 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 Vicki S. Vest
Date of Birth Aug 2 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 4208 Pleasant Run Pkwy N.W., 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 SecretaryDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☒ Other (Specify) Military I.D.

- Are you now or have you been adjudged, diagnosed or considered 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 F. VestResidence of father (if deceased so state) Indianapolis, Ind.Occupation of father: Gas man Race of father whBirthplace of father (State or foreign country) Spencer, Ind.8. Full maiden name of mother: Janice FletcherResidence of mother (if deceased so state) Hampton, Va.Occupation of mother: None Race of mother whBirthplace 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: HENDRICKSSigned: Vicki S. VestNew Address: Prineville, OregonSubscribed and sworn to before me this 27 day of July, 1976Glen M. Harvey Clerk HENDRICKS Circuit Court**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby 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 4 day of August, 1976, 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. Robert L. Burris hereby certify that on the 21 day of Augustone thousand nine hundred and 76 at First Baptist Ch. Plainfield, County of HendricksState of Indiana, Groom Stephen Wayne Walton of Hendricks County, State of Indianaand, Bride Vicki S. Vest of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS

County.

Dated this 21 day of August, 1976.Signed: Robert L. BurrisOfficial Designation: Pastor, P.P.S. Baptist ChurchSigned: Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Sept., 1976.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 321
File July 27 1976
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 7-14-76
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 7-14-76
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Jeffrey Alan Brown
Date of Birth Jan 13 1957
Place of Birth (State or foreign country) Indiana
Residence Address 1123 1/2 W. Plainfield, In
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Dispatcher

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?
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county Asylum or home for indigent persons? No ☒ Yes ☐
- If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Charles T. Brown
Residence of father (if deceased so state) Plainfield, In.
Occupation of father Superior Race of father wh
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Thelma J. Hart
Residence of mother (if deceased so state) Plainfield, In.
Occupation of mother Secretary 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 Jeffrey Alan Brown

New Address 202 Kentucky Plainfield

Subscribed and sworn to before me this 27 day of July, 1976

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 Anita Jean Meese
Date of Birth Nov 4 1955
Place of Birth (State or foreign country) Indiana
Residence Address Rt 2 Box 157, Clayton, In.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Sales 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?
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 B. Meese
Residence of father (if deceased so state) Clayton, In.
Occupation of father Machine Op. Race of father wh
Birthplace of father (State or foreign country) Kentucky
- Full maiden name of mother Winifred L. Morris
Residence of mother (if deceased so state) Clayton, In.
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 Anita J. Meese

New Address 202 Kentucky Plainfield

Subscribed and sworn to before me this 27 day of July, 1976

Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, _____ ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____ Court by written order issued _____

_____ HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

in _____

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1976, authorizing the joining together as husband and wife of Indiana dated the 2 day of August and Anita Jean Meese

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marc S. Hays hereby certify that on the 7th day of August

at Plainfield, County of Hendricks,

one thousand nine hundred and 76 of Hendricks County, State of Indiana,

State of Indiana, Groom Jeffrey Alan Brown of Hendricks County, State of Indiana,

and, Bride Anita Jean Meese of Hendricks County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS

County, _____

Dated this 7th day of August, 1976

Signed Marc S. Hays

Official Designation Baptist Pastor, 1976

Signed Glen M. Harney Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 322

File 37

7-27-76

Date of Application

MALE

Medical Examination Report Dated 7-21-76

Name of Physician Eric Clark

FEMALE

Medical Examination Report Dated 7-19-76

Name of Physician D. Kate Cochrell

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Harold Middle E. Last Jones
Date of Birth Month January Day 4 Year 1912
Place of Birth (State or foreign country) Greenfield, Indiana
Residence Address Street or R. R. 758 W. Clinton City Danville County Ind.
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Social Security 316-09-2006

- Are you now or have you been adjudged, diagnosed or considered 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 Elmer Jones
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Megdala Jordan
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Harold E. Jones

New Address 758 W. Clinton Danville

Subscribed and sworn to before me this 27 day of July, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Lois Middle M. Backemeyer Last _____
Date of Birth Month August Day 31 Year 1924
Place of Birth (State or foreign country) Greenfield, Indiana
Residence Address Street or R. R. 1038 Cameron City Indianapolis, Ind.
Maiden Name if Different Lois M. White
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Secretary

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Social Security 303-26-9130

- Are you now or have you been adjudged, diagnosed or considered 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 D. White
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Marie L. Williams
Residence of mother (if deceased so state) Greenfield, Ind.
Occupation of mother retired 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 Lois M. Backemeyer

New Address 758 W. Clinton Danville

Subscribed and sworn to before me this 27 day of July, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 31 day of July, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Norman L. Weaver hereby certify that on the 31st day of July, 1976, at Danville, County of Hendricks, State of Indiana, Groom Harold E. Jones of Hendricks County, State of Indiana, and, Bride Lois M. Backemeyer 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 31st day of July, 1976.

Signed Norman L. Weaver

Official Designation Minister
2nd day of August, 1976

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 323

File 37

Date of Application
July 28, 1976

MALE

Medical Examination Report Dated 7/24/76

Name of Physician J. Thomas Valera

FEMALE

Medical Examination Report Dated 7/24/76

Name of Physician J. Thomas Valera

ALL QUESTIONS 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 Gregory Middle Allen Last Crawford
Date of Birth Month September Day 17 Year 1955
Place of Birth (State or foreign country) Indiana

Residence Address R.R. # 2 Box 39 Street or R.R. City Coatesville County Hendricks State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Truck Driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Ill. Surv. # 123255543
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐

4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Jack Richard Crawford		

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Jack Richard Crawford
Residence of father (if deceased so state) Kokomo, Ind.
Occupation of father Chrysler-guard Race of father White
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Pally Ann Phillips
Residence of mother (if deceased so state) Kokomo, Ind.
Occupation of mother Helco Electronics State 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 Gregory A. Crawford
New Address R.R. # 2 Box 39 Coatesville, Ind.

Subscribed and sworn to before me this 28 day of July, 1976
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
Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County Superior Court by written order issued 3 day Warner 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 28 day of July, 1976, authorizing the joining together as husband and wife of Gregory Allen Crawford and Rita Jean Neier.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 31st day of July, 1976, at Coatesville, County of Hendricks, I, Malcolm R. Neier, at Coatesville, County, State of Indiana, one thousand nine hundred and 76 of Howard, County, State of Indiana, State of Indiana, Groom Gregory Allen Crawford of Hendricks, County, State of Indiana, and, Bride Rita Jean Neier of Hendricks, County, State of Indiana, were by 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 July, 1976.

Signed Malcolm R. Neier Minister of the Gospel
Official Designation August, 1976
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____

FEMALE APPLICANT

Name First Rita Middle Jean Last Neier
Date of Birth Month December Day 27 Year 1955
Place of Birth (State or foreign country) Green Castle

Residence Address R.R. # 2 Box 32 Street or R.R. City Coatesville County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation State Personnell
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) # 113-55-105527
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Roland L. Neier
Residence of father (if deceased so state) Coatesville, Ind.
Occupation of father Farmer & Sales Race of father White
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Susanne Webb
Residence of mother (if deceased so state) Chicago, Illinois
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 Rita Jean Neier
New Address R.R. # 2 Box 39 Coatesville

Subscribed and sworn to before me this 28 day of July, 1976
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
Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 324
File July 29, 1976
Date of Application

MALE
Medical Examination Report Dated 7-26-76
Name of Physician Elmer Koch

FEMALE
Medical Examination Report Dated 7-26-76
Name of Physician Elmer Koch

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Richard Edward Hinsley
Date of Birth Oct 26 1947
Place of Birth (State or foreign country) Indiana
Residence Address 3459 W. 12th, Indianapolis, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Oct. 1975
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Dry Maker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Lude Hinsley
Residence of father (if deceased so state) Brownsville, Ind.
Occupation of father Factory Race of father wh
Birthplace of father (State or foreign country) Tennessee
12. Full maiden name of mother Emily Shelton
Residence of mother (if deceased so state) Brownsville, Ind.
Occupation of mother Factory Race of mother wh
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 Richard E. Hinsley
New Address 3459 W. 12th Indpls. Ind.
Subscribed and sworn to before me this 29 day of July, 1976.
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 Bonnie Nadine Ashlock
Date of Birth Dec. 15 1949
Place of Birth (State or foreign country) Kentucky
Residence Address 24 Taylor, 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 Factory
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 Ledie Ashlock
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father wh
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Ruby Bewley
Residence of mother (if deceased so state) Danville, Ind.
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 Bonnie N. Ashlock
New Address 3459 W. 12th Indpls. Ind.
Subscribed and sworn to before me this 29 day of July, 1976.
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 2 day of Aug, 1976, authorizing the joining together as husband and wife of Richard Edward Hinsley and Bonnie Nadine Ashlock.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John H. Williams hereby certify that on the 7 day of August, one thousand nine hundred and 76 at Indianapolis, County of Marion, State of Indiana, Groom Richard Edward Hinsley of Marion County, State of Indiana and, Bride Bonnie Nadine Ashlock of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 7th day of August, 1976.

Signed John H. Williams
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 10 day of August, 1976.
Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 325

HENDRICKS County

File July 30, 1976
Date of Application

MALE
Medical Examination Report Dated 7-19-76
Name of Physician Mark A. Jones

FEMALE
Medical Examination Report Dated 7-19-76
Name of Physician Mark A. Jones

ALL QUESTIONS MUST BE ANSWERED. Chapter 124, 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 James Edward Hughes
Date of Birth Sept. 28, 1953
Place of Birth (State or foreign country) Indiana
Residence Address 5327 Carltonway Dr. Spedway, 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 Mail Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or
home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for
their support? Yes ☐ No ☒

11. Full name of father Denny D. Hughes
Residence of father (if deceased so state) Spedway, Ind.
Occupation of father Draftsman Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Carol Jean Barton
Residence of mother (if deceased so state) Spedway, 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 James E. Hughes
New Address 10013 MAUMEE DR Indpls
Subscribed and sworn to before me this 30 day of July, 1976
Blair 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
Signed _____
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name Melinda Margaret Winkler
Date of Birth Oct 10, 1945
Place of Birth (State or foreign country) Indiana
Residence Address 10013 Maumee Dr. Indpls, Ind.
Maiden Name if Different Brinkmeader
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 Baby sitter
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 Emil Brinkmeader
Residence of father (if deceased so state) Indpls, Ind.
Occupation of father Ind. Gas Tech Race of father wh
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Wilma James
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother wh
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Melinda Winkler
New Address 10013 Maumee Dr Indpls
Subscribed and sworn to before me this 30 day of July, 1976
Blair 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
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 _____
HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.
in _____

