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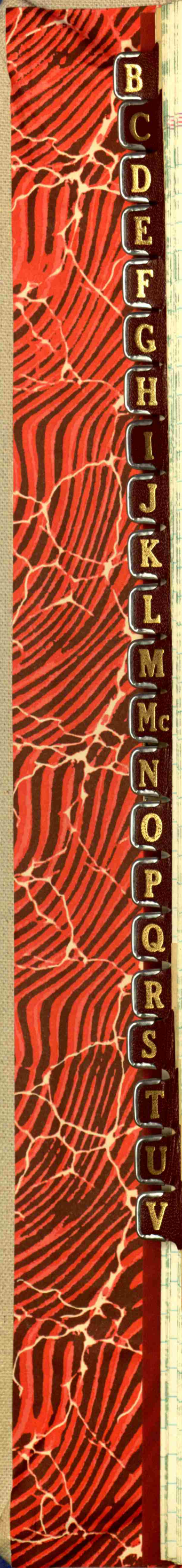
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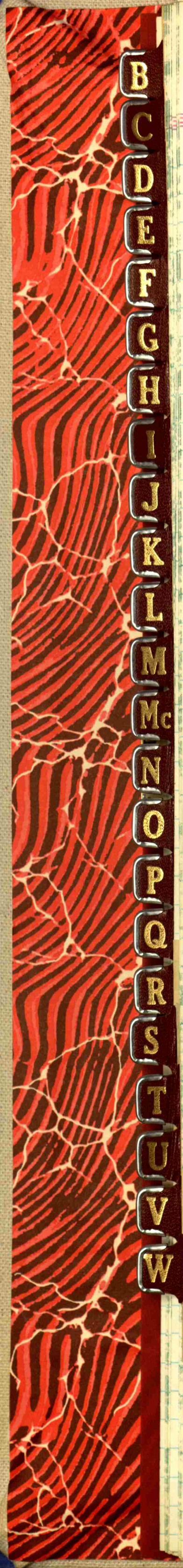
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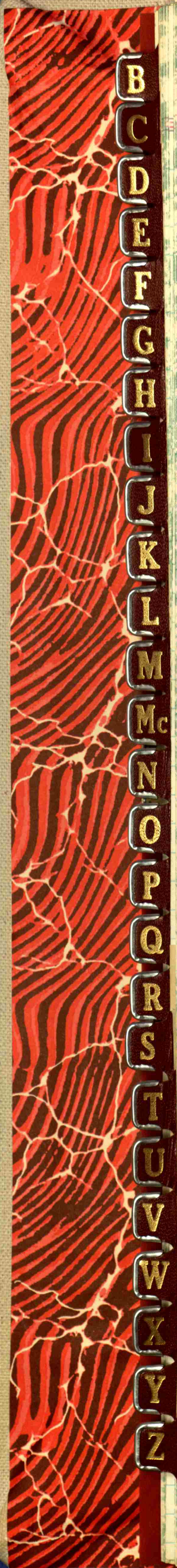
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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 359

File

Aug. 18th, 1976
Date of Application

MALE
Medical Examination Report Dated 8-13-76
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 8-13-76
Name of Physician Wm. Edwards

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

MALE APPLICANT

Name: First James Middle Robert Last Clemons

Date of Birth: Month Oct. Day 20 Year 1957

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

Residence Address: Street or R. R. Rt. 8 Box 344C City Indianapolis County In. State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Factory

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their 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 Clemons
    Residence of father (if deceased so state) Indianapolis, In.
    Occupation of father Millwright Race of father Wh
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Shirley Carpenter
    Residence of mother (if deceased so state) Indpls. In.
    Occupation of mother None Race of mother Wh
    Birthplace of mother (State or foreign country) Indiana

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

Signed Jim Clemons
New Address 199½ W. Broadway

Subscribed and sworn to before me this 18 day of Aug., 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Christina Middle Elizabeth Last Hermiz

Date of Birth: Month Feb. Day 13 Year 1958

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. Rt. 2 Box 340 City Plainfield County In. State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Clerk

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Thomas L. Hermiz
   Residence of father (if deceased so state) Plainfield, In.
   Occupation of father Minister Race of father Wh
   Birthplace of father (State or foreign country) Delaware
8. Full maiden name of mother Ella Mae Longperry
   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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jim Clemons
New Address 199½ W. Broadway

Subscribed and sworn to before me this 18 day of Aug., 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....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* 22 *day of* August, 19 76 *authorizing the joining together as husband and wife* James Robert Clemons *and* Christina Elizabeth Hermiz
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Thomas L. Hermiz *hereby certify that on the* 22nd *day of* August, *one thousand nine hundred and* seventy six *at* Avon, *County of* Hendricks, *State of Indiana, Groom* James Robert Clemons *of* Hendricks *County, State of* Indiana *and, Bride* Christina E. Hermiz *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
Dated this 22 *day of* August, 19 76.

Signed /s/ Thomas L. Hermiz
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* August, 19 76.

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. 360

File

August 18 1976
Date of Application

MALE
Medical Examination Report Dated 8/16/76
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8/16/76
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: First Lowell Middle Thomas Last
Date of Birth: Month March Day 3 Year 1947
Place of Birth (State or foreign country) Carter County Kentucky
Residence Address: Street or R. R. RR #1 Box 82 City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1974 March
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Steel Press Operator
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

Name	Age	Address
Lowell Thomas Jr.	6	Ind. U. Ind.
Christopher A. Thomas	5	" "

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Ray Thomas
    Residence of father (if deceased so state) Kentucky
    Occupation of father Retired Race of father White
    Birthplace of father (State or foreign country) Carter Co. Ky
12. Full maiden name of mother Phebe Jane Dorn
    Residence of mother (if deceased so state) Kentucky
    Occupation of mother Homemaker Race of mother White
    Birthplace of mother (State or foreign country) Carter Co. Ky

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

Signed Lowell Thomas
New Address Fillmore R.R.1 Box 202A

Subscribed and sworn to before me this 18 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, County of ..... } ss:

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

FEMALE APPLICANT

Name: First Linda Middle C. Last Summerlot
Date of Birth: Month May Day 28 Year 1945
Place of Birth (State or foreign country) Hendricks Co. Ind.
Residence Address: Street or R. R. 266 Donnelly Ct. City Brownsburg County In. State
Maiden Name if Different Ruckton
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Homemaker
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 3397

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

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

Signed Linda C. Summerlot
New Address RR 1, Box 202A, Fillmore

Subscribed and sworn to before me this 18 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... 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 ..... Circuit Court of Indiana dated the 18 day of August, 1976, authorizing the joining together as husband and wife Lowell Thomas and Linda C. Summerlot
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mowrer hereby certify that on the 23rd day of August, one thousand nine hundred and 76, at Danville, County of Hendricks, State of Indiana, Groom Lowell Thomas of Hendricks County, State of Indiana, and, Bride Linda C. Summerlot of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 23rd day of August, 1976.

Signed John C. Mowrer
Official Designation Judge Hendricks County Court

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. 361

File

Aug. 23, 1976
Date of Application

MALE
Medical Examination Report Dated 7-21-76
Name of Physician Richard D. Floyd

FEMALE
Medical Examination Report Dated 7-21-76
Name of Physician Richard D. Floyd

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

MALE APPLICANT

Name: First Gary Middle Wayne Last Hugler

Date of Birth: Month Aug. Day 15 Year 1952

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

Residence Address: Street or R. R. Rt 6, Box 54 City Danville County In. State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Construction

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

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Edward L. Hugler
    Residence of father (if deceased so state) Danville, In.
    Occupation of father Truck Driver Race of father wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Lois Hall
    Residence of mother (if deceased so state) Danville, In.
    Occupation of mother Real Estate Race of mother wh
    Birthplace of mother (State or foreign country) Indiana

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

Signed Gary W. Hugler
New Address Muncie, In.

Subscribed and sworn to before me this 23 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Katherine Middle Elaine Last Volpp

Date of Birth: Month May Day 28 Year 1952

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

Residence Address: Street or R. R. Rt 6 Box 280, City Indianapolis, In. County State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Waitor

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

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

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

Signed Katherine C. Volpp
New Address Muncie, In.

Subscribed and sworn to before me this 23 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....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* 27 *day of* August, 19 76, *authorizing the joining together as husband and wife* Gary Wayne Huggler *and* Katherine Elaine Volpp

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

I, Paul E. Keller *hereby certify that on the* 29 *day of* August, *one thousand nine hundred and* 76 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Gary Wayne Huggler *of* Hendricks *County, State of* Indiana *and, Bride* Katherine Elaine Volpp *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 2 *day of* ....., 19 76.

Signed Paul E. Keller
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* Sept., 19 76.

Signed Glen M. Harvey *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. #362
File Bk 38
Aug. 23 1976
Date of Application

MALE
Medical Examination Report Dated 7-30-76
Name of Physician E. R. Bust

FEMALE
Medical Examination Report Dated 7-30-76
Name of Physician E. R. Bust 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 Bradley Middle — Last Smith
Date of Birth: Month July Day 25 Year 1954
Place of Birth (State or foreign country): Clinton, Indiana
Residence Address: 524 Alexandria Pike, Anderson, Madison, 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) Ball State I.D.