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 3 day of August, 1976, authorizing the joining together as husband and wife
of James E. Hughes and Melinda Margaret Winkler
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Francis J. Reine hereby certify that on the 4th day of August,
at Spedway County of Marion
one thousand nine hundred and 76 of Marion County, State of Indiana
State of Indiana, Groom James E. Hughes of Hendricks County, State of Indiana
and, Bride Melinda Margaret Winkler 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 10th day of August, 1976.
Signed Rev. Francis J. Reine
Official Designation Catholic Priest, 1976.
Signed Blair M. Harney Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 326
File 7-30-76
Date of Application

MALE
Medical Examination Report Dated 7-28-76
Name of Physician Carl Heinlein

FEMALE
Medical Examination Report Dated 7-23-76
Name of Physician Wm. A. Duncan

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Lee Beck
Date of Birth Sept 7 1954
Place of Birth (State or foreign country) Indiana
Residence Address Rt 2 Box 176A 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 Teacher
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 Snider Beck
Residence of father (if deceased so state) Clayton, Ind
Occupation of father Self employed Race of father wh
Birthplace of father (State or foreign country) N. Carolina
12. Full maiden name of mother Doris Mayhew
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 David Lee Beck
New Address RR #1 Box 181-D Clayton, Ind
Subscribed and sworn to before me this 30 day of July, 1976
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 Katherine Ann Penner
Date of Birth July 4 1954
Place of Birth (State or foreign country) Indiana
Residence Address Rt 2 Box 322 Clayton Ind
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Teacher
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 Ervin Penner
Residence of father (if deceased so state) Clayton, Ind
Occupation of father Salesman Race of father wh
Birthplace of father (State or foreign country) Nebraska
 - Full maiden name of mother Alfred Rager
Residence of mother (if deceased so state) Clayton, Ind
Occupation of mother None Race of mother wh
Birthplace of mother (State or foreign country) Kansas

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Katherine Ann Penner
New Address Rt 1 Box 181-D Clayton, Ind
Subscribed and sworn to before me this 30 day of July, 1976
Glen M. Harney 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 Katherine Ann Penner
New Address Rt 1 Box 181-D Clayton, Ind
Subscribed and sworn to before me this 30 day of July, 1976
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1976, authorizing the joining together as husband and wife David Lee Beck and Katherine Ann Penner.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Willard B. Williams hereby certify that on the 7th day of August, one thousand nine hundred and 76 at Morrisville, County of Morgan, State of Indiana, Groom David Lee Beck of Hendricks County, State of Indiana and, Bride Katherine Ann Penner of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 7th day of August, 1976.

Signed Willard B. Williams
Official Designation Minister of the Gospel
Filed and recorded in accordance with the laws of the State of Indiana this 10 day of August, 1976.
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. 327

File 8-2-76

MALE

Medical Examination Report Dated

July 30, 1976

Name of Physician

R. Stephens

FEMALE

Medical Examination Report Dated

Date of Application

Name of Physician

R. Stephens

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Kenneth E. Larmer
Date of Birth Feb 23 1941
Place of Birth (State or foreign country) Lebanon, In.
Residence Address Rt 1 Box 108 A North Salem, In.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1974
Color or Race White ☒ Negro ☐ Other ☐ (specify) Hendricks
Usual Occupation Truck Driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service 12-30-41-30

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name	Age	Address
Jeffrey Edward	10	North Salem
Julius Ann	7	North Salem

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father George Washington Larmer
Residence of father (if deceased so state) North Salem
Occupation of father Farmer Race of father Tennessee
Birthplace of father (State or foreign country) Tennessee
12. Full maiden name of mother Hazel Butterick
Residence of mother (if deceased so state) Salem
Occupation of mother Housewife Race of mother Kentucky
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 Kenneth E. Larmer
New Address RR 1 Box 108 A North Salem In
Subscribed and sworn to before me this 2 day of August, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name Sandra L. Lyle
Date of Birth Sept 21 1942
Place of Birth (State or foreign country) Lebanon, In.
Residence Address Rt 1 Box 108 A North Salem, In.
Maiden Name if Different Waverport
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 Bookkeeper
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 Grand Richard Waverport
Residence of father (if deceased so state) North Salem
Occupation of father Retired Race of father _____
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Claryn Rosemary Smith
Residence of mother (if deceased so state) North Salem
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 Sandra L. Lyle
New Address RR 1 Box 108 A North Salem Ind
Subscribed and sworn to before me this 2 day of August, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 _____
HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 6 day of August, 1976, authorizing the joining together as husband and wife of Kenneth E. Larmer and Sandra L. Lyle
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Earl C. Davis, B.D. hereby certify that on the 8th day of August,
at Salem Christian Church, County of Hendricks,
one thousand nine hundred and 76 of Hendricks County, State of Indiana,
State of Indiana, Groom Kenneth Eddie Larmer and, Bride Sandra Lou Lyle
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 8th day of August, 1976.
Signed Earl C. Davis, B.D.
Official Designation Pastor - Counselor
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 328
File Book 37
Date of Application Aug. 2, 1976

MALE
Medical Examination Report Dated 7-21-76
Name of Physician John J. Haynes, M.D.

FEMALE
Medical Examination Report Dated 7-21-76
Name of Physician John J. Haynes, 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 Gregory Middle Lowell Last Wise
Date of Birth Month March Day 10 Year 1955
Place of Birth (State or foreign country) Logansport, Cass Co., Ind.
Residence Address 1545 Little Creek Dr., South Bend, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Asst Mgr. - Rust Jewelers
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service Card # 12-50-471
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address
(b) Are you supporting or contributing to their 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 Wise
Residence of father (if deceased so state) 5027 McCray, Speedway, Ind.
Occupation of father Music Director, Speedway High School
Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Marilyn Blue Keys
Residence of mother (if deceased so state) 5027 McCray, Speedway, Ind.
Occupation of mother Church Secretary, Speedway
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 Gregory Lowell Wise
New Address 1545 Little Creek Dr., South Bend, Ind.
Subscribed and sworn to before me this 2 day of Aug, 1976.
Elen M. Hawey, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } 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 6 day of August, 1976, authorizing the joining together as husband and wife Gregory Lowell Wise and Michelle Patricia Morley.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Charles Hall, hereby certify that on the 7th day of August, one thousand nine hundred and 76, at Brownsburg, County of Hendricks, State of Indiana, Groom Gregory Lowell Wise of St. Joseph County, State of Indiana, and, Bride Michelle Patricia Morley of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6th day of August, 1976.

Signed Rev. Charles Hall
Official Designation Catholic Priest
Signed Elen M. Hawey, Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of August, 1976.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 329
File
Date of Application August 2 1976

MALE
Medical Examination Report Dated 7/27/76
Name of Physician Eric Clark, Md.

FEMALE
Medical Examination Report Dated 7/27/76
Name of Physician Eric Clark, Md.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, represents tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Brent Middle D. Last Owen
Date of Birth Month 7 Day 27 Year 1956
Place of Birth (State or foreign country) North Salem Ind
Residence Address R.R. #1 Box 27 North Salem Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student - farming
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Id. # 12 30 56 63
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Perry Nether Owen
Residence of father (if deceased so state) North Salem Ind.
Occupation of father Farmers Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Lois Ingers Buckstep
Residence of mother (if deceased so state) North Salem 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 in this application is true and correct.
County of HENDRICKS
Signed Brent D Owen
New Address W Lafayette, Ind
Subscribed and sworn to before me this 2 day of August, 19 76
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 Beverly Middle Diane Last Campbell
Date of Birth Month June Day 19 Year 1956
Place of Birth (State or foreign country) Pulnam County Ind
Residence Address R.R. #2 Box 55, Cantsville 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 Clerk - typist
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) # 48820 B
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Robert Wayne Campbell
Residence of father (if deceased so state) Cantsville Ind.
Occupation of father Truck Driver Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Phyllis Jean Pace
Residence of mother (if deceased so state) Cantsville 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 in this application is true and correct.
County of HENDRICKS
Signed Beverly Diane Campbell
New Address Lafayette, Ind
Subscribed and sworn to before me this 2 day of August, 19 76
Glen M Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
_____ Court by written order issued _____
_____ County _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 6th day of August, 19 76, authorizing the joining together as husband and wife of Brent D Owen and Beverly Diane Campbell
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John P. Cuckett hereby certify that on the 8th day of August, 19 76, at 2:30 o'clock County of Boone
one thousand nine hundred and 76 of Hendricks County, State of Indiana
State of Indiana, Groom Brent D Owen of Hendricks County, State of Indiana
and, Bride Beverly Diane Campbell of Hendricks County, State of Indiana
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 8th day of August, 19 76.
Signed John P. Cuckett
Official Designation Minister
_____ day of _____, 19 76.
Signed Glen M Harney Clerk
_____ HENDRICKS _____ Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 330

File 37

HENDRICKS County

Aug. 3, 1976
Date of Application

MALE

Medical Examination Report Dated 8-2-76

Name of Physician James Black

FEMALE

Medical Examination Report Dated 8-2-76

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 Robert Brayles
Date of Birth June 23 1956
Place of Birth (State or foreign country) Indiana
Residence Address 3801 Pittsburg 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 ConstructionDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Harold Wayne Brayles
Residence of father (if deceased so state) Gittsburg, Ind.
Occupation of father Gilbert Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Whitney Lee Sparks
Residence of mother (if deceased so state) Gittsburg, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Robert L. Brayles
New Address RR 2 Box 162 Brownsburg

Subscribed and sworn to before me this 3 day of Aug., 1976
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, } ss:
County of HENDRICKS

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name Juanita M. Grice
Date of Birth January 26 1957
Place of Birth (State or foreign country) Indiana
Residence Address RR #2 Box 162 Brownsburg Indiana
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify).....Usual Occupation SecretaryDate 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 Charles David Grice
Residence of father (if deceased so state) North Salem, Ind.
Occupation of father Lumber Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Beverly Ann Bragg
Residence of mother (if deceased so state) North Salem, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Juanita Marie Grice
New Address RR #2 Box 162 Brownsburg Ind.

Subscribed and sworn to before me this 3 day of Aug., 1976
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, } ss:
County of HENDRICKS

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County..... Court by written order issued..... and filed
in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... HENDRICKS..... Circuit Court
of Indiana dated the 7 day of August, 19....., authorizing the joining together as husband and wife
Robert L. Brayles and Juanita M. Grice
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ellen A. Clarkson hereby certify that on the 7 day of August
one thousand nine hundred and 76 at Gittsburg, County of Hendricks
State of Indiana, Groom Robert L. Brayles of Hendricks County, State of Indiana
and, Bride Juanita M. Grice of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of..... HENDRICKS.....
County.
Dated this 7 day of August, 1976.

Filed and recorded in accordance with the laws of the State of Indiana this.....