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

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

Signed x Bradley Smith
New Address 405 E. College, Brownsburg Ind.
Subscribed and sworn to before me this 23 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Debra Middle J. Last Garner
Date of Birth: Month November Day 6 Year 1954
Place of Birth (State or foreign country): Lebanon, Indiana
Residence Address: RR#1 Box 76-A Street or R. R. Brownsburg City Hendricks County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Wackenhut Security
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Ball State 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 afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Eugene Garner
   Residence of father (if deceased so state): Brownsburg, Ind.
   Occupation of father: Eastern Air Lines Race of father: W
   Birthplace of father (State or foreign country): Lebanon, Ind.
8. Full maiden name of mother: Barbara Lee Elkins
   Residence of mother (if deceased so state): Brownsburg, Ind.
   Occupation of mother: General Electric Race of mother: W.
   Birthplace of mother (State or foreign country): Indpls, Ind.

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

Signed x Debra J. Garner
New Address 405 E. College, Brownsburg, Ind.
Subscribed and sworn to before me this 23 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....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 27 day of August, 1976, authorizing the joining together as husband and wife Bradley Smith and Debra J Garner
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry R. Nash hereby certify that on the 28 day of August one thousand nine hundred and 76 at Brownsburg, County of Hendricks, State of Indiana, Groom Bradley Smith of Madison County, State of Indiana, and, Bride Debra J. Garner of Hendricks County, State of Indiana, were by me united 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 Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 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. 363
File BK 38
August 23 1976
Date of Application

MALE
Medical Examination Report Dated 8/18/76
Name of Physician Eric Clark MD.

FEMALE
Medical Examination Report Dated 8/18/76
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Russell Middle Smith Last Garrison Jr.
Date of Birth: Month March Day 30 Year 1955
Place of Birth (State or foreign country) Danville Illinois
Residence Address: Street or R. R. Boswell City Indiana 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 Service Station Attendant
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Sel. Service # 12 58 55 56

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

Name Age Address

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

11. Full name of father Russell Smith Garrison
    Residence of father (if deceased so state) Boswell, Ind.
    Occupation of father Mgr. Serv. Station Race of father White
    Birthplace of father (State or foreign country) Tennessee
12. Full maiden name of mother Marian Joan Lynch
    Residence of mother (if deceased so state) Boswell, Ind.
    Occupation of mother Homemaker Race of mother White
    Birthplace of mother (State or foreign country) Lafayette, Ind.

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

Signed Russell Smith Garrison Jr.
New Address RR #4 Fowler, Indiana

Subscribed and sworn to before me this 23 day of August, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Patricia Middle Rae Last Stump
Date of Birth: Month September Day 1 Year 1954
Place of Birth (State or foreign country) Bluefield W. Virginia
Residence Address: 101 S. Penn. St. Street or R. R. Danville City Hendricks County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Bluefield, West Virginia

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Mr. Joseph Daniel Stump
   Residence of father (if deceased so state) Danville, Ind.
   Occupation of father Minister Race of father White
   Birthplace of father (State or foreign country) Bluefield, W. Va.
8. Full maiden name of mother Alice Jean Ferris
   Residence of mother (if deceased so state) Danville, Ind.
   Occupation of mother Secretary Race of mother White
   Birthplace of mother (State or foreign country) Muskegon, Mich.

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

Signed Patricia Rae Stump
New Address RR #4 Fowler

Subscribed and sworn to before me this 23 day of August, 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....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* Aug. *, 19* 76 *, authorizing the joining together as husband and wife* Russell Smith Garrison, Jr. *and* Patricia Rae Stump.

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

I, Rev. Joseph Stump *hereby certify that on the* 11 *day of* September, *one thousand nine hundred and* 76 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Russell Smith Garrison, Jr. *of* Benton *County, State of* Indiana *and, Bride* Patricia Rae Stump *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 11 *day of* September, *19* 76.

Signed Dr. Joseph Stump
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* September, *19* 76.

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 364

File

Aug. 23. 1976 Date of Application

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

MALE
Medical Examination Report Dated 8-20-76
Name of Physician George K Lutinsky

FEMALE
Medical Examination Report Dated 8-20-76
Name of Physician George K Lutinsky

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

Date of Birth: Month April Day 19 Year 1944

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. City County State

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Car Dealer

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

☑ Other (Specify) Selective Service Card

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Paul M. Harvey
    Residence of father (if deceased so state) Indianapolis, In.
    Occupation of father Car Dealer Race of father Wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Marie D. Schalk
    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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerry Paul Harvey

New Address 4123 Golden Eagle Dr Indpls

Subscribed and sworn to before me this 23 day of August, 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, County of HENDRICKS } ss:

Signed .....Father

Signed .....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Chris Middle Elene Last Roark

Date of Birth: Month Nov. Day 15 Year 1951

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

Residence Address: Street or R. R. 4 Maple Ln. City Brownsburg County In. State

Maiden Name if Different

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 None

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 Charles F. Roark
   Residence of father (if deceased so state) Brownsburg, In.
   Occupation of father Self employed Race of father Wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Helen L. Golay
   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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Chris Elene Roark

New Address 4123 Golden Eagle Dr.

Subscribed and sworn to before me this 23 day of August, 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, County of HENDRICKS } ss:

Signed .....Father

Signed .....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 27 day of August, 19 76, authorizing the joining together as husband and wife Jerry Paul Harvey and Chris Elene Roark

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

I, EoHolt Hughes IV hereby certify that on the 1 day of Sept., one thousand nine hundred and 76 at Brownsburg, County of Hendricks, State of Indiana, Groom Jerry Paul Harvey of Marion County, State of Indiana, and, Bride Chris Elene Roark of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 1 day of Sept., 19 76.

Signed EoHolt Hughes IV

Official Designation Minister, The United Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Sept., 19 76.

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. 365
File BK 38
August 23 1976
Date of Application

MALE
Medical Examination Report Dated 8/13/76
Name of Physician Michael K. Webb M.d.

FEMALE
Medical Examination Report Dated 8/13/76
Name of Physician Michael K. Webb, 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 Eugene Middle David Last Lindsay
Date of Birth: Month April Day 2 Year 1956
Place of Birth (State or foreign country) Pasadena Texas
Residence Address: Street or R. R. 1002 W. Main St. City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Hendricks County Hospital
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Sel Service # 12305616

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

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

Signed Eugene David Lindsey
New Address 1002 West Main St, Danville Ind.
Subscribed and sworn to before me this 23 day of August, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Connie Middle Sue Last Siddons
Date of Birth: Month August Day 9 Year 1957
Place of Birth (State or foreign country) Putnam Co. Ind.
Residence Address: Street or R. R. R.R. #1 Box 7K City Castleton County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Hendricks County Hospital
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #53123

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Franklin Siddons
   Residence of father (if deceased so state) Castleville, Ind.
   Occupation of father Farm Bureau Co-op Race of father White
   Birthplace of father (State or foreign country) Putnam County
8. Full maiden name of mother Hazel Marie Wilson
   Residence of mother (if deceased so state) Castleville Ind.
   Occupation of mother Mill Creek Comm. Schools Race of mother White
   Birthplace of mother (State or foreign country) Putnam County

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

Signed Connie Sue Siddons
New Address 1002 W Main, Danville, In
Subscribed and sworn to before me this 23 day of August, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....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* 27 *day of* August, 19 76, *authorizing the joining together as husband and wife* Eugene David Lindsey *and* Connie Sue Siddons
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Alan F. Johnson *hereby certify that on the* 29 *day of* August, *one thousand nine hundred and* 76 *at* RR3 Lebanon, *County of* Boone, *State of Indiana, Groom* Eugene David Lindsey *of* Hendricks *County, State of* Indiana, *and, Bride* Connie Sue Siddons *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
Dated this 29 *day of* August, 19 76.

Signed Alan F. Johnson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* Sept., 19 76.

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. 366

File

8-23-76
Date of Application

MALE
Medical Examination Report Dated Aug. 17, 1976
Name of Physician Norman H. Liebschultz M.D.

FEMALE
Medical Examination Report Dated 8-23-76
Name of Physician Norman H. Liebschultz 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 Earl, Middle L, Last Settles II

Date of Birth: Month 6, Day 10, Year 1957

Place of Birth (State or foreign country) Beech Grove, In.

Residence Address: Street or R. R. R R #1 Box 134, City Clayton, County, State In.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Construction

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

☐ Other (Specify) C 1400

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

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

Signed Earl L Settles II

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Constance, Middle Elaine, Last Goens

Date of Birth: Month August, Day 20, Year 1958

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

Residence Address: Street or R. R. 306 W Wabash, City Plainfield, County, State In.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Clerk

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

☐ Other (Specify) 10314

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

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

Signed Constance E. Goens

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....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 27 day of August, 19 76, authorizing the joining together as husband and wife Earl L. Settles II and Constance Elaine Goens

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

I, Rev Stephen C Goens hereby certify that on the 28 day of August, one thousand nine hundred and 76 at Faith Baptist Church of Avon, County of Hendricks, State of Indiana, Groom Earl L. Settles II of Hendricks County, State of Indiana, and, Bride Constance Elaine Goens of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of.....County.

Dated this 28 day of August, 19 76.

Signed Stephen C. Goens

Official Designation Baptist Preacher

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Sept., 19 76.

Signed Helen M. Harvey Clerk

Circuit Court

No. 366

File

8-23-74

Date of Application

8-23-74

H. Liebschutz

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NDRICKS County Clerk

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Circuit Court

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Circuit Court

Judge

Clerk

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No. 367

File

August 23 1974

Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated: 8/16/74
Name of Physician: Dr. L. Lewellen, M.D.

FEMALE
Medical Examination Report Dated: 8/16/74
Name of Physician: Dr. L. Lewellen, M.D.

MALE APPLICANT

Name: Alvin John Thompson
Race: White
Place of Birth: Indianapolis, Ind.
Residence: 1103 Chadwick Drive, Indianapolis, Ind.
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Engineer Clerk
Source of birth certificate: ☑ Health Form ☐ Institution Source
☐ Other (Specify)

1. Are you sick or have you been adjudged diseased or considered so:
   (a) Epileptic? No ☑ Yes ☐
   (b) Venereal Blood? No ☑ Yes ☐
2. Are you under anesthetics or a person of unsound mind? No ☑ Yes ☐
3. Are you sick or have you been within the (5) years an inmate of a [illegible] institution? No ☑ Yes ☐
   If answer to 3 is "Yes" has the cause of such confinement been removed? No ☐ Yes ☐
4. Are you afflicted with a incompatible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to be confined? No ☑ Yes ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    If yes, answer questions a, b, c:
    (a) Give their full names, ages and addresses

Name	Age	Address

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

11. Full name of father: Elbie Dale Thompson, Sr.
    Residence of father (If deceased as cause): 1103 Chadwick Dr. Indianapolis, Ind.
    Occupation of father: Sales Engineer Race of father: White
    Birthplace of father (State or foreign country): Indianapolis, Ind.
12. Full maiden name of mother: Phyllis Jayne Hankins
    Residence of mother (If deceased as cause): Indianapolis, Ind.
    Occupation of mother: Housewife Race of mother: White
    Birthplace of mother (State or foreign country): Indianapolis, Ind.

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

Signed: Alvin John Thompson
Post Address: 9204 Cathedral Dr. Indianapolis, Ind.

Subscribed and sworn to before me this 23 day of August 74
Ann M. Lavely Clerk HENDRICKS County

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of) ss:

Signed: Father
Signed: Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name: Donna Gay Lynch
Race: White
Place of Birth: Indianapolis, Ind.
Residence: 9204 Cathedral Dr. Indianapolis, Ind.
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Student
Source of birth certificate: ☑ Health Form ☐ Institution Source
☐ Other (Specify)

1. Are you sick or have you been adjudged diseased or considered so:
   (a) Epileptic? No ☑ Yes ☐
   (b) Venereal Blood? No ☑ Yes ☐
2. Are you under anesthetics or a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a incompatible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Elbie Joseph Hankins
   Residence of father (If deceased as cause): Indianapolis, Ind.
   Occupation of father: U.S.P.O. Retired Race of father: White
   Birthplace of father (State or foreign country): Indianapolis, Ind.
8. Full maiden name of mother: Beverly Frances Lyon
   Residence of mother (If deceased as cause): Indianapolis, Ind.
   Occupation of mother: Teacher Race of mother: White
   Birthplace of mother (State or foreign country): Londonderry, Ohio

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

Signed: Donna G. Lynch
Post Address: 9204 Cathedral Dr. Indianapolis

Subscribed and sworn to before me this 23 day of August 74
Ann M. Lavely Clerk HENDRICKS County

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS) ss:

Signed:
Signed: Beverly Frances Lynch

Subscribed and sworn to before me this day of 19

Clerk

COMPLETION OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named par

County Court by written order issued and this

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I, D Lewellen, there was filed in my office a marriage license issued by the clerk of the Circuit Court

of Indiana dated the 27 day of August 19 74, authorizing the joining together as husband and wife

Alvin John Thompson and Donna G. Lynch

In a further examination, the following marriage certificate was filed in my office, to-wit:

I, Henry E. Kincaid hereby certify that on the 29th day of August

one thousand nine hundred and 74 at St. Luke's Church County of Hendricks

State of Indiana, Groom Alvin John Thompson of Marion County, State of Indiana

and Bride Donna Gay Lynch of Hendricks County, State of Indiana

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 29th day of August 19 74

Signed Henry E. Kincaid

Official Designation Minister in "Pentecostal Church of God"

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of September 19 74

Signed Ann M. Lavely 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. 367

File

August 23 1976
Date of Application

MALE
Medical Examination Report Dated 8/18/76
Name of Physician Mel Simmons MD

FEMALE
Medical Examination Report Dated 8/18/76
Name of Physician Mel Simmons 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 Alvin Middle John Last Thompson
Date of Birth: Month July Day 15 Year 1957
Place of Birth (State or foreign country) Lebanon Boone Indiana
Residence Address: Street or R. R. 9104 Cottesbrook City Indpls County Marion State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Guy's Elevator
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 Ellis Mike Thompson
    Residence of father (If deceased so state) Indianapolis Ind
    Occupation of father Crane Operator Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Byrdie Louise Hopkins
    Residence of mother (If deceased so state) Indianapolis Ind
    Occupation of mother Dressmaker Race of mother White
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana,
County of HENDRICKS } ss:
Signed
New Address
Subscribed and sworn to before me

CONSENT OF PARENTS, PARE
We, the parents, of this applicant
sign, state facts which render t

State of Indiana,
County of HENDRICKS
Signed
Signed
Subscribed and sworn to before

COMPLETE IF MARRI

FEMALE APPLICANT

Name: First Donna Middle G. Last Lynch
Date of Birth: Month May Day 19 Year 1957
Place of Birth (State or foreign country) Indianapolis Marion Ind
Residence Address: Street or R. F. D. 9004 Catalpa City Indpls County Marion State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation 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 Michael Joseph Lynch
   Residence of father (If deceased so state) Lizton Ind
   Occupation of father B & O Railroad Race of father White
   Birthplace of father (State or foreign country) Indianapolis Ind.
8. Full maiden name of mother Beverly Frances Ogg
   Residence of mother (If deceased so state) Lizton, Ind
   Occupation of mother Truck Driver Race of mother White
   Birthplace of mother (State or foreign country) Vanderburg, Ind.

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Donna G. Lynch
New Address 9004 Catalpa Ct Indianapolis
Subscribed and sworn to before me this 26 day of August 1976

I, Michael Joseph Lynch, hereby give my consent for my Daughter, Donna G. Lynch to Marry John T Thompson.

Michael Joseph Lynch

Subscribed and sworn to before me this 26th day of August 19 76

Bernice J. Turner
Notary Public
Bernice J. Turner

My Commission expires
January 28, 1980

County Court by written order issued 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 27 day of August, 19 76, authorizing the joining together as husband and wife Alvin John Thompson and Donna G. Lynch

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

I, Henry H. Kincaid hereby certify that on the 28th day of August, one thousand nine hundred and 76 at Bx 37, Lizton, County of Hendricks, State of Indiana, Groom Alvin John Thompson of Marion County, State of Indiana, and, Bride Donna Gay Lynch of Hendricks County, State of Indiana, 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 August, 19 76

Signed Henry H. Kincaid
Official Designation Minister in "Pentecosal Church of 76 God"

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of September, 19

Signed Ellen M. Harvey Clerk
Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 368

File

Aug. 23. 1976
Date of Application

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

MALE
Medical Examination Report Dated 8-9-76
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 8-9-76
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: First Steven Middle Wayne Last O'Brien
Date of Birth: Month Oct Day 17 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Rt 2 Box 214A City Clayton County In. State
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Drywall
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 George B. O'Brien
    Residence of father (if deceased so state) Clayton, 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 Ann Lee
    Residence of mother (if deceased so state) Clayton, In.
    Occupation of mother Secretary Race of mother wh
    Birthplace of mother (State or foreign country) Indiana

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

Signed Steven W. O'Brien
New Address Clayton, In.

Subscribed and sworn to before me this 23 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, County of HENDRICKS } ss:

Signed George B. O'Brien Father
Signed Patricia O'Brien Mother

Subscribed and sworn to before me this 23 day of Aug. 1976.
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Marcella Middle Marie Last Smith
Date of Birth: Month Dec. Day 26 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Rt 2 Box 349 City Clayton County In. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation 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 Chester G. Smith
   Residence of father (if deceased so state) Port Charlotte, Fla
   Occupation of father Truck Driver Race of father wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Helen R. Lewis
   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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marcella Smith
New Address Clayton, In.

Subscribed and sworn to before me this 23 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, County of HENDRICKS } ss:

Signed ..... Father
Signed Helen R. Cook Mother

Subscribed and sworn to before me this 23 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 .....County in.....Court by written order issued.....and filed .....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 27 day of August, 1976, authorizing the joining together as husband and wife Steven Wayne O'Brien and Marcella Marie Smith

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

I, Everett V. Enoch hereby certify that on the 28 day of August, one thousand nine hundred and 76 at Clayton, County of Hendricks, State of Indiana, Groom Steven Wayne O'Brien of Hendricks County, State of Indiana, and, Bride Marcella Marie Smith of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 28 day of August, 1976.