Signed Ellen A. Clarkson
Official Designation Pastor - Gittsburg U. M. C.
10 day of August, 1976
Signed Ellen M. Harvey Clerk
HENDRICKS..... Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 124, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 331

File Bk 37

Date of Application
Aug. 3, 1976

HENDRICKS

County

MALE

Medical Examination Report Dated 7-27-76

Name of Physician M. D. Scameroon

FEMALE

Medical Examination Report Dated 7-27-76

Name of Physician M. D. Scameroon

ALL QUESTIONS MUST BE ANSWERED. Chapter 124, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Larry Middle Lee Last Wilson
Date of Birth Month December Day 25 Year 1952
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 1113 E. 45th St. City Indianapolis County Hendricks State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Unemployed (Indep.)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 James L. Wilson
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Retired Race of father W.
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Pauline Elizabeth Freeman
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Larry WilsonNew Address 2122 Ashmole Dr. Indianapolis

Subscribed and sworn to before me this 3 day of Aug., 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Rita Middle Kay Last Dear
Date of Birth Month February Day 22 Year 1952
Place of Birth (State or foreign country) West Virginia
Residence Address Rt 1 Box 459 City Whitestown County Boone State Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation HousewifeDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father James L. Dear
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father W.
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Edith Emyert
Residence of mother (if deceased so state) Whitestown, Ind.
Occupation of mother Housekeeper 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 Rita Kay DearNew Address 2122 Ashmole Dr. Indianapolis

Subscribed and sworn to before me this 3 day of Aug., 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____ Court by written order issued _____
_____ County _____
_____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 6th day of August, 1976, authorizing the joining together as husband and wife

of Larry Lee Wilson and Rita Kay Dear
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Larry Lilly D.D. hereby certify that on the 7 day of August,
at Indianapolis, County of Hendricks,
one thousand nine hundred and 76 of Hendricks County, State of Indiana,
State of Indiana, Groom Larry Lee Wilson of Boone County, State of Indiana,
and, Bride Rita Kay Dear

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS _____
County, _____

Dated this 7 day of August, 1976.
Signed Larry Lilly D.D.
Official Designation Clerk
_____ day of _____, 1976.
Signed Glen M. Harvey Clerk
_____ HENDRICKS _____ Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 332

File Book 35

Aug. 3, 1976

Date of Application

MALE
Medical Examination Report Dated 7-18-76
Name of Physician A. N. Scudler M.D.

FEMALE
Medical Examination Report Dated 7-18-76
Name of Physician A. N. Scudler 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
Bradley Eugene Neal
Date of Birth Month Day Year
Sept. 5 1956
Place of Birth (State or foreign country)
Within New Hosp. Lebanon Boone Co. Ind.
Residence Address Street or R. R. City County State
R.R. 1 Jamestown Boone 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) Hospital Cert (M.O. Scudler M.D.)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name	Age	Address
James Milton Neal		

- (b) Are you supporting or contributing to their 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 Milton Neal
Residence of father (if deceased so state) R.R. 1 Jamestown
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Boone Co. Ind.

12. Full maiden name of mother Patricia Ann Fisher
Residence of mother (if deceased so state) R.R. 1 Jamestown
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Campbellsville Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Bradley Neal
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Bradley Neal
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Bradley Neal
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Bradley Neal
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Bradley Neal
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Bradley Neal
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Bradley Neal
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Bradley Neal
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Bradley Neal
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Bradley Neal
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Bradley Neal
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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

FEMALE APPLICANT

Name First Middle Last
Vicki Gene Hicks
Date of Birth Month Day Year
Dec. 20 1956
Place of Birth (State or foreign country)
Community Hosp. Indianapolis Marion Co. Ind.
Residence Address Street or R. R. City County State
R.R. 1 Pittsburg Hendricks Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Social # 14655

- Are you now or have you been adjudged, diagnosed or considered 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 Eugene Hicks
Residence of father (if deceased so state) R.R. 1 Pittsburg Ind.
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Indianapolis Ind.

8. Full maiden name of mother Marilyn Rose Rivers
Residence of mother (if deceased so state) R.R. 1 Pittsburg 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 Vicki Hicks
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Vicki Hicks
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Vicki Hicks
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Vicki Hicks
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Vicki Hicks
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Vicki Hicks
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Vicki Hicks
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Vicki Hicks
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Vicki Hicks
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Vicki Hicks
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Vicki Hicks
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Vicki Hicks
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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 Vicki Hicks
New Address 3316 Grand apt. 8 Daphn
Subscribed and sworn to before me this 3 day of Aug 1976
Elen M. Hawey 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

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 Aug. 3, 1976 by Judge Boone and filed
in clerk office authorizes and directs the issuance of a marriage license to the above named parties. 3 day return.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 3 day of Aug 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Bob H. Brazil hereby certify that on the 6 day of August
one thousand nine hundred and 76 at New Brunswick, County of Boone,
State of Indiana, Groom Bradley Eugene Neal of Boone County, State of Indiana
and, Bride Vicki Gene Hicks of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 6 day of August, 1976.

Signed Bob H. Brazil
Official Designation Minister
13 day of August, 1976
Signed Elen M. Hawey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of August, 1976

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 333

File

Aug. 4 1976
Date of Application

MALE

Medical Examination Report Dated 7-30-76

Name of Physician M.D. Scamaron

FEMALE

Medical Examination Report Dated 7-30-76

Name of Physician M.D. 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, representa-

MALE APPLICANT

Name Lance Lewis Rhoades
Date of Birth April 25 1955
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 415 S. Carr, Plainfield, In.
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 StudentDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☒ Other (Specify) Birth 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 ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father John L. Rhoades
Residence of father (if deceased so state) Plainfield, In.
Occupation of father Self employed Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Patricia Rohn
Residence of mother (if deceased so state) Plainfield, In.
Occupation of mother Act. Clerk 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 Lance RhoadesNew Address 415 S. Carr Rd. Plfld, In.

Subscribed and sworn to before me this 4 day of Aug, 1976.
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 _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

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Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

FEMALE APPLICANT

Name Jacqueline Sue Dibbs
Date of Birth April 23 1957
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Rt 2 Box 23A, Danville, In.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)Usual Occupation StudentDate 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 Glendon M. Gibbs
Residence of father (if deceased so state) Danville, In.
Occupation of father Administrative Race of father wh
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Janet Johnson
Residence of mother (if deceased so state) Danville, In.
Occupation of mother Bank teller 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 Jacqueline S. DibbsNew Address 415 S. Carr Rd. Plainfield, In.

Subscribed and sworn to before me this 4 day of August, 1976.
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 _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

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Clerk _____

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Clerk _____

Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
_____ Court by written order issued _____
_____ HENDRICKS County _____
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, 1976, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Michael M. Laine, hereby certify that on the 14th day of August,
one thousand nine hundred and 76, at Plainfield, County of Hendricks,
State of Indiana, Groom Lance Lewis Rhoades, of Hendricks County, State of Indiana,
and, Bride Jacqueline Sue Dibbs, of Hendricks County, State of Indiana,
were by me united 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, 1976.

Signed Michael M. LaineOfficial Designation Assoc. Professor of Religion Philosophy_____ day of _____, 1976Signed Glen M. Harney

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. 334
File Book 35
Aug. 4, 1976
Date of Application

MALE
Medical Examination Report Dated 7-26-76
Name of Physician Elmer L. Koch, M.D.

FEMALE
Medical Examination Report Dated 7-26-76
Name of Physician Elmer L. Koch, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Jeffrey Michael Balogh
Date of Birth Feb 17 1947
Place of Birth (State or foreign country) Memphis Hosp. South Bend, St. Joseph, Ind.
Residence Address 2364 Newburg Lane, Indianapolis, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Accountant

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree E. A. Blackburn
☐ Other (Specify) Memphis Hosp. Cert. M.D.

- Are you now or have you been adjudged, diagnosed or considered 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 Steve Balogh
Residence of father (if deceased so state) South Bend, Ind.
Occupation of father Truck Driver Race of father W.
Birthplace of father (State or foreign country) South Bend, Ind.

12. Full maiden name of mother Ann Marie Koster
Residence of mother (if deceased so state) South Bend, Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Lorain, Ohio

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Jeffrey M. Balogh
New Address 2364 Newburg Lane, Indianapolis, Ind.

Subscribed and sworn to before me this 4 day of Aug, 1976
Glenn 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 _____
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, 1976, authorizing the joining together as husband and wife of Jeffrey Michael Balogh and Rhonda Elaine Robertson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norman L. Weaver hereby certify that on the 14th day of August,
one thousand nine hundred and 76 at Danville, County of Hendricks,
State of Indiana, Groom Jeffrey Michael Balogh of Hendricks County, State of Indiana
and, Bride Rhonda Elaine Robertson of Hendricks County, State of Indiana

were by me united 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, 1976
Signed Norman L. Weaver Minister

Official Designation 17 day of August, 1976
Signed Glenn M. Hawley Clerk

_____ HENDRICKS _____ Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

_____ HENDRICKS _____ Circuit Court

FEMALE APPLICANT

Name Rhonda Elaine Robertson
Date of Birth Dec 30 1956
Place of Birth (State or foreign country) William Penn. Hosp. Lebanon, Boone Co. Ind.
Residence Address P.O. Box 207, Danville, Hendricks Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Secretary

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree A. N. Scudder
☐ Other (Specify) William Penn. Hosp. Cert. M.D.

- Are you now or have you been adjudged, diagnosed or considered 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 Rogers Robertson
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Excavator Race of father W.
Birthplace of father (State or foreign country) Denton, Ind. (Greene Co.)

8. Full maiden name of mother Wayne Lou Barker
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Secretary Race of mother W.
Birthplace of mother (State or foreign country) Greene Co.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Rhonda Elaine Robertson
New Address 2364 Newburg Lane, Indianapolis, Ind.