Signed Everett V. Enoch
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of Aug., 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. 369
File
Aug. 23, 1976
Date of Application

MALE
Medical Examination Report Dated 8-18-76
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 8-18-76
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 Bryan Middle Clarence Last Smith
Date of Birth: Month Aug Day 11 Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Rt 2 Box 21 City Clayton County Hen. 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 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? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 C. Smith
    Residence of father (If deceased so state) Clayton, In.
    Occupation of father Mechanic Race of father wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Marilyn R. Littleton
    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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bryan Smith
New Address Rt 2 Box 243 Clayton
Subscribed and sworn to before me this 23 day of August, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Bentricia Middle Lynn Last Short
Date of Birth: Month May Day 11 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Rt 2 Box 239 City Clayton County Hen. State In.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Waitress
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father William B. Short
   Residence of father (If deceased so state) Clayton, In.
   Occupation of father Farmer Race of father wh
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Harriett M. Pringle
   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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bentricia L. Short
New Address P.O. Box 243 Clayton
Subscribed and sworn to before me this 23 day of Aug., 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... 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 27 day of August, 1976 authorizing the joining together as husband and wife Bryan Clarence Smith and Bentricia Lynn Short

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

I, R. Kent Allen hereby certify that on the 27 day of August one thousand nine hundred and 76 at Plainfield, County of Hendricks State of Indiana, Groom Bryan C. Smith of Hendricks County, State of Indiana and, Bride Bentricia L. Short of Hendricks County, State of Indiana, were by me united 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 August, 1976

Signed R. Kent Allen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of August, 1976

Signed Glen M. Harvey Clerk
Hendricks Circuit Court

12

No. 370

File

Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

MALE
Medical Examination Report Dated 8-16-76
Name of Physician John S. Hussie

FEMALE
Medical Examination Report Dated 8-23-76
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 Quentin Middle Roswell Last Smith Jr.
Date of Birth: Month Sept Day 15 Year 1953
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. #4 Redbird Rd. City Jeffersonville 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 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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Quentin R. Smith Jr.
    Residence of father (if deceased so state) Jeffersonville, Ind.
    Occupation of father Engineer Race of father wh
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Mabury Daniel
    Residence of mother (if deceased so state) Jeffersonville, Ind.
    Occupation of mother Self employed Race of mother wh
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Quentin R. Smith Jr.
New Address Gateway Apts. West 38th St.

Subscribed and sworn to before me this 23 day of Aug., 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Judith Middle Lee Last Slaton
Date of Birth: Month June Day 24 Year 1955
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Rt. 2 Box 151 City Indpls. County Hend. State In.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation 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 Amos J. Slaton
   Residence of father (if deceased so state) Indpls. In.
   Occupation of father Worker Race of father wh
   Birthplace of father (State or foreign country) Georgia
8. Full maiden name of mother Mary A. Baker
   Residence of mother (if deceased so state) Indpls, In.
   Occupation of mother Worker Race of mother wh
   Birthplace of mother (State or foreign country) South Carolina

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

Signed Judy Lee Slaton
New Address 3813 Bexett Dr. Indpl. Ind.

Subscribed and sworn to before me this 23 day of Aug., 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....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 27 day of Aug., 19 76, authorizing the joining together as husband and wife Quentin Roswell Smith Jr. and Judith Lee Slaton Slaton
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Marc L. Hays hereby certify that on the 28 day of August, one thousand nine hundred and 76 at Plainfield, County of Hendricks, State of Indiana, Groom Quentine R. Smith Jr. of Clark County, State of Indiana, and, Bride Judith L. Slaton of Hendricks County, State of Indiana, were by me united 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, 19 76.

Signed Marc L. Hays
Official Designation Baptist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of Sept., 19 76.
Signed Glen M. Harvey Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1965

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 371
File Book 38
Aug 23, 1976
Date of Application

MALE
Medical Examination Report Dated 8-23-76
Name of Physician Jamie Black

FEMALE
Medical Examination Report Dated 8-23-76
Name of Physician Jamie Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1965 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Kevin Last Kestler
Date of Birth: Month July Day 6 Year 1955
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 6530 Piping Rock Apt 38 City Indpls. 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 Ware House
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 7029

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

Name	Age	Address

(b) Are you supporting or contributing to their 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 John Kestler
    Residence of father (if deceased so state) 531 Saratoga Dr. Brownsburg
    Occupation of father Lathe Optr. Race of father
    Birthplace of father (State or foreign country) Cinn. Ohio
12. Full maiden name of mother Barbara Jean Curry
    Residence of mother (if deceased so state) 531 Saratoga Dr. Brownsburg
    Occupation of mother Dishwasher Race of mother
    Birthplace of mother (State or foreign country) Indianapolis, In.

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

Signed Robert Kevin Kestler
New Address 6530 Piping Rock Lane #38

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Cathy Middle A. Last Bullock
Date of Birth: Month March Day 2 Year 1958
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R. R. 638 Maple ct. City Brownsburg County State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Clerk-Typist
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 2716

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Carroll Joseph Bullock
   Residence of father (If deceased so state) Home
   Occupation of father Link-Belt Race of father
   Birthplace of father (State or foreign country) Indianapolis, In.
8. Full maiden name of mother La Verne Marietta
   Residence of mother (If deceased so state) Home
   Occupation of mother Housewife Race of mother
   Birthplace of mother (State or foreign country) Indiana

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

Signed Cathy Bullock
New Address 6536 Piping Rock Ln #38

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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 27 *day of* August, 19 76, *authorizing the joining together as husband and wife* Robert Kevin Kestler *and* Cathy A. Bullock

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

I, Rev. Vharles Noll *hereby certify that on the* 3rd *day of* September, *one thousand nine hundred and* 76 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Robert Kevin Kestler *of* Marion *County, State of* Indiana *and, Bride* Cathy A. Bullock *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ____ County.*

Dated this 27 *day of* September, 19 76

Signed Rev. Charles Noll
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* Setp., 19 76
Signed Ellen M. Hervey *Clerk*
Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 372

File

Aug. 24, 1976
Date of Application

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

MALE
Medical Examination Report Dated 8-18-76
Name of Physician James McFadden

FEMALE
Medical Examination Report Dated 8-18-76
Name of Physician James McFadden

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

MALE APPLICANT

Name: First Joel Middle Dennis Last Knox

Date of Birth: Month Dec. Day 31 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 654 E. Main City Danville County —— State In.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 C. Knox, Jr.
    Residence of father (if deceased so state) Danville, In.
    Occupation of father Electrician Race of father wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Norma J. Turcotte
    Residence of mother (if deceased so state) Danville, In.
    Occupation of mother Teacher Race of mother wh
    Birthplace of mother (State or foreign country) Illinois

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

Signed Joel D. Knox

New Address 600½ Evergreen St. W. Lafayette

Subscribed and sworn to before me this 24 day of Aug., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Susan Middle Jean Last Turner

Date of Birth: Month Feb. Day 20 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt. 3 Box 336 City Danville County —— State In.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation 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 Robert W. Turner
   Residence of father (if deceased so state) Danville, In.
   Occupation of father Pharmacist Race of father wh
   Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Martha Stephenson
   Residence of mother (if deceased so state) Danville, In.
   Occupation of mother Teacher Race of mother wh
   Birthplace of mother (State or foreign country) Indiana

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

Signed Susan J. Turner

New Address 600½ Evergreen St. W. Laf., In.

Subscribed and sworn to before me this 24 day of Aug., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....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 28th day of August, 19 76, authorizing the joining together as husband and wife Joel Dennis Knox and Susan Jean Turner

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

I, John P. Roof hereby certify that on the 28 day of August, one thousand nine hundred and 76 at ?Danville, County of Hendricks, State of Indiana, Groom Joel Dennis Knox of Hendricks County, State of Indiana, and, Bride Susan Jean Turner of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of..... County.

Dated this 28 day of August, 19 76

Signed John P. Roof

Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of September, 19 76.

Signed Glen M. Harvey 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. 373
File Book 38
August 24, 1976
Date of Application

MALE
Medical Examination Report Dated 8-23-76
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 8-23-76
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: First Craig Middle Adam Last Sigmund
Date of Birth: Month June Day 30 Year 1958
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. R#1 Bx 265 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 Mason Apprentice
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert Edward Sigmund
    Residence of father (if deceased so state) Brownsburg, Ind.
    Occupation of father Carpenter Race of father W.
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Frances Louise Eastridge
    Residence of mother (if deceased so state) Brownsburg, Ind.
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Indiana

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

Signed X Craig Sigmund
New Address 9880 W. 10th

Subscribed and sworn to before me this 24 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Joanna Middle Last Mayeux
Date of Birth: Month June Day 26 Year 1957
Place of Birth (State or foreign country) Pasadena, Texas
Residence Address: Street or R. R. 15 Linden Lane 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 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 Edwin Roy Mayeux
   Residence of father (if deceased so state) Deceased
   Occupation of father..... Race of father W.
   Birthplace of father (State or foreign country) Texas
8. Full maiden name of mother Joyce Marie Ayton
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Texas

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

Signed X Joanna Mayeux
New Address 9880 W. 10th St

Subscribed and sworn to before me this 24 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....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* 28 *day of* August, 19 76, *authorizing the joining together as husband and wife* Craig Adam Sigmund *and* Joanna Mayeux

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

I, Jerry R. Nash *hereby certify that on the* 28 *day of* August, *one thousand nine hundred and* 76, *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Craig Adam Sigmund *of* Hendricks *County, State of* Indiana *and, Bride* Joanna Mayeux *of* Hendricks *County, State of* Indiana, *were by me united 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, 19 76.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 *day of* August, 19 76.

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 374
File Book 38
August 27 1976
Date of Application

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

MALE
Medical Examination Report Dated 8-23-76
Name of Physician Joseph C. Kerlin Md.

FEMALE
Medical Examination Report Dated 8-23-76
Name of Physician Joseph C. Kerlin Md.