Subscribed and sworn to before me this 4 day of Aug, 1976
Glenn 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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 335

File Bk 37

Aug 4, 1976
Date of Application

MALE

Medical Examination Report Dated 7-30-76

Name of Physician Norman Hlangman

FEMALE

Medical Examination Report Dated 7-28-76

Name of Physician Thomas E. Jansford

ALL QUESTIONS 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 Daryl Middle H Last Stephens
Date of Birth Month March Day 9 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address R#2 Box 353B City Carmel Hamilton State IN

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Shipping Checker

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Selective Service # 12-27-55-65

- Are you now or have you been adjudged, diagnosed or considered 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 Kenneth H. Stephens
Residence of father (if deceased so state) Carmel, IN
Occupation of father Supervisor Race of father W
Birthplace of father (State or foreign country) Ottumwa, IA

12. Full maiden name of mother Betty Jane Moore
Residence of mother (if deceased so state) Carmel, IN
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Plainville, IN

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed [Signature] New Address 121 William Dr Apt E Brownsburg

Subscribed and sworn to before me this 4 day of Aug, 1976
[Signature] Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Beth Middle Ann Last Bell
Date of Birth Month March Day 16 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address 1016 Williams Dr City Brownsburg Hamilton State IN

Maiden Name if Different B. Bell Hendricks, IN

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Unemployed

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 James A. Bell
Residence of father (if deceased so state) Brownsburg, IN

Occupation of father Kroger Manager Race of father W

Birthplace of father (State or foreign country) Indianapolis, IN

8. Full maiden name of mother Bonnie R. Berger
Residence of mother (if deceased so state) Brownsburg, IN

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Kokomo, IN

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed [Signature] New Address 121 William Dr Apt E

Subscribed and sworn to before me this 4 day of Aug, 1976
[Signature] Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____

HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1976, authorizing the joining together as husband and wife of Indiana dated the _____ day of _____, and _____

Daryl G. Stephens and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ day of _____ August

I, Clifford L. Carmichael, hereby certify that on the 15th _____ day of _____ August

at Brownsburg _____ County of _____ Hendricks

one thousand nine hundred and 76 _____ County, State of _____ Indiana

State of Indiana, Groom Daryl G. Stephens _____ County, State of _____ Indiana

and, Bride Beth Ann Bell _____ County, State of _____ Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS

County _____ Signed Clifford L. Carmichael
Dated this 9th day of August, 1976 Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1976
Signed [Signature] 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. 336

File

HENDRICKS County

August 5, 1976
Date of Application

MALE

Medical Examination Report Dated 8/2/76
Name of Physician R. J. Keller, D.O.

FEMALE

Medical Examination Report Dated 7/20/76
Name of Physician R. J. Keller, D.O.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Larry First Alan Middle Reyman Last
Date of Birth July Month 26 Day 1952 Year
Place of Birth (State or foreign country) Westchester Ind.
Residence Address East Lansing Street or R. R. Michigan City Westchester Ind. County Michigan State
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race

White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation

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
George Lewis Reyman		

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father George Lewis Reyman
Residence of father (if deceased so state) Danville Ind.
Occupation of father Trucker Eng. Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Pauline Mae Reyman
Residence of mother (if deceased so state) Danville 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 in this application is true and correct.
County of HENDRICKS

Signed Larry Alan ReymanNew Address 1626 Ann St. E. Lansing Mich.

Subscribed and sworn to before me this 5 day of August, 1976
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 Jackie First Kay Middle Porter Last
Date of Birth January Month 12 Day 1952 Year
Place of Birth (State or foreign country) Danville Ind.
Residence Address PR # 2 Box 187, Danville Ind. Street or R. R. Michigan City Danville Ind. County Michigan State
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race

White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Medical TechnologistDate 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 Howard Edwin Porter
Residence of father (if deceased so state) Danville Ind.
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Esther Myrtle Engle
Residence of mother (if deceased so state) Danville Ind.
Occupation of mother Teacher 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 Jackie Kay PorterNew Address 1626 Ann St. E. Lansing Mich.Subscribed and sworn to before me this 5 day of August, 1976Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1976, authorizing the joining together as husband and wife of Larry Alan Reyman and Jackie Kay Porter

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, LARRY ALAN REYMAN hereby certify that on the 14th day of August, 1976

one thousand nine hundred and 76 at Danville, County of Hendricks

State of Indiana, Groom Larry Alan Reyman of Ingham County, State of Michigan

and, Bride Jackie Kay Porter of Hendricks County, State of Indiana

were by me united 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, 1976

Signed Norman L. WeaverOfficial Designation Minister

17 day of August, 1976

Signed Glen M. Harney ClerkHENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 337
File Aug. 6, 1976
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 8-4-76
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 8-4-76
Name of Physician Joseph Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Rea First Alan Middle Wright Last
Date of Birth April Month 4 Day 1957 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 385 1/2 N. 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 Mechanic
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 Chalmers Wright, Jr.
Residence of father (if deceased so state) Purdysburg, Wash.
Occupation of father Purchasing Agent Race of father wh
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Naomi Ruth Williams
Residence of mother (if deceased so state) Monsieville, Ind.
Occupation of mother Nurse Race of mother wh
Birthplace of mother (State or foreign country) Kennett, Mo.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Rea A. Wright
New Address 385 1/2 N. Wayne, Danville, Ind.

Subscribed and sworn to before me this 6 day of Aug., 19 76
Glen M. Harway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
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 _____ and filed _____
_____ Court by written order issued _____
_____ HENDRICKS County _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 12 day of August, 19 76, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Joseph Mc Cusack, hereby certify that on the 14th day of August,
one thousand nine hundred and 76, at Danville, County of Hendricks,
State of Indiana, Groom Rea Alan Wright, County, State of Indiana
and, Bride Theresa Ann Bailey, County, State of Indiana
were by me united 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, 19 76.
Signed Joseph Mc Cusack
Official Designation Clerk
Signed Glen M. Harway Clerk
_____ HENDRICKS Circuit Court

FEMALE APPLICANT

Name Theresa First Ann Middle Bailey Last
Date of Birth Sept. Month 30 Day 1958 Year
Place of Birth (State or foreign country) Beech Grove, Ind.
Residence Address 498 N. Indiana, 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 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 John Bailey
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Indiana Bell Race of father wh
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Therese Mc Feeley
Residence of mother (if deceased so state) Danville
Occupation of mother Beautician 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 Theresa Ann Bailey
New Address 385 1/2 N. Wayne

Subscribed and sworn to before me this 6 day of Aug., 19 76
Glen M. Harway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed John E. Bailey Father
Signed Therese B. Bailey Mother
Signed _____
Subscribed and sworn to before me this 6 day of August, 19 76
Glen M. Harway 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. 338
File Bk 37
Date of Application Aug. 9, 1976

MALE
Medical Examination Report Dated 7-27-76
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 7-27-76
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 Charles Middle Lee Last Mynatt
Date of Birth Month January Day 30 Year 1953
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address Box 275 Clayton 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 Meat Cutter

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 Fred D. Mynatt Jr.
Residence of father (if deceased so state) Amos, Ind.
Occupation of father Feed Mill Race of father W.
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary Jane Peters
Residence of mother (if deceased so state) Amos, Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Charles Lee Mynatt

New Address Box 275 Clayton

Subscribed and sworn to before me this 9 day of Aug, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Vickie Middle Ann Last Severson
Date of Birth Month Aug Day 25 Year 1956
Place of Birth (State or foreign country) Minneapolis Minnesota
Residence Address 1189 Lincoln Danville Hendricks Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Richard Raymond Severson
Residence of father (if deceased so state) Eden Prairie, Minn.
Occupation of father Dist. Mgr. S.H. Race of father W.
Birthplace of father (State or foreign country) Minneapolis Minn.
8. Full maiden name of mother Annette E. Bolster
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Meat Wrapper Race of mother W.
Birthplace of mother (State or foreign country) Minnesota

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Vickie Severson

New Address Box 275 Clayton

Subscribed and sworn to before me this 9 day of Aug, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Aug, 1976, authorizing the joining together as husband and wife
Charles Lee Mynatt and Vickie Ann Severson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Frank Bunn hereby certify that on the 21 day of August, 1976, at Amos, County of Hendricks, State of Indiana, Groom Charles Lee Mynatt of Hendricks County, State of Indiana, and, Bride Vickie Ann Severson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 21 day of August, 1976.

Signed Frank Bunn

Official Designation Minister

Subscribed and sworn to before me this 26 day of August, 1976.

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

(Remarriage)
STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 340

File BK 37

August 10, 1976
Date of Application

MALE

Medical Examination Report Dated 8/9/76
Name of Physician Joseph C. Kerlin

FEMALE

Medical Examination Report Dated 8/9/76
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 Larry D. Tuttle
Date of Birth July 6, 1938
Place of Birth (State or foreign country) Indiana
Residence Address R.R. #2 Box 67 Clayton Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Mar. 1974
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Welder

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) SS 49-30-0711

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Robert Carl Tuttle
Residence of father (if deceased so state) Kokomo, Ind.
Occupation of father L.S. Math Race of father White
Birthplace of father (State or foreign country) Crawford County, Ind.
12. Full maiden name of mother Pearl Vera Montgomery
Residence of mother (if deceased so state) Kokomo, Ind.
Occupation of mother L.S. Math Race of mother White
Birthplace of mother (State or foreign country) Crawford Co. Ind.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Larry D. Tuttle

New Address R.R. #2 Box 67 Clayton Ind.

Subscribed and sworn to before me this 10 day of August, 1976
Ellen M. Harnay Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Judith A. Tuttle
Date of Birth May 10, 1943
Place of Birth (State or foreign country) Crawford County, Indiana
Residence Address R.R. #2 Box 67 Clayton Ind.
Maiden Name if Different Crawford
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Mar. 1974
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Bookkeeper

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) file # 134

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Allen D. Crawford
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Crawford Co. Indiana
8. Full maiden name of mother Mary A. Bennett
Residence of mother (if deceased so state) Kokomo, Ind.
Occupation of mother Retired Race of mother White
Birthplace of mother (State or foreign country) Crawford County, Ind.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Judith A. Tuttle

New Address R.R. #2 Box 67 Clayton Ind.

Subscribed and sworn to before me this 10 day of August, 1976
Ellen M. Harnay Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 14 day of August, 1976, authorizing the joining together as husband and wife
Larry D. Tuttle and Judith A. Tuttle

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Olin D. Kern hereby certify that on the 17th day of August,
one thousand nine hundred and 76 at Clainfield, County of Hendricks,
State of Indiana, Groom Larry Dean Tuttle of Mendon County, State of Indiana,
and, Bride Judith Ann Tuttle of Hendricks County, State of Indiana,
were by me united 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, 1976.

Signed Olin D. Kern

Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of August, 1976.

Signed Ellen M. Harnay Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 341

File Bk 37

August 10, 1976
Date of Application

MALE

Medical Examination Report Dated 8-5-76

Name of Physician James Black M.D.

FEMALE

Medical Examination Report Dated 8-5-76

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 Middle Last
Date of Birth January 14 1936
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 51 Stonybrook Dr. B. Bug Hendricks Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Paymaster - Chevrolet
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Cert No. 198

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
James C. Snapp II 14 B. Bug, Ind
Elisa E. Snapp 6 " " "
Angela L. Snapp 6 " " "

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father James C. Snapp
Residence of father (if deceased so state) Deceased
Occupation of father Race of father W.
Birthplace of father (State or foreign country) Indpls, Ind
12. Full maiden name of mother Elizabeth Rose Mehl
Residence of mother (if deceased so state) Danville, Ind
Occupation of mother Housewife 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: [Signature]

New Address: R.R. 1 Box 167 A Brownsburg, Ind.

Subscribed and sworn to before me this 10 day of August, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Middle Last
Date of Birth Kalla Jean Sullivan
Place of Birth (State or foreign country) Sleepy Eye, Minnesota
Residence Address Box 167-A R #1 B. Bug Hendricks Ind
Maiden Name if Different Hansen
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Housewife
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered 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 Oliver Ingvalds Hansen
Residence of father (if deceased so state) Sleepy Eye, Minn.
Occupation of father Retired Race of father W.
Birthplace of father (State or foreign country) Sleepy Eye, Minn.
- Full maiden name of mother Charlotte May, Deen
Residence of mother (if deceased so state) Sleepy Eye, Minn.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Springfield, Minn.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed: Kalla Jean Sullivan

New Address: R.R. 1 Box 167 A Brownsburg, Ind.

Subscribed and sworn to before me this 10 day of August, 1976

Glen M. Harvey Clerk HENDRICKS Circuit Court

Glen M. Harvey Clerk HENDRICKS Circuit Court

Glen M. Harvey Clerk HENDRICKS Circuit Court

Glen M. Harvey Clerk HENDRICKS Circuit Court

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Glen M. Harvey Clerk HENDRICKS Circuit Court

Glen M. Harvey Clerk HENDRICKS Circuit Court

Glen M. Harvey Clerk HENDRICKS Circuit Court

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 _____

HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, authorizing the joining together as husband and wife of Indiana dated the 24 day of August, 1976, and Kalla Jean Sullivan

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 28 day of August

I, Clifford L. Carmichael at Brownsburg, County of Hendricks

one thousand nine hundred and 76 of Hendricks County, State of Indiana

State of Indiana, Groom James C. Snapp II of Hendricks County, State of Indiana

and, Bride Kalla Jean Sullivan of Hendricks County, State of Indiana

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. _____ Signed Clifford L. Carmichael

Dated this 24 day of August, 1976. Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1976. 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. 342

File August 19, 1976
Date of Application

MALE
Medical Examination Report Dated 8/4/76
Name of Physician Elmer L. Kach, M.D.

FEMALE
Medical Examination Report Dated 8/4/76
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 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) # 1445
- Are you now or have you been adjudged, diagnosed or considered 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: Wm. H. Weaver
Residence of father (if deceased so state): Danville, Ind.
Occupation of father: Lab. Tech. Race of father: White
Birthplace of father (State or foreign country): Indiana

12. Full maiden name of mother: Rosemary Caparas
Residence of mother (if deceased so state): Danville, Ind.
Occupation of mother: Eli Lilly Co. 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: Gary Wayne Weaver
New Address: P.O. Box 267 Danville

Subscribed and sworn to before me this 10 day of August, 1976
Glen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, } ss:
County of HENDRICKS

Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Middle Last
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) Widow Hospital, Boone Co.
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: Charles Raymond Kivett
Residence of father (if deceased so state): Danville, Ind.
Occupation of father: Maintenance Race of father: White
Birthplace of father (State or foreign country): Madison Co.

8. Full maiden name of mother: Gloria Kent Semmons
Residence of mother (if deceased so state): Danville, Ind.
Occupation of mother: Retired Race of mother: White
Birthplace of mother (State or foreign country): Warren Co. Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed: Charles Raymond Kivett
New Address: P.O. Box 267 Danville

Subscribed and sworn to before me this 10 day of August, 1976
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 17 day of August 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, _____ Norman L. Weaver hereby certify that on the 15th day of August 1976, at Danville, _____ County of _____, State of Indiana, Groom _____ Gary Wayne Weaver of _____ Hendricks County, State of _____ Indiana

and, Bride _____ Charlene Kay Kivett, _____ Hendricks County, State of _____ Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 15th day of August 1976

Signed: _____ Norman L. Weaver
Official Designation: _____ Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of August 1976.
Signed: _____ Glen M. Harney
_____ HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 343
File 47
Date of Application 8-11-76

HENDRICKS County

MALE
Medical Examination Report Dated 8-4-76
Name of Physician Malcolm Scamaron

FEMALE
Medical Examination Report Dated 8-4-76
Name of Physician Malcolm 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, representa-

MALE APPLICANT

Name Robert Hooten
Date of Birth March 11 1954
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address PO Box 2 Linton, Ind.
Previous Marital Status: Never Married ☐ Divorced ☒ Annulled ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 76
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Mechanic
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service 12-6-54-314

- Are you now or have you been adjudged, diagnosed or considered 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 1 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

(a) List their full names, ages and addresses
Name Nelva Jo Hooten Age 2 Address 737 Mackay Rd
Hamlet, 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 Robert Jacob Hooten
Residence of father (if deceased so state) R#1 Linton
Occupation of father Sold Motor Co. Race of father
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Constance Angeline Sykes
Residence of mother (if deceased so state) R#1 Linton
Occupation of mother Housewife Race of mother
Birthplace of mother (State or foreign country) Oregon

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed PO Box 2 Linton, Ind
New Address PO Box 2 Linton, Ind
Subscribed and sworn to before me this 11 day of August, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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
Signed _____ 19____
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Melody Sue Desick
Date of Birth July 22 1958
Place of Birth (State or foreign country) Missouri
Residence Address PO Box 2 Linton, Ind.
Maiden Name if Different 152 A Linton

Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Typist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 58-060647

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father George Desick
Residence of father (if deceased so state) 152 A Linton
Occupation of father Bridge Superintendent Race of father
Birthplace of father (State or foreign country) Missouri
8. Full maiden name of mother Nancy L.
Residence of mother (if deceased so state)
Occupation of mother
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 Melody Sue Desick
New Address PO Box 2 Linton, Ind 46149
Subscribed and sworn to before me this 11 day of August, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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
Signed _____ 19____
Subscribed and sworn to before me this _____ day 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 _____ Court by written order issued _____
_____ HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court
of Indiana dated the 17 day of August, 1976, authorizing the joining together as husband and wife
of Robert J. Hooten and Melody Sue Desick

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer, hereby certify that on the 17 day of August, 1976, County of Hendricks,
at Danville, State of Indiana,
one thousand nine hundred and 76, of Hendricks County, State of Indiana,
State of Indiana, Groom Robert J. Hooten of Hendricks County, State of Indiana,
and, Bride Melody Sue Desick of Hendricks County, State of Indiana.

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 19 day of August, 1976.
Signed John C. Maurer
Official Designation Judge _____ Clerk
20 day of August, 1976.
Signed Glen M. Harvey
_____ Clerk
_____ Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana 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. 344

File Bk 37

August 12 1976
Date of Application

MALE

Medical Examination Report Dated 8-3-76

Name of Physician R. L. Veach

FEMALE

Medical Examination Report Dated 8-3-76

Name of Physician R. L. Veach M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Thomas Middle B Last Shugars
Date of Birth Month February Day 22 Year 1958
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address Street or R. R. 269 N. Center City Plainfield County Hendricks State Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Plumbing & Heating

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 2351

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their 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 Wilbur Shugars
Residence of father (if deceased so state) Plainfield, Ind
Occupation of father Post Office Race of father W
Birthplace of father (State or foreign country) Pennsylvania
12. Full maiden name of mother Betty Jane Shugars
Residence of mother (if deceased so state) Plainfield, Ind
Occupation of mother Cashier - Bank Race of mother W
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 Thomas B Shugars

New Address 252 Broadway

Subscribed and sworn to before me this 12 day of August, 1976
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Karen Middle Denise Last Rumison
Date of Birth Month February Day 28 Year 1960
Place of Birth (State or foreign country) Lafayette, Indiana
Residence Address Street or R. R. 252 W. Broadway City Danville County Hendricks State Ind
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 60-016980

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Harley E. Rumison
Residence of father (if deceased so state) Danville, Indiana
Occupation of father Bus Mechanic Race of father W
Birthplace of father (State or foreign country) Danville, Indiana
8. Full maiden name of mother Elizabeth Ann Gegg
Residence of mother (if deceased so state) Danville, Indiana
Occupation of mother Housewife - Husband Race of mother W
Birthplace of mother (State or foreign country) Indph, Indiana

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Karen Rumison

New Address 252 W Broadway

Subscribed and sworn to before me this 12 day of August, 1976
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Harley E. Rumison Father

Signed Elizabeth Ann Gegg Mother

Subscribed and sworn to before me this 12 day of August, 1976
Glen M Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Circuit Court by written order issued 3-day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph McCreasakin hereby certify that on the 16 day of August, one thousand nine hundred and 76 at Danville, County of Hendricks, State of Indiana, Groom Thomas B Shugars of Hendricks County, State of Indiana and, Bride Karen Denise Rumison of Hendricks County, State of Indiana were by me united 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, 1976.

Signed Joseph McCreasakin

Official Designation R. C. Priest

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of August, 1976.

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. 345
File BK 37
Date of Application August 12, 1976

MALE
Medical Examination Report Dated 8-6-76
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 8-6-76
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, representa-

MALE APPLICANT
Name John Alan Kennison
Date of Birth June 28 1953
Place of Birth (State or foreign country) Wayne Allen Ind.
Residence Address 5102 W. 79th St. 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 Minister
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) # 2525
- Are you now or have you been adjudged, diagnosed or considered 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 Eduin Alfred Kennison
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Rockport, Mass.

12. Full maiden name of mother Kathryn Elizabeth Brown
Residence of mother (if deceased so state) Indianapolis, Ind.
Occupation of mother Nurse Race of mother White
Birthplace of mother (State or foreign country) Shelbyville, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed John Alan Kennison
New Address 922 Considine Ave. Cincinnati, Ohio
Subscribed and sworn to before me this 12 day of August, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 Kay Grimes
Date of Birth November 17 1957
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address RR# 3 Box 288 Brownstown, 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) # 14226
- Are you now or have you been adjudged, diagnosed or considered 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 Jerry Edward Grimes
Residence of father (if deceased so state) Brownstown, Ind.
Occupation of father Superintendent Race of father White
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Betty Jean Roberts
Residence of mother (if deceased so state) Brownstown, 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 in this application is true and correct.
County of HENDRICKS

Signed Kimberly Kay Grimes
New Address 922 Considine Ave. Cincinnati, Ohio

Subscribed and sworn to before me this 12 day of August, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 _____
_____ Court by written order issued _____
_____ HENDRICKS _____ County _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
HENDRICKS _____ Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 16 day of August, 1976, authorizing the joining together as husband and wife
of John Alan Kennison and Kimberly Kay Grimes

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen M. Harvey, County of HENDRICKS, State of Indiana,
do hereby certify that on the 21 day of August, 1976,
at Brownstown, County of Marion, State of Indiana,
one thousand nine hundred and _____
State of Indiana, Groom John Alan Kennison of Hendricks
and, Bride Kimberly Kay Grimes of Hendricks

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 21 day of August, 1976

Signed Glen M. Harvey
Official Designation Minister
Subscribed and sworn to before me this 26 day of August, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____
_____ 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 8-12-76
Date of Application