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

MALE APPLICANT

Name: First Jimmie Middle Lee Last Lakin
Date of Birth: Month July Day 30 Year 1955
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. RR#2 Box 13 DD City Monrovia County Morgan State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Computer Operator
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 8010

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

Name | Age | Address

(b) Are you supporting or contributing to their 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 Homer Lakin
Residence of father (if deceased so state) Monrovia Ind
Occupation of father Ice Engineer Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Doris Jean Wheeler
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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jimmie Lee Lakin
New Address RR 2 Box 13DD Danville Ind.
Subscribed and sworn to before me this 27 day of August, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Ann Last Gill
Date of Birth: Month July Day 5 Year 1957
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. 177 S. Rd. 225 East 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: Secretary - Guido & Stewart
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 7772

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Leon Gill
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 Helen E. Pearcy
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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Rebecca Ann Gill
New Address RR 2 Box 13DD Danville Ind.
Subscribed and sworn to before me this 27 day of August, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 31 day of August, 1976, authorizing the joining together as husband and wife Jimmie Lee Lakin and Rebecca Ann Gill
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James E. Taylor hereby certify that on the 3 day of Sept., one thousand nine hundred and 76 at Danville, County of Hendricks, State of Indiana, Groom Jimmie Lee Lakin of Hendricks County, State of Indiana, and, Bride Rebecca Ann Gill of Hendricks County, State of Indiana, were by me united 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 Sept., 19 76.

Signed James E. Taylor
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Sept, 19 76.
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. 375

File

8-27-76
Date of Application

MALE
Medical Examination Report Dated 8-25-76
Name of Physician David E. Haggard

FEMALE
Medical Examination Report Dated 8-25-76
Name of Physician David E. 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 Robert Middle L. Last Haggard

Date of Birth: Month Dec. Day 28 Year 1937

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

Residence Address: Street or R. R. 15 Shoreland Apts. Lot 3 City Plainfield County Hend. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1973 Marion

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

Usual Occupation Systems Analyst

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service -12-208-37-354

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

Name	Age	Address
Julie	17	510 Simmons Blvd
Kent	12	" "
James	11	" "

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Herman L. Haggard
    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 Eva Rosalie Stokes
    Residence of mother (if deceased so state) 801 Shortridge Rd. Indpls.
    Occupation of mother Housewife Race of mother ____
    Birthplace of mother (State or foreign country) Tennessee

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

Signed Robert L. Haggard
New Address 49 Hickory Rd, Brownsburg

Subscribed and sworn to before me this 27 day of Aug. 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Judy Middle K. Last Parvin

Date of Birth: Month 2 Day 9 Year 1944

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

Residence Address: Street or R. R. 49 Hickory Rd. City Brownsburg County ____ State ____

Maiden Name if Different ____

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

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

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

Usual Occupation Secretary

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 827

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 M. Seipman
   Residence of father (if deceased so state) 41 Sherry Ln. Brownsburg
   Occupation of father Retired Race of father ____
   Birthplace of father (State or foreign country) Ill.
8. Full maiden name of mother Thelma V. Morgan
   Residence of mother (if deceased so state) 41 Sherry Ln. Brownsburg
   Occupation of mother Retired Race of mother ____
   Birthplace of mother (State or foreign country) Ill.

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

Signed Judy K Parvin
New Address 49 Hickory Rd. Brownsburg In

Subscribed and sworn to before me this 27 day of Aug. 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court by written order issued ____ 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 31 day of August, 19 76, authorizing the joining together as husband and wife Robert L. Haggard and Judy K. Parvin

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

I, Joseph D. Wilson hereby certify that on the 4 day of Sept., one thousand nine hundred and 76 at Brownsburg, County of Hendricks State of Indiana, Groom, Robert L. Haggard of Hendricks County, State of Indiana, and, Bride Judy K. Parvin of Hendricks County, State of Indiana, were by me united 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 Sept., 19 76.

Signed Joseph D. Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of Sept., 19 76.

Signed Glen M. Harvey Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 376

File

August 27 1976 Date of Application

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

MALE
Medical Examination Report Dated 8-23-76
Name of Physician Jack L. Walters

FEMALE
Medical Examination Report Dated 8-23-76
Name of Physician Jack L. Walters 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 Jack Middle D. Last Copeland

Date of Birth: Month February Day 23 Year 1937

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

Residence Address: Street or R. R. 10201 Wanissa City Dolphs Mont. County Daviess State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages one 1956 Boone

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Road Driver

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Serv. # 126 37 37

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

Name	Age	Address
Tonya Dea Copeland	15	Speedway, Ind.
Bryan Len Copeland	14	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 Marion D. Copeland
    Residence of father (if deceased so state) Lebanon, Ind.
    Occupation of father Retired Race of father White
    Birthplace of father (State or foreign country) Whitestown, Ind.
12. Full maiden name of mother Carrie M. Caldwell
    Residence of mother (if deceased so state) Lebanon Ind.
    Occupation of mother Retired Race of mother White
    Birthplace of mother (State or foreign country) Whitestown, Ind.

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

Signed Jack D. Copeland

New Address

Subscribed and sworn to before me this 27 day of August, 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, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

Clerk

FEMALE APPLICANT

Name: First Lillian Middle M. Last Pippin

Date of Birth: Month January Day 2 Year 1935

Place of Birth (State or foreign country) Marshall Harrison Tenn.

Residence Address: Street or R. R. 10201 City Wanissa County Daviess State Ind.

Maiden Name if Different Moore

Previous Marital Status: Never Married ☐ Number of Previous Marriages 2 1975

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Daviess Co.

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

Usual Occupation Housewife

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) medical expense card # 408-40-65

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

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

Signed Lillian M. Pippin

New Address 10201 Wanessa Dr.

Subscribed and sworn to before me this 27 day of August, 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, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Circuit Court of Indiana dated the 27th day of August, 1976, authorizing the joining together as husband and wife Jack D. Copeland and Lillian M Pippin

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

I, John C. Mowrer hereby certify that on the 28 day of August, one thousand nine hundred and 76 at Danville, County of Hendricks, State of Indiana, Groom, Jack D. Copeland of Hendricks County, State of Indiana, and, Bride, Lillian M. Pippin of Hendricks County, State of Indiana, were by me united 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 John C. Mowrer

Official Designation Judge, Hend. County Court

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of August, 19 76.

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. 377
File Bk. 38
August 27 1976
Date of Application

MALE
Medical Examination Report Dated 8-26-76
Name of Physician Maurice V. Kahler Md.

FEMALE
Medical Examination Report Dated 8-26-76
Name of Physician Maurice V. Kahler Md.

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

MALE APPLICANT

Name: First Gary Middle E. Last Knight
Date of Birth: Month December Day 11 Year 1950
Place of Birth (State or foreign country) Stryker Ohio
Residence Address: Street or R. R. 38 W. Vermont City Brownsburg County ___ State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1976 - Green Co
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Painter
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) Discharge Paper

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

Name	Age	Address
Gregary Eugene Knight	3	Brownsburg Ind.

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

11. Full name of father Paulus Eugene Knight
Residence of father (if deceased so state) Riverside, Calif.
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary Agnes Bridgewater
Residence of mother (if deceased so state) Bloomington Ind.
Occupation of mother Gen. Electric Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Gary E. Knight
New Address 38 W. Vermont Brownsburg Ind
Subscribed and sworn to before me this 27 day of August, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Gail Middle E. Last Wolfe
Date of Birth: Month March Day 23 Year 1947
Place of Birth (State or foreign country) Lebanon Boone Ind.
Residence Address: Street or R. R. 38 W. Vermont City Brownsburg County ___ State Ind.
Maiden Name if Different Everett
Previous Marital Status: Never Married ☐ Number of Previous Marriages one
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1974 Washington Co
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Waitress
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 171

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Gail E Wolfe
New Address 38 W Vermont Brownsburg Ind
Subscribed and sworn to before me this 27 day of August, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* .....*Circuit Court of Indiana dated the* .....*day of* August, 19 76 *authorizing the joining together as husband and wife* Gary E Knight *and* Gail E Wolfe

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

I, Floyd Smith *hereby certify that on the* 28 *day of* August, *one thousand nine hundred and* 76 *at* Lawrence, *County of* Marion, *State of Indiana, Groom* Gary E. Knight *of* Hendricks *County, State of* Indiana *and, Bride* Gail E. Wolfe *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 28 *day of* August, 19 76.

Signed Floyd Smith
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 31 *day of* August, 19 76.

Signed Glen M. Harvey .....Clerk
Hendricks .....Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. = 378

File

8-30-76
Date of Application

MALE
Medical Examination Report Dated 8-26-76
Name of Physician Harold R Wirey

FEMALE
Medical Examination Report Dated 8-26-76
Name of Physician Harold R Wirey

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

MALE APPLICANT

Name: First Darrell Middle Joseph Last Tucker

Date of Birth: Month July Day 12 Year 1955

Place of Birth (State or foreign country) Lebanon In.

Residence Address: Street or R. R. 1 E. Main St. City Pittsboro County State In.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Body Man

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

☐ Other (Specify) Witham Memorial Hospital

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Marvin R. Tucker Jr.
    Residence of father (if deceased so state) 221 N. Maple Pittsboro
    Occupation of father Indianapolis Water Co. Race of father.....
    Birthplace of father (State or foreign country) Mississippi
12. Full maiden name of mother Barbara Sue Linton
    Residence of mother (if deceased so state) Same
    Occupation of mother Store Manager Race of mother.....
    Birthplace of mother (State or foreign country) Pittsboro, In.

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

Signed Darrell J. Tucker

New Address 221 W. Maple St.