MALE
Medical Examination Report Dated 8-9-76
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8-9-76
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 Gregory Logan Ber
Date of Birth June 15 1952
Place of Birth (State or foreign country) Martinsville, Ind.
Residence Address 4951 West 25th St. Speedway
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Electrician
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-046260

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
11. Full name of father <u>Logan Ber Jr.</u>		
Residence of father (if deceased so state) <u>Martinsville, Ind.</u>		
Occupation of father <u>Police & Light</u>		
Birthplace of father (State or foreign country) <u>Williams, Ind.</u>		
12. Full maiden name of mother <u>Betty Rose Belton</u>		
Residence of mother (if deceased so state) <u>Martinsville, Ind.</u>		
Occupation of mother <u>Housewife</u>		
Birthplace of mother (State or foreign country) <u>Williams, Ind.</u>		

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Gregory Logan Ber
New Address 4951 W. 25th SPEEDWAY, IND.
Subscribed and sworn to before me this 12 day of August, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Lynn Arnold
Date of Birth May 12 1956
Place of Birth (State or foreign country) Connersville, Ind.
Residence Address 952 Longfellow Dr. Plainfield
Maiden Name if Different.....
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Factory Worker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # Department of Health Connersville, 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 Loren Richard Arnold
Residence of father (if deceased so state) Knightstown, Ind.
Occupation of father Western Electric
Birthplace of father (State or foreign country) Pausville, Ind.
8. Full maiden name of mother Patsy Irene Poe
Residence of mother (if deceased so state) 952 Longfellow Dr. Plainfield
Occupation of mother Housewife
Birthplace of mother (State or foreign country) Connersville, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Sherry Lynn Arnold
New Address 4951 West 25th St. Speedway, Ind.
Subscribed and sworn to before me this 12 day of Aug, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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, 1976, authorizing the joining together as husband and wife Gregory Logan Ber and Sherry Lynn Arnold.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. J. D. Bailey hereby certify that on the 21st day of August,
one thousand nine hundred and 76 at Plainfield, County of Hendricks,
State of Indiana, Groom Gregory Logan Ber of Madison County, State of Indiana
and, Bride Sherry Lynn Arnold of Hendricks County, State of Indiana
were by me united 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, 1976.

Signed Rev. J. D. Bailey
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 24 day of August, 1976.
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. 347

File Book 37

8-12-76
Date of Application

MALE

Medical Examination Report Dated 8-12-76

Name of Physician Eric Clark M.D.

FEMALE

Medical Examination Report Dated 8-12-76

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 Kim Middle B. Last Bothwell
Date of Birth Month March Day 2 Year 1950
Place of Birth (State or foreign country) Bary, Lake Co. Ind.
Residence Address Box 312 Paris, Bear Lake Co. Idaho
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 Environmental Health SpecialistDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Scouting for Health Officer

- Are you now or have you been adjudged, diagnosed or considered 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 Glen Oscar BothwellResidence of father (if deceased so state) Bear Lake, Ind.Occupation of father Business Mgr. Race of father W.Birthplace of father (State or foreign country) Buffalo, Ind.12. Full maiden name of mother Betty Oleson SchuckResidence of mother (if deceased so state) Bear Lake, Ind.Occupation of mother Homemaker Race of mother W.Birthplace of mother (State or foreign country) New York

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKSSigned K. BothwellNew Address Box 312 Paris, IdahoSubscribed and sworn to before me this 12 day of Aug, 1976Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____, 1976

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

FEMALE APPLICANT

Name First Rebecca Middle Ruth Last Smith
Date of Birth Month Jan Day 9 Year 1953
Place of Birth (State or foreign country) Chicago, Cook Co. Ill.
Residence Address Box 312 Paris, Bear Lake Co. Idaho
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Registered NurseDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Bureau of Vital Statistics Chicago

- Are you now or have you been adjudged, diagnosed or considered 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 Allen Horton SmithResidence of father (if deceased so state) Danville, Ind.Occupation of father Teacher Race of father W.Birthplace of father (State or foreign country) Elmira, New York8. Full maiden name of mother Carol Eileen EricksonResidence of mother (if deceased so state) Danville, Ind.Occupation of mother Teacher Race of mother W.Birthplace of mother (State or foreign country) Youngstown, Ohio

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKSSigned Rebecca R. SmithNew Address Box 312 Paris IdahoSubscribed and sworn to before me this 12 day of Aug, 1976Glen M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 1976

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

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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 filedin Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. Mable Palmer

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be it Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS County, Superior Court, authorizing the joining together as husband and wifeof Indiana dated the 12th day of August, 1976, andBe it further remembered, the following marriage certificate was filed in my office, to-wit: Rebecca Ruth SmithI, John C. Mowrer hereby certify that on the 15th day of Augustat Danville County of Hendricksone thousand nine hundred and 76 of Bear Lake County, State of IdahoState of Indiana, Groom Kim B. Bothwell of Bear Lake County, State of Idahoand, Bride Rebecca Ruth Smith of Bear Lake County, State of Idahowere by me united 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, 1976Signed John C. Mowrer Judge, Hendricks County CourtOfficial Designation August, 1976Signed 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. 348
File August 13 1976
Date of Application

MALE
Medical Examination Report Dated 8/11/76
Name of Physician William Edwards M.D.

FEMALE
Medical Examination Report Dated 8/11/76
Name of Physician William Edwards 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 Clifford Charles Curran II
Date of Birth March 5 1945
Place of Birth (State or foreign country) Indiana
Residence Address 2347 First Street Plainfield Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages: one

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marian 1973

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Cook

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 1645

- Are you now or have you been adjudged, diagnosed or considered 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
Angela Lynn Curran 8 Miami, Florida

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Clifford Charles Curran I
Residence of father (if deceased so state) Plainfield Ind.
Occupation of father Indiana Bell Race of father White
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Thurland Elizabeth Fisher
Residence of mother (if deceased so state) Plainfield Ind.
Occupation of mother U.S. M.F. Race of mother White
Birthplace of mother (State or foreign country) Nebraska

State of Indiana, ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed [Signature]
New Address 2347 First St. Plainfield Ind.

Subscribed and sworn to before me this 13 day of August, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 _____ day of _____, 19____, authorizing the joining together as husband and wife of _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the _____ day of _____, 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 _____, 19____.

Signed _____
Official Designation _____
Signed _____ Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

FEMALE APPLICANT
Name Christine Marie Morehead
Date of Birth November 24 1949
Place of Birth (State or foreign country) Indiana
Residence Address 2347 First St. Plainfield Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☐ Number of Previous Marriages: one

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marian Co. 1973

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Homemaker

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 113-49-088155

- Are you now or have you been adjudged, diagnosed or considered 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 N. Morehead
Residence of father (if deceased so state) Upland Calif.
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Louise Deahill Swank
Residence of mother (if deceased so state) Oxnard California
Occupation of mother Farmer Race of mother White
Birthplace of mother (State or foreign country) Loganport, Ind.

State of Indiana, ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Christine Marie Morehead
New Address 2347 First St. Plainfield Ind.

Subscribed and sworn to before me this 13 day of Aug, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 _____ day of _____, 19____, authorizing the joining together as husband and wife of _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the _____ day of _____, 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 _____, 19____.

Signed _____
Official Designation _____
Signed _____ 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. 349

File Bk 37

Aug 13, 1976
Date of Application

MALE

Medical Examination Report Dated 8-11-76

Name of Physician David B. Ziggard

FEMALE

Medical Examination Report Dated 8-11-76

Name of Physician David B. Ziggard 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 John B. Deuth First Middle Last
Date of Birth February 9 Month Day Year 1941
Place of Birth (State or foreign country) Albany, Texas
Residence Address 650 Kentucky St. Plainfield, Hendricks Co., Ind. Street or R. R. City County State
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Asst. Superintendent, IYC
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
Deuth John Deuth 5 Plainfield, Ind.

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Martin John Deuth
Residence of father (if deceased so state) Nacogdoches, Texas
Occupation of father Professor Race of father W
Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Mary Jane Deuth
Residence of mother (if deceased so state) Nacogdoches, Texas
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Texas

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed John B. Deuth
New Address 650 Kentucky Plainfield, Ind.

Subscribed and sworn to before me this 13 day of August, 1976.
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
Signed _____
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT

Name Edwarda Lee Deuth First Middle Last
Date of Birth July 9 Month Day Year 1941
Place of Birth (State or foreign country) Albany, Texas
Residence Address 650 Kentucky St. Plainfield, Hendricks Co., Ind. Street or R. R. City County State
Maiden Name if Different Edwarda Lee Johnson
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Feb 14, 1975
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Secretary

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Ala. St. Health Dept.
☒ Other (Specify) Co. Health Dept. Cullman Ala.

- Are you now or have you been adjudged, diagnosed or considered 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 Ronald Arthur Johnson
Residence of father (if deceased so state) 2015 Crystal Springs Ind.
Occupation of father Electrician Race of father W
Birthplace of father (State or foreign country) Cullman, Ala.
8. Full maiden name of mother Eva Irene Blackman
Residence of mother (if deceased so state) 7119 Linden St. Auburn
Occupation of mother Homemaker Race of mother W
Birthplace of mother (State or foreign country) Villa Rica, Ga.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Edwarda J. Deuth
New Address 650 Kentucky Plainfield

Subscribed and sworn to before me this 13 day of Aug, 1976.
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
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 3-day Waiver and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. Judge Richard Stoen
HENDRICKS County Circuit
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 _____, 1976, authorizing the joining together as husband and wife of Indiana dated the 13 day of Aug and Edwarda Lee Deuth
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer hereby certify that on the 14 day of August
at Danville, County of Hendricks
one thousand nine hundred and 76 of Hendricks County, State of Indiana
State of Indiana, Groom John B. Deuth of Hendricks County, State of Indiana
and, Bride Edwarda Lee Deuth of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 14 day of August, 1976.
Signed John C. Maurer
Official Designation Judge Hendricks Co. Court
_____ day of _____, 1976.
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. 350

File 37

8-16-76
Date of Application

MALE

Medical Examination Report Dated 8-11-76

Name of Physician James E. Southard

FEMALE

Medical Examination Report Dated 8-11-76

Name of Physician James E. Southard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Lynn Castetter
Date of Birth July 15 1957
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 823 Harding Blainfield Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Construction

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Ind. St. Bd. of Health

☐ 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 _____

Residence of father (if deceased so state) _____

Occupation of father _____ Race of father _____

Birthplace of father (State or foreign country) _____

12. Full maiden name of mother Dorothy Marie Owens Castetter

Residence of mother (if deceased so state) Ind. Indianapolis, Ind.

Occupation of mother Housewife Race of mother W.

Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Richard Lynn Castetter

New Address RR #2 Box 145 Indpls. Ind.