Subscribed and sworn to before me this 30 day of August, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Beverly Middle Sue Last Wise

Date of Birth: Month January Day 21 Year 1957

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. 6141 Madison Ave. City Indpls. 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 Clerk - Typist

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

☐ Other (Specify) # 413-57-246146

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 V. Wise
   Residence of father (if deceased so state) Same
   Occupation of father Self Employed Race of father.....
   Birthplace of father (State or foreign country) Greenwood In.
8. Full maiden name of mother Sylvia Lois Cliburn
   Residence of mother (if deceased so state) Same
   Occupation of mother Secretary Race of mother.....
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Beverly S. Wise

New Address 221 N. Maple St.

Subscribed and sworn to before me this 30 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....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 3rd day of September, 19 76, authorizing the joining together as husband and wife Darrell Joseph Tucker and Beverly Sue Wise

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

I, Quentin N. Small hereby certify that on the 11th day of September, one thousand nine hundred and 76 at Indianapolis, County of Marion, State of Indiana, Groom Darrell Joseph Tucker of Hendricks County, State of Indiana, and, Bride Beverly Sue Wise of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of.....County.

Dated this 11th day of September, 19 76.

Signed Quentin N. Small

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of September, 19 76.

Signed Glenn M. Harvey 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. 379

File

8-30-76 Date of Application

MALE
Medical Examination Report Dated 8-24-76
Name of Physician Patrick L. Foley

FEMALE
Medical Examination Report Dated 8-24-76
Name of Physician Patrick L. Foley

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

MALE APPLICANT

Name: First Kent Middle Lyle Last Smith

Date of Birth: Month May Day 22 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 7480A Rockleigh City Indpls. County Co. 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: Lumber Co.

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 Alfred V. Smith
    Residence of father (if deceased so state) Indianapolis, In.
    Occupation of father Factory Worker Race of father Wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Gwendolyn C. Bade
    Residence of mother (if deceased so state) Indianapolis, In.
    Occupation of mother Salesperson Race of mother Wh
    Birthplace of mother (State or foreign country) Indiana

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

Signed Kent L. Smith

New Address 7480A Rockleigh Ave.

Subscribed and sworn to before me this 30 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Sandra Middle Catherine Last Ambler

Date of Birth: Month Aug. Day 22 Year 1958

Place of Birth (State or foreign country) New York

Residence Address: Street or R. R. 1003 Brookside Ln. City Plainfield County Co. State In.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Clerk

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Jesse J. Ambler
   Residence of father (if deceased so state) Plainfield, In.
   Occupation of father Butcher Race of father Wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Roberta C. Axte
   Residence of mother (if deceased so state) Plainfield, In.
   Occupation of mother None Race of mother Wh
   Birthplace of mother (State or foreign country) New York

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

Signed Sandra C. Ambler

New Address 7480-A Rockleigh Ave

Subscribed and sworn to before me this 30 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....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* 2nd *day of* September, 19 76, *authorizing the joining together as husband and wife* Kent Lyle Smith *and* Sandra Catherine Ambler.

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

I, Rev. Gene W. Hollingsworth *hereby certify that on the* 4 *day of* September, *one thousand nine hundred and* 76 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom,* Kent Lyle Smith *of* Marion *County, State of* Indiana, *and, Bride* Sandra Katherine Ambler *of* Hendricks *County, State of* Indiana, *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* September, 19 76.

Signed Rev. Gene W. Hollingsworth

Official Designation Ordained Minister - LCC

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* Sept., 19 76.

Signed Glen M Harvey *Clerk*

Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 380

File Book 38

8-30-76 Date of Application

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

MALE
Medical Examination Report Dated 8-27-76
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 8-27-76
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Danny Middle L. Last Cooper

Date of Birth: Month Feb. Day 25 Year 1952

Place of Birth (State or foreign country) St. Charles Virginia

Residence Address: Street or R. R. 245 N. Vine City # 17 Plainfield County State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Manager

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Selective Service #12-233-52-64

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐ (If yes, answer questions a, b, c) (a) List their full names, ages and addresses — Name / Age / Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Joel Graddy Cooper
    Residence of father (if deceased so state) 5037 W. Beecher, Indpls.
    Occupation of father Cross-Watchman Race of father.....
    Birthplace of father (State or foreign country) Tennessee
12. Full maiden name of mother Juanita Phillips
    Residence of mother (if deceased so state) 5037 W. Beecher, Indpls.
    Occupation of mother Cab driver Race of mother.....
    Birthplace of mother (State or foreign country) Kentucky

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

Signed x Danny L. Cooper

New Address 245 N. Vine St. Plainfield # 17

Subscribed and sworn to before me this 30 day of Aug., 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, County of ..... } ss:

Signed..... Father

Signed..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Barbara Middle Last Schell

Date of Birth: Month Sept. Day 2 Year 1955

Place of Birth (State or foreign country) Bloomington In

Residence Address: Street or R. R. 704 Avon Rd. City Plainfield County State In.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Cashier

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Ch 46 p 68

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

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

Signed x Barbara Schell

New Address 245 N. Vine St. Apt. 17 Plfd.

Subscribed and sworn to before me this 30 day of Aug., 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, County of HENDRICKS } ss:

Signed..... Father

Signed..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... 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 3 day of Sept, 1976, authorizing the joining together as husband and wife Danny L. Cooper and Barbara Schell

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

I, Lany Lilly, D.D. hereby certify that on the 4th day of September, one thousand nine hundred and 76 at Avon, County Hendricks, State of Indiana, Groom Danny L. Cooper of Hendricks County, State of Indiana, and, Bride Barbara Schell of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 4th day of September, 19 76.

Signed Dr. Lany Lilly, D.D.

Official Designation Pastor

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

Signed Glen M. Harvey 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. 381

File

8-30-76
Date of Application

MALE
Medical Examination Report Dated 8-26-76
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 8-26-76
Name of Physician Wm. Edwards

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

MALE APPLICANT

Name: First Gary Middle O. Last Summitt

Date of Birth: Month 3 Day 9 Year 1954

Place of Birth (State or foreign country) Beech Grove, In.

Residence Address: Street or R. R. 1625 E. Section City St. Plainfield County State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Machanist

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-54-0 22122

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Daniel W. Summitt
    Residence of father (if deceased so state) Same
    Occupation of father Foreman Race of father
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Helen Louise Baker
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother
    Birthplace of mother (State or foreign country) Indiana

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

Signed x Gary O. Summitt
New Address 2039 N. Rochester, Indpls
Subscribed and sworn to before me this 30 day of Aug, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Deborah Middle K. Last Fullen

Date of Birth: Month May Day 23 Year 1953

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. R#2 80 Turnwood Ct. City Plainfield 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 Clerk

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 4882

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

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

Signed x Deborah K. Fullen
New Address 2039 N. Rochester Indpls
Subscribed and sworn to before me this 30 day of Aug, 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....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* 3 *day of* September, 19 76, *authorizing the joining together as husband and wife* Gary D. Summitt *and* Deborah K. Fullen.

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

I, Rev. Vernon L. Darris *hereby certify that on the* 17 *day of* September, *one thousand nine hundred and* 76 *at* Faith Assembly of God, *County of* Hendricks, *State of Indiana, Groom* Gary D. Summitt *of* Hendricks *County, State of* Indiana, *and, Bride* Deborah K. Fullen *of* Hendricks *County, State of* Indiana, *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* Sept., 19 76.

Signed Rev. Vernon L. Darris
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* October, 19 76.

Signed Glen M. Harvey *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. 382

File

8-30-76
Date of Application

MALE
Medical Examination Report Dated 8-18-76
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 8-17-76
Name of Physician Herbert L. Sloan

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

Date of Birth: Month April Day 18 Year 1957

Place of Birth (State or foreign country) Schenectady Marion County New York State

Residence Address: Street or R. R. R.R. #1 Box 630-A 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 Greens Keeper

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Cert Statement Plainfield Jr. Sr. Hi School

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

Name Age Address

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

11. Full name of father Andrew de Jong
Residence of father (if deceased so state) Plainfield Ind
Occupation of father Maplehurst Race of father White
Birthplace of father (State or foreign country) Holland
12. Full maiden name of mother Ria Wassink
Residence of mother (if deceased so state) Plainfield Ind
Occupation of mother Plainfield Schools Race of mother White
Birthplace of mother (State or foreign country) Holland

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

Signed John de Jong
New Address RR1 Box 288 B Camby Ind

Subscribed and sworn to before me this 30 day of August, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Virginia Middle Jo Last Rees

Date of Birth: Month January Day 2 Year 1955

Place of Birth (State or foreign country) Sept. Marion Indiana

Residence Address: Street or R. R. R.R. #1 Box 288-B City Camby County Hend State Ind

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Golf Course and Dairy Queen

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Cert Statement Plainfield Jr. Sr. Hi School

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Dwire Rees Jr
Residence of father (if deceased so state) Camby, Ind
Occupation of father Golf Course - Farmer Race of father White
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Margaret Esther Bowsman
Residence of mother (if deceased so state) Camby, Ind
Occupation of mother Golf Course Race of mother White
Birthplace of mother (State or foreign country) Indiana

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

Signed Virginia Jo Rees
New Address RR1 Box 288B, Camby, IN

Subscribed and sworn to before me this 30 day of August, 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... 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 3 day of Sept, 19 76, authorizing the joining together as husband and wife John D. de Jong and Virginia Jo Rees
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, C. Luther Bostrom hereby certify that on the 10 day of September, one thousand nine hundred and 76 at Camby, County of Hendricks, State of Indiana, Groom John D. de Jong of Hendricks County, State of Indiana, and, Bride Virginia Jo Rees of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.
Dated this 10 day of September, 19 76.