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Deborah Ann Higgins
Date of Birth February 18 1955
Place of Birth (State or foreign country) Nashville Tennessee
Residence Address 823 Harding Blainfield Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Typist

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Ann. Vital Statistics

☐ 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 William Higgins

Residence of father (if deceased so state) Blainfield, Ind.

Occupation of father Truck Cook Race of father W.

Birthplace of father (State or foreign country) Tennessee

8. Full maiden name of mother Gloria Gray

Residence of mother (if deceased so state) Blainfield, Ind.

Occupation of mother Clerk 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 Deborah Ann Higgins

New Address RR 2 Box 145 Indianapolis, Ind.

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } 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 _____ 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, Darrell W. Cox hereby certify that on the 27 day of August, 1976, at RR 2 Box 79 Indpls Ind. 46231, County of Hendricks, State of Indiana

one thousand nine hundred and 76 and Richard Lynn Castetter of Hendricks County, State of Indiana

and, Bride Deborah Ann Higgins of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 20 day of August, 1976.

Signed Darrell W. Cox
Official Designation Pastor Maple Grove Baptist Ch.

Signed Allen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

MALE

Medical Examination Report Dated _____

Name of Physician _____

ALL QUESTIONS MUST BE ANSWERED.

or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00).

Name _____

Date of Birth _____

Place of Birth (State or foreign country) _____

Residence Address _____

Previous Marital Status: Never Married ☐ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☐ Negro ☐ Other ☐ (specify) _____

Usual Occupation _____

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree _____

☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐

4. Are you afflicted with a transmissible disease? No ☐ Yes ☐

5. Are you related to the bride closer than second cousin? No ☐ Yes ☐

6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐

7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐

8. Are you able to support a family? Yes ☐ No ☐

9. Are you likely to so continue? Yes ☐ No ☐

10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name _____

(b) Are you supporting or contributing to their support? Yes ☐ No ☐

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father _____

Residence of father (if deceased so state) _____

Occupation of father _____ Race of father _____

Birthplace of father (State or foreign country) _____

12. Full maiden name of mother _____

Residence of mother (if deceased so state) _____

Occupation of mother _____ Race of mother _____

Birthplace of mother (State or foreign country) _____

State of Indiana, } ss:
County of HENDRICKS

Signed _____

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ 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 R. Nelson hereby certify that on the _____ day of _____, 19____, at _____, County of _____, State of _____

one thousand nine hundred and _____ and _____ 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 _____, 19____.

Signed _____

Official Designation _____

Signed _____ Clerk

_____ 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. 351
File _____
Date of Application 8-16-76

HENDRICKS County

MALE
Medical Examination Report Dated 8-1-76
Name of Physician James Black

FEMALE
Medical Examination Report Dated 8-1-76
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 Thomas Crise
Date of Birth March 31 1951
Place of Birth (State or foreign country) Charleston, Pa.
Residence Address Box 503 Milligan College Tennessee
Previous 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) H 282 - Pennsylvania

- Are you now or have you been adjudged, diagnosed or considered 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 Frank Jesse Crise
Residence of father (if deceased so state) 215 Center St. Belle Vernon Penn.
Occupation of father Sham Titter Race of father _____
Birthplace of father (State or foreign country) Charleston, Penn
12. Full maiden name of mother Jean Audrey Bradock
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother _____
Birthplace of mother (State or foreign country) Monessen Penn

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Thomas J. Crise

New Address Box 503, Milligan College TN 37682

Subscribed and sworn to before me this 20 day of August, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Cynthia Lynn Crum
Date of Birth March 30 1955
Place of Birth (State or foreign country) Indianapolis, In
Residence Address Box 135 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 Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) H 316.5

- Are you now or have you been adjudged, diagnosed or considered 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 Hyster Crum
Residence of father (if deceased so state) Same
Occupation of father Mechanical Engineer Race of father _____
Birthplace of father (State or foreign country) Jeffersonville, Ind
- Full maiden name of mother Carol Ann Warrick
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 Cynthia Lynn Crum

New Address Box 503, Milligan College TN 37682

Subscribed and sworn to before me this 16 day of August, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 _____ Court by written order issued _____
_____ County _____

_____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1976, authorizing the joining together as husband and wife of Indiana dated the 20 day of August and Cynthia Lynn Crum

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Jerry R. Nash hereby certify that on the 21 day of August, _____, County of Hendricks,
at Brownsburg, _____, State of Tennessee,
one thousand nine hundred and 76 of Carter, _____, State of Indiana,
State of Indiana, Groom Thomas J. Crise of Hendricks, _____, State of HENDRICKS
and, Bride Cynthia Lynn Crum

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County _____

Dated this 21 day of August, 1976 Signed Jerry R. Nash Minister

Official Designation _____ day of Sept., 1976 Clerk
Signed Glen M. Harvey _____ Circuit Court
_____ HENDRICKS

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. 352
File Book 37
Date of Application Aug. 16, 1976

MALE
Medical Examination Report Dated 7-21-76
Name of Physician Dr. H. R. Schryer, M.D.

FEMALE
Medical Examination Report Dated 8-13-76
Name of Physician Wm. Edwards, 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 Douglas Philip Vere
Date of Birth Oct. 11, 1951
Place of Birth (State or foreign country) St. Catharines, Lincoln Co., Ontario, Canada
Residence Address 676 Bainborough Ave., Ottawa, 13, Ont.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Bank Manager

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Ont. # B060719
☐ Other (Specify) Province of Ontario, Canada

- Are you now or have you been adjudged, diagnosed or considered 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 Francis Vere
Residence of father (if deceased so state) 676 Bainborough Ave., Ottawa
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) St. Catharines, Ontario
12. Full maiden name of mother Winifred Mary Timmins
Residence of mother (if deceased so state) 676 Bainborough Ave.
Occupation of mother Homemaker Race of mother W
Birthplace of mother (State or foreign country) Oshawa, Ontario

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Philip Vere

New Address 250 Cooper St. #18, Ottawa, Ontario

Subscribed and sworn to before me this 16 day of Aug., 1976
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 Deborah Ann Willis
Date of Birth Sept. 5, 1955
Place of Birth (State or foreign country) Louisville, Jefferson Co., Ky.
Residence Address 967 Broadway St. S.W., 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 Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Louisville, Ky.
☐ Other (Specify) Bureau of Vital S.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Richard Elston Willis
Residence of father (if deceased so state) 967 Broadway St. S.W., Plainfield
Occupation of father Public Serv. Ind. Race of father W
Birthplace of father (State or foreign country) New Albany, Ind.

8. Full maiden name of mother Jenice Ann Elmore
Residence of mother (if deceased so state) 967 Broadway St. S.W.
Occupation of mother Homemaker Race of mother W
Birthplace of mother (State or foreign country) New Albany, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Deborah A. Willis

New Address 250 Cooper St. #18, Ottawa, Ont.

Subscribed and sworn to before me this 16 day of Aug., 1976

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 _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of August, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Reverend Richard Zore hereby certify that on the 21st day of August, one thousand nine hundred and 76 at Plainfield, County of Hendricks, State of Indiana, Groom Douglas Philip Vere of Carleton County, State of Ontario and, Bride Deborah Ann Willis of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20th day of August, 1976.

Signed Rev. Richard Zore

Official Designation Roman Catholic Priest

Signed Glen M. Hawley Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of August, 1976.

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

MALE
Medical Examination Report

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)".

Name _____ First _____ Middle _____ Last _____

Date of Birth _____ Month _____ Day _____ Year _____

Place of Birth (State or foreign country) _____

Residence Address _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation _____

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree _____
☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the bride closer than second cousin? No ☒ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Are you able to support a family? Yes ☒ No ☐

8. Are you likely to so continue? Yes ☒ No ☐

9. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father _____

Residence of father (if deceased so state) _____

Occupation of father _____

Birthplace of father (State or foreign country) _____

12. Full maiden name of mother _____

Residence of mother (if deceased so state) _____

Occupation of mother _____

Birthplace of mother (State or foreign country) _____

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 _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, _____ hereby certify that on the _____ day of _____, one thousand nine hundred and _____ at _____, County of _____, 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 _____, 19____.

Signed _____

Official Designation _____

Signed _____ Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 353

File Bk 37

August 16, 1976
Date of Application

MALE

Medical Examination Report Dated 8-14-76

Name of Physician William Edwards

FEMALE

Medical Examination Report Dated 8-14-76

Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Elgar Middle W. Last Schott
Date of Birth Month July Day 27 Year 1939
Place of Birth (State or foreign country) Indiana
Residence Address 2000 East 34th St. City Indianapolis State Indiana
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Truck Driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Voters Affidavit #14747

- Are you now or have you been adjudged, diagnosed or considered 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
David Schott	16	Akron Ohio
Charles Schott	15	" "
Stephen Schott	9	" "

(b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father: Elgar George Schott
Residence of father (if deceased so state): Erie, Pa.
Occupation of father: Retired
Race of father: W.
Birthplace of father (State or foreign country): Erie, Pa.
12. Full maiden name of mother: Kathryn Ann Gibson
Residence of mother (if deceased so state): Chicago, Ill.
Occupation of mother: Waitress
Race of mother: W.
Birthplace of mother (State or foreign country): Clinton, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed: Elgar W. Schott
New Address: P.O. Box 10059, Orlando, Fla.
Subscribed and sworn to before me this 16 day of August, 1976.
Clerk: HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk: _____

FEMALE APPLICANT

Name First Theresa Middle A. Last Russell
Date of Birth Month March Day 3 Year 1950
Place of Birth (State or foreign country) Pennsylvania
Residence Address 2322 Robert the Postman Indianapolis State Indiana
Maiden Name if different Pastor
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐
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) No License #14-026-290

- Are you now or have you been adjudged, diagnosed or considered 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 Anthony Pastor
Residence of father (if deceased so state): Greensburg, Pa.
Occupation of father: Mechanic
Race of father: W.
Birthplace of father (State or foreign country): Pennsylvania
8. Full maiden name of mother: Carolyn Gertrude Deane
Residence of mother (if deceased so state): West Newton, Pa.
Occupation of mother: Housewife
Race of mother: W.
Birthplace of mother (State or foreign country): Pennsylvania

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed: Theresa A. Russell
New Address: P.O. Box 10059, Orlando, Fla.
Subscribed and sworn to before me this 16 day of August, 1976.
Clerk: HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk: _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ day of _____, 19____, authorizes and directs the issuance of a marriage license to the above named parties.

HENDRICKS County Superior
in Clerk's Office

RETURN 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, Indiana, dated the _____ day of _____, 1976, authorizing the joining together as husband and wife of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ at _____, County of _____, State of _____, do hereby certify that on the _____ day of _____, 1976, _____ and _____
one thousand nine hundred and _____ of _____ County, State of _____, Indiana, Groom _____
and, Bride _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, Indiana.
Dated this _____ day of _____, 1976.
Signed: _____
Official Designation: _____
Subscribed and sworn to before me this _____ day of _____, 1976.
Signed: _____
Clerk: _____

Filed and recorded in accordance with the laws of the State of Indiana 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. 354
File Book 37
Date of Application Aug. 16, 1976

MALE
Medical Examination Report Dated 8-7-76
Name of Physician Eric Clark, M.D.

FEMALE
Medical Examination Report Dated 8-7-76
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 Timothy Dudley Jones
Date of Birth Oct. 5, 1956
Place of Birth (State or foreign country) Indianapolis, Marion Co., Ind.
Residence Address 54 S. Cross St. Danville, Hendricks Co., Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Assistant Manager

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree #12-31-56-351

☒ Other (Specify) Deletion 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

- 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 Rulo Jones
Residence of father (if deceased so state) 1307 McCullum St. Indianapolis, Ind.
Occupation of father Sales Rep. Race of father W.
Birthplace of father (State or foreign country) Kosciusko Co., Warsaw, Ind.

12. Full maiden name of mother Delores May Zickler
Residence of mother (if deceased so state) 1307 McCullum St.
Occupation of mother Recept. Dr. Off. Race of mother W.
Birthplace of mother (State or foreign country) Rockford, Ill.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Timothy Dudley Jones

New Address 54 S. Cross St. Danville

Subscribed and sworn to before me this 16 day of Aug., 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Tina Lynne Farmer
Date of Birth Jan. 29, 1959
Place of Birth (State or foreign country) Lawton, Okla.
Residence Address 401 S. Cross St. Danville, Hendricks Co., Ind.
Maiden Name if Different.....

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Unemployed

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 Arnold Quintine Farmer
Residence of father (if deceased so state) 401 S. Cross St. Danville
Occupation of father Businessman Race of father W.
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Sherry Lynn Morpheus
Residence of mother (if deceased so state) 401 S. Cross St. Danville
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Hendricks Co. Danville

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Tina Lynne Farmer

New Address 54 S. Cross St. Danville

Subscribed and sworn to before me this 16 day of Aug., 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Arnold Quintine Farmer Father

Signed Sherry Lynn Morpheus Mother

Subscribed and sworn to before me this 16 day of Aug., 1976
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 20th day of August, 1976, authorizing the joining together as husband and wife
of Timothy Dudley Jones and Tina Lynne Farmer
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mark J. & Elaine R. Tulp hereby certify that on the 21st day of August,
one thousand nine hundred and 76 at Danville, County of Hendricks,
State of Indiana, Groom Timothy Dudley Jones of Hendricks County, State of Indiana
and, Bride Tina Lynne Farmer of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of..... HENDRICKS.....
County.
Dated this 21st day of August, 1976.

Signed Mark J. Tulp Elaine R. Tulp

Official Designation Youth Ministers

24 day of August, 1976.

Signed Glen M. Harvey Clerk
..... HENDRICKS..... Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this.....

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 355

File 37

Date of Application
Aug. 16, 1976

MALE

Medical Examination Report Dated 8-11-76

Name of Physician L. H. Ellis

FEMALE

Medical Examination Report Dated 8-11-76

Name of Physician L. H. Ellis

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Wesley Middle Stout Last III
Date of Birth Month January Day 25 Year 1922
Place of Birth (State or foreign country) Indiana
Residence Address 111 N. Grant Street or R. R. Brownsburg City Ind. State
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Tail & Die Maker
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 Wesley Stout, Jr.
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Ruby Valentine Hasselburg
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Wesley Stout, Jr.New Address 111 N. Grant St. Brownsburg Ind.

Subscribed and sworn to before me this 16 day of Aug., 1976
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

Clerk _____

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Clerk _____

Clerk _____

Clerk _____

FEMALE APPLICANT

Name First Ellen Middle Mae Last Fincham
Date of Birth Month March Day 11 Year 1932
Place of Birth (State or foreign country) Indiana
Residence Address 111 N. Grant Street or R. R. Brownsburg City Ind. State
Maiden Name if Different Whitaker
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Cook
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Kentucky Vital Statistics

- ☐ 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 William Eichelbert Whitaker
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Pulaski, Kentucky
 - Full maiden name of mother Dolly Hargis
Residence of mother (if deceased so state) Somerset, Kentucky
Occupation of mother retired Race of mother W
Birthplace of mother (State or foreign country) Pulaski, Kentucky

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Ellen Mae FinchamNew Address 111 N. Grant St. Brownsburg Ind.Subscribed and sworn to before me this 16 day of Aug., 1976Ellen M. Harvey Clerk HENDRICKS Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued 3 day waiver and filed

in HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1976, 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. Mawrer, hereby certify that on the 20 day of August, County of Hendricks, State of Indiana, at Danville, County, State of Indiana, of Hendricks County, State of Indiana, one thousand nine hundred and 76 of Hendricks County, State of Indiana, Groom Wesley Stout III and, Bride Ellen Mae Fincham were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 20 day of August, 1976

Signed John C. Mawrer
Official Designation Judge, Hendricks Co. Court
20 day of August, 1976

Signed Ellen 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. 356
File
8-16-76
Date of Application

MALE
Medical Examination Report Dated 8-13-76
Name of Physician James C. Southard

FEMALE
Medical Examination Report Dated 8-13-76
Name of Physician James C. Southard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Lee Last Rains
Date of Birth Month 1 Day 13 Year 1952
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. City County State
R #1 Box 107 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 Carpenter
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service - 12-216-52-20
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions 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 Sidney A. Rains
Residence of father (if deceased so state) 6033 Hollister Speedway
Occupation of father Allison Race of father
Birthplace of father (State or foreign country) Robinson, Illinois
12. Full maiden name of mother Betty Ruth Amacher
Residence of mother (if deceased so state) 6033 Hollister, Speedway
Occupation of mother J.C. Penny's Race of mother
Birthplace of mother (State or foreign country) Marshall, Ill.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Richard L. Rains
New Address R.R. #1 Box 107 Danville, Ind.
Subscribed and sworn to before me this 16 day of August, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Orla Middle Yolanda Last Loring
Date of Birth Month Aug Day 29 Year 1952
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. City County State
R #1 Box 107 Danville, Ind.
Maiden Name if Different Swain
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Hendricks 1974
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Bookkeeper
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 8147
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Orla Yell Swain
Residence of father (if deceased so state) Deceased
Occupation of father Race of father
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Lora Edna Kineth
Residence of mother (if deceased so state) R #2 Box 8 Danville
Occupation of mother Cook Race of mother
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 Orla Y. Loring
New Address RR #1 Box 107 Danville, Ind.
Subscribed and sworn to before me this 16 day of August, 1976
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 HENDRICKS Circuit Court of Indiana dated the 20 day of August, 1976, authorizing the joining together as husband and wife Richard Lee Rains and Orla Yolanda Loring.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred O. Rice hereby certify that on the 21st day of August, 1976, at Indianapolis, County of Marion, State of Indiana, Groom Richard L. Rains of Hendricks County, State of Indiana and, Bride Orla Y. Loring of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 21st day of August, 1976.

Signed Fred O. Rice
Official Designation Pastor
Filed and recorded in accordance with the laws of the State of Indiana this 24 day of August, 1976.
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. 357

File Bk 37

Aug 17, 1976
Date of Application

HENDRICKS

County

MALE

Medical Examination Report Dated 8-16-76

Name of Physician David Haggard

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, representa-

MALE APPLICANT

Name First Mark Middle Ellis Last Taylor
Date of Birth Month October Day 17 Year 1954
Place of Birth (State or foreign country) Clinton, Indiana
Residence Address 306 S. Cass 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 CarpenterDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☒ Other (Specify) Selective Service # 12-30-54-443

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

- Full name of father Alfred Joseph Taylor
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Bookkeeper Race of father W.
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Norma Jean Lee
Residence of mother (if deceased so state) Plainfield, Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Illinois

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Mark E. TaylorNew Address 406 Rickett

Subscribed and sworn to before me this 17 day of August, 1976.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 _____
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 _____ Circuit Court of Indiana dated the 24 day of August, 1976, authorizing the joining together as husband and wife of Mark Ellis Taylor and Elaine B. Coffey.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mark Sonney Neys hereby certify that on the 4 day of Sept.,
one thousand nine hundred and 76, at Plainfield, County of Hendricks,
State of Indiana, Groom Mark E. Taylor of Hendricks County, State of Indiana,
and, Bride Elaine B. Coffey of Hendricks County, State of Indiana,
were 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 24 day of August, 1976.
Signed Mark S. Neys
Official Designation Baptist Pastor
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. 358
File BK 37
Date of Application August 17, 1976

MALE

Medical Examination Report Dated 8/9/76
Name of Physician Irring Cohen, Md.

FEMALE

Medical Examination Report Dated 8/9/76
Name of Physician Irring Cohen, 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 Ellen Ray Brill
Date of Birth July 8 1955
Place of Birth (State or foreign country) Indianapolis
Residence Address R.R. #1 Box 4 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 Computer Programmer

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 2065

- Are you now or have you been adjudged, diagnosed or considered 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 Forest L. Brill
Residence of father (if deceased so state) Clayton, Ind.
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Margie M. Tucker
Residence of mother (if deceased so state) Clayton, Ind.
Occupation of mother Ref. Nurse 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 Ellen Ray Brill
New Address 296 N. Main St. Plainfield, IN 46168

Subscribed and sworn to before me this 17 day of August, 1976
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, } ss:
County of HENDRICKS

Signed.....Father
Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name Bonita Ann Barker
Date of Birth February 26 1957
Place of Birth (State or foreign country) Indianapolis
Residence Address R.R. #2 Box 166 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 Secretary

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 2365

- Are you now or have you been adjudged, diagnosed or considered 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 Joseph Barker
Residence of father (if deceased so state) Clayton, Ind.
Occupation of father Wholesale Bus. of father Race of father White
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Rose Lee Beverington
Residence of mother (if deceased so state) Clayton, 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 Bonita B. Ann Barker
New Address 296 N. Main St. Plainfield, IN 46168

Subscribed and sworn to before me this 17 day of August, 1976
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, } ss:
County of HENDRICKS

Signed.....Father
Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued.....and filed
in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 23 day of August, 1976, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dannie L. Adams hereby certify that on the 28 day of August

one thousand nine hundred and 76 at Hazelwood, County of Hendricks

State of Indiana, Groom Ellen R. Brill of Hendricks County, State of Indiana

and, Bride Bonita A. Barker of Hendricks County, State of Indiana

were by me united 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 August, 1976

Signed Dannie L. Adams

Official Designation Ministry, Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of Aug., 1976

Signed Ellen M. Harvey Clerk

HENDRICKS Circuit Court