Signed C. Luther Bostrom
Official Designation Presbyterian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Sept, 19 76.
Signed Glen M. Harvey 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. 383

File

8-30-76
Date of Application

MALE
Medical Examination Report Dated 8-25-76
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 8-25-76
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 Donald Middle Ray Last Jobst

Date of Birth: Month Jan Day 20 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: 430 Street or R. R. Gibbs St. City Plainfield County Hend. 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 Gas Attendant

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

☐ Other (Specify)

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Maxwell Jobst
    Residence of father (if deceased so state) Unknown
    Occupation of father Race of father wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Julia Foley
    Residence of mother (if deceased so state) Plainfield, In.
    Occupation of mother Secretary Race of mother wh
    Birthplace of mother (State or foreign country) Illinois

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

Signed Donald Ray Jobst
New Address Danville Ill.

Subscribed and sworn to before me this 30 day of Aug, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Rhonda Middle Kay Last Bruffett

Date of Birth: Month Feb. Day 21 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Rt 2 Box 41, Street or R. R. Indpls. City Hend. County In. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Bookeeper

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

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Jesse Bruffett
   Residence of father (if deceased so state) Indianapolis, In.
   Occupation of father Glazier Race of father wh
   Birthplace of father (State or foreign country) Missouri
8. Full maiden name of mother Frances Langford
   Residence of mother (if deceased so state) Indianapolis, In.
   Occupation of mother None Race of mother wh
   Birthplace of mother (State or foreign country) Missouri

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

Signed Rhonda Kay Bruffett
New Address Danville, In

Subscribed and sworn to before me this 30 day of Aug, 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued 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 3 day of Sept 19 76, authorizing the joining together as husband and wife Donald Ray Jobst and Rhonda Kay Bruffett

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

I, John L. Drollinger hereby certify that on the 5 day of Sept, one thousand nine hundred and 76 at Plainfield, County of Hendricks, State of Indiana, Groom Donald Ray Jobst of Hendricks County, State of Indiana, and, Bride Rhonda Kay Bruffett of Hendricks County, State of Indiana, were by me united 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 Sept. 19 76.

Signed John L. Drollinger
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of Sept. 19 76.

Signed Glen M. Harvey Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 384

File

August 30 1976 Date of Application

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

MALE
Medical Examination Report Dated 8/30/76
Name of Physician Wm. Edwards Md.

FEMALE
Medical Examination Report Dated 8/27/76
Name of Physician M.S. Munski 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 Richard Middle A. Last Harvey

Date of Birth: Month March Day 22 Year 1949

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. 122 Lawton Ave. City Danville County Hendricks State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Construction

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Voters Registration #5729

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Harvey
    Residence of father (if deceased so state) Danville, Ind.
    Occupation of father Contractor Race of father White
    Birthplace of father (State or foreign country) Danville Ind
12. Full maiden name of mother Alice Elizabeth Army
    Residence of mother (if deceased so state) Danville, Ind.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Corydon, Ind.

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

Signed Richard A. Harvey

New Address 122 LAWTON AVE DANVILLE IN

Subscribed and sworn to before me this 30 day of August, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Jena Middle P. Last Atherton

Date of Birth: Month September Day 29 Year 1954

Place of Birth (State or foreign country) Lawsville Ky

Residence Address: Street or R. R. 122 Lawton Ave. City Danville County Hendricks State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Jefferson Co. 1975

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

Usual Occupation Dental Assistant

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 114331 #

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Hubert Atherton
   Residence of father (if deceased so state) Louisville Ky
   Occupation of father Excavator Race of father White
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Sue Allen Otis
   Residence of mother (if deceased so state) Louisville Ky.
   Occupation of mother Secretary Race of mother White
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Jena Atherton

New Address 122 Lawton Ave.

Subscribed and sworn to before me this 30 day of August, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....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 3 day of Sept, 19 76, authorizing the joining together as husband and wife Richard A. Harvey and Jena P. Atherton

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

I, Richard J. Groover hereby certify that on the 3 day of Sept., one thousand nine hundred and 76 at Danville, County of Hendricks, State of Indiana, Groom Richard Allen Harvey of Hendricks County, State of Indiana, and, Bride Jena Pauline Atherton of Hendricks County, State of Indiana, were by me united 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 Sept., 19 76.

Signed Richard J. Groover

Official Designation Judge, Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Sept., 19 76.

Signed Glen M. Harvey Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1965

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 385
File Book 38
Aug 30-76
Date of Application

MALE
Medical Examination Report Dated Aug 30, 1976
Name of Physician David A. Haggard

FEMALE
Medical Examination Report Dated Aug 30, 1976
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1965 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Tommy Middle W Last Tyler
Date of Birth: Month January Day 24 Year 1948
Place of Birth (State or foreign country) Milan In.
Residence Address: Street or R. R. P.O. Box 209 City Clayton County State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1975 Hend
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Counter Man
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Insurance # 22736

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

Name	Age	Address

(b) Are you supporting or contributing to their 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 Russell Tyler
    Residence of father (If deceased so state) 241 N. Jefferson Brownsburg
    Occupation of father Retired Race of father
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Ethel Mae Cole
    Residence of mother (If deceased so state) Same
    Occupation of mother Retired Race of mother
    Birthplace of mother (State or foreign country) Indiana

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

Signed Tommy W Tyler
New Address 1014 Pierce 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Judith Middle E Last Bruce
Date of Birth: Month 4 Day 17 Year 1936
Place of Birth (State or foreign country) Bush, Brown Ind
Residence Address: Street or R. R. 1014 Pierce Dr. City Plfd County State
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hend 1974
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) # 52

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Howard May
   Residence of father (If deceased so state) California
   Occupation of father — Race of father
   Birthplace of father (State or foreign country) Ind
8. Full maiden name of mother Virginia C Marsh
   Residence of mother (If deceased so state) deceased
   Occupation of mother — Race of mother
   Birthplace of mother (State or foreign country) Indpls. Ind

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

Signed Judith E Bruce
New Address 1014 Pierce Dr. Plfd 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court by written order issued ____ 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 3rd *day of* Sept, 19 76, *authorizing the joining together as husband and wife* Tommy W. Tyler *and* Judith E. Bruce
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. E. C. Owen *hereby certify that on the* 4th *day of* September, *one thousand nine hundred and* 76 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Tommy W. Tyler *of* Hendricks *County, State of* Indiana *and, Bride* Judith E. Bruce *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ____ County.*
Dated this 4th *day of* September, 19 76

Signed Rev. E. C. Owen
Official Designation ____

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* September, 19 76
Signed Helen M Harvey *Clerk*
____ *Circuit Court*

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 386

File

8-30-76 Date of Application

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

MALE
Medical Examination Report Dated 8-27-76
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 8-27-76
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 David Middle Wayne Last Jenkins

Date of Birth: Month Jan Day 2 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 2 Box 150 City Clayton County State In.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Dishwasher

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 Junior Dale Jenkins
    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 Carla Ann Hunt
    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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David W. Jenkins
New Address 1809 Beechwood Dr.

Subscribed and sworn to before me this 30 day of Aug, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Cassandra Middle Kay Last Baker

Date of Birth: Month July Day 19 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1809 Beechwood City Plainfield County In. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation 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 George R. Baker
   Residence of father (if deceased so state) Plainfield, In
   Occupation of father Foreman Race of father Wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Monica R. Weeks
   Residence of mother (if deceased so state) Plainfield, In.
   Occupation of mother Payroll Clerk Race of mother wh
   Birthplace of mother (State or foreign country) Indiana

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

Signed Cassandra R Baker
New Address 1809 Beechwood Dr.

Subscribed and sworn to before me this 30 day of Aug, 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ....., 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 3rd day of Sept, 19 76, authorizing the joining together as husband and wife David Wayne Jenkins and Cassandra Kay Baker
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R Kent Allen hereby certify that on the 4 day of September, one thousand nine hundred and 76 at Plainfield, County of Hendricks, State of Indiana, Groom David Wayne Jenkins of Hendricks County, State of Indiana, and, Bride Cassandra Kay Baker of Hendricks County, State of Indiana, 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 4 day of September, 19 76.

Signed R Kent Allen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of September, 19 76.
Signed Glen M Harvey 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. 387

File

8-30-76
Date of Application

MALE
Medical Examination Report Dated 8-30-76
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 8-30-76
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: First Marshall Middle D. Last Trent
Date of Birth: Month Feb Day 15 Year 1923
Place of Birth (State or foreign country) Chris Kentucky
Residence Address: Street or R. R. RR # 1 Box 218 City Pittsboro County Ind State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Allison
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Army Discharge - Serial # 35-582-676

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Tolman Trent
    Residence of father (if deceased so state) deceased
    Occupation of father Race of father
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Lottie Brock
    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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marshall D. Trent
New Address RR 1 Box 218 Pittsboro, Ind
Subscribed and sworn to before me this 30 day of August, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Mary Middle Ann Last Trent
Date of Birth: Month Feb Day 3 Year 1942
Place of Birth (State or foreign country) Lebanon In.
Residence Address: Street or R. R. RR #1 Box 218 City Pittsboro County In. 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) Insurance - Life & Casualty Ins.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Clyde Franklin Robinson
   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 Martha Ellen Monnette
   Residence of mother (if deceased so state) Box 58 Jamestown, In.
   Occupation of mother Retired Race of mother
   Birthplace of mother (State or foreign country) Indiana

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

Signed x Mary Ann Trent
New Address R.R. # 1 Box 218 Pittsboro
Subscribed and sworn to before me this 30 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... 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* 3 *day of* Sept. *,* 19 76., *authorizing the joining together as husband and wife* Marshall D. Trent *and* Mary Ann Trent

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* 4 *day of* Sept. *,* one thousand nine hundred and 76 *at* 2nd P.H. Baptist Church Fyton *County of* Hendricks *,* State of Indiana, Groom Marshall D. Trent *of* Hendricks *County, State of* Indiana *and, Bride* Mary Ann Trent *of* Hendricks *County, State of* Indiana *, were by me united 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* Sept. *,* 19 76.

Signed Rev. Raymond L. Rader
Official Designation Pastor 2nd Baptist Church Fyton Ind.

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* Sept. *,* 19 76.

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. 388

File

August 31, 1976
Date of Application

MALE
Medical Examination Report Dated 8-27-76
Name of Physician G. N. Sanders M.D.

FEMALE
Medical Examination Report Dated 8-27-76
Name of Physician G. N. Sanders 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 Keith Middle Alan Last Tracey

Date of Birth: Month 2 January Day 9 Year 1957

Place of Birth (State or foreign country): Bellefontaine City Logan County Ohio State

Residence Address: Street or R. R. 225 Parkview City Brownsburg County Hen State Ind

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Bank Clerk

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

☐ Other (Specify) St. Mary Ritter 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 Richard Tracey
    Residence of father (if deceased so state) Brownsburg Ind
    Occupation of father Railroad Race of father White
    Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Frances Rothwell Jackson
    Residence of mother (if deceased so state) Brownsburg Ind.
    Occupation of mother Pipefitter Gas Race of mother White
    Birthplace of mother (State or foreign country) Indiana

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

Signed Keith Alan Tracey

New Address Speedway

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

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Sandra Middle Kaye Last Huff

Date of Birth: Month October Day 26 Year 1957

Place of Birth (State or foreign country): Brazil City Clay County Indiana

Residence Address: Street or R. R. 40 North green City Parkway, County Brownsburg, State In.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Key punch operator

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

☐ Other (Specify) #57-265764

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

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

Signed Sandra Kaye Huff

New Address Speedway

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

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....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* 4th *day of* September, 19 76, *authorizing the joining together as husband and wife* Keith Alan Tracey *and* Sandra Kaye Huff

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

I, Jerry R. Nash *hereby certify that on the* 4th *day of* September, *one thousand nine hundred and* 76 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Keith Alan Tracey *of* Hendricks *County, State of* Indiana, *and, Bride* Sandra Kaye Huff *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of.....County.*

Dated this 4th *day of* September, 19 76.

Signed Jerry R. Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* September, 19 76.

Signed Glen M. Harvey *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. 389

File

August 31, 1976
Date of Application

MALE
Medical Examination Report Dated 8/25/76
Name of Physician Lloyd S. Terry MD.

FEMALE
Medical Examination Report Dated 8/23/76
Name of Physician Lloyd S. Terry 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 Gregory Middle A. Last Bowden
Date of Birth: Month June Day 30 Year 1950
Place of Birth (State or foreign country): Indianapolis Marion Ind.
Residence Address: Street or R. R. P.O. Box 127 City North Salem County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Maintenance - Hendricks Co. Hospital
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service # 12 35 50 2 1 2

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Lewis Elbon Bowden
    Residence of father (if deceased so state): North Salem Ind.
    Occupation of father: Basker Race of father: White
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Marilea Jo Adams
    Residence of mother (if deceased so state): North Salem Ind.
    Occupation of mother: Gates Rubber Co. Race of mother: White
    Birthplace of mother (State or foreign country): Indiana

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

Signed Gregory A. Bowden
New Address North Salem, Ind 46165
Subscribed and sworn to before me this 31 day of August, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Nancy Middle E. Last Burdine
Date of Birth: Month March Day 27 Year 1956
Place of Birth (State or foreign country): Greencastle Putnam In.
Residence Address: Street or R. R. R.R. 2 Box 51, City Rockville County Parke State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Beautician
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 56-023976

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

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

Signed Nancy E. Burdine
New Address North Salem, Ind 46165
Subscribed and sworn to before me this 31 day of August, 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....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* 7 *day of* Sept, 19 76, *authorizing the joining together as husband and wife* Gregory A. Bowden *and* Nancy E. Burdine

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

I, Herbert J. Wilson *hereby certify that on the* 19 *day of* September, *one thousand nine hundred and* 76 *at* North Salem, *County of* Hendricks, *State of Indiana, Groom* Gregory A. Bowden *of* Hendricks *County, State of* Indiana *and, Bride* Nancy E. Burdine *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.*

Dated this 19 *day of* September, 19 76.

Signed Herbert J. Wilson
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* September, 19 76.

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 390

File

September 1 1976
Date of Application

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

MALE
Medical Examination Report Dated 8-25-76
Name of Physician Thomas Walker MD

FEMALE
Medical Examination Report Dated 8-23-76
Name of Physician Thomas Walker MD

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

MALE APPLICANT

Name: First David Middle Glenn Last Pence

Date of Birth: Month July Day 30 Year 1956

Place of Birth (State or foreign country): Wabash City Wabash County Indiana State

Residence Address: Street or R. R. 4059 Golden Eagle Dr City Dolphin County Indiana State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: P.C.A.

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

☐ Other (Specify) Wabash Indiana Health Dept

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

Name Age Address

(b) Are you supporting or contributing to their 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 Joseph Pence
Residence of father (if deceased so state) Wabash Ind.
Occupation of father Accountant Race of father White
Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Dixie Maurine Miller
Residence of mother (if deceased so state) Wabash, Ind.
Occupation of mother Purchasing Race of mother White
Birthplace of mother (State or foreign country) Ohio

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

Signed David Glenn Pence
New Address 4059 Golden Eagle, Dolphin

Subscribed and sworn to before me this 1st day of September, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Russann Middle Last Rickard

Date of Birth: Month December Day 14 Year 1956

Place of Birth (State or foreign country): Indianapolis City Marion County Ind. State

Residence Address: Street or R. R. 36 Acre Lane City Brownsburg County Ind. State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Receptionist

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

☐ Other (Specify) # 56-253186

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

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

Signed Russann Rickard
New Address 4059 Golden Eagle, Dolphin

Subscribed and sworn to before me this 1st day of September, 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....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 10th day of September, 19 76, authorizing the joining together as husband and wife David Glenn Pence and Russann Rickard

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

I, Rev Anton B Braun hereby certify that on the 11 day of September, one thousand nine hundred and 76 at Brownsburg, County of Hendricks, State of Indiana, Groom David Glenn Pence of Hendricks County, State of Indiana, and, Bride Russann Rickard of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of.....County.

Dated this 11 day of September, 19 76.

Signed Rev Anton B Braun sfm
Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of Sept., 19 76.

Signed Glenn M Harvey 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. 390
File 38
Sept. 2, 1976
Date of Application

MALE
Medical Examination Report Dated 8-31-76
Name of Physician Irving Cohen M.D.

FEMALE
Medical Examination Report Dated 8-31-76
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: First Theodore Middle H. Last Haskins

Date of Birth: Month 9 Day 28 Year 1902

Place of Birth (State or foreign country) Wakeman, Huron Ohio

Residence Address: Street or R. R. 635 Poplar St. City Plainfield County Hend. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Jackson Co. Mich. Aug 27, 1976

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

Usual Occupation: Electrical Engineer (Retired)

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

☒ Other (Specify) Mich. Drivers Licence H-252-792-303-749

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 Isaac Haskins
    Residence of father (if deceased so state) Deceased
    Occupation of father Farmer Race of father W
    Birthplace of father (State or foreign country) Wakeman, Ohio
12. Full maiden name of mother Mary A. Green
    Residence of mother (if deceased so state) Deceased
    Occupation of mother Race of mother W
    Birthplace of mother (State or foreign country) Wakeman, Ohio

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

Signed Theodore H Haskins
New Address 635 Poplar St. Plainfield

Subscribed and sworn to before me this 2 day of Sept., 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Dorothy Middle I Last Shore

Date of Birth: Month 1 Day 16 Year 1904

Place of Birth (State or foreign country) Ashley, DeKalb Co., Ind.

Residence Address: Street or R. R. 635 Poplar St. City Plainfield County Hend. State Ind.

Maiden Name if Different Dorothy I. Kirchner

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

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

Usual Occupation: Retired (Door Maker Ind. Central Cabinet)

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

☐ Other (Specify) Ind. Drivers Lic. S 315-26-2362

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

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

Signed Dorothy I Shore
New Address 635 Poplar St. Plainfield

Subscribed and sworn to before me this 2 day of Sept., 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... 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 1 day of Sept, 19 76, authorizing the joining together as husband and wife Theodore H. Haskins and Dorothy I. Shore

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

I, Rev James Cainting hereby certify that on the 8 day of September, one thousand nine hundred and 76 at Plainfield, County of Hendricks, State of Indiana, Groom Theodore H. Haskins of Hendricks County, State of Indiana, and, Bride Dorothy I. Shore of Hendricks County, State of Indiana, 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 8 day of September, 19 76.

Signed Rev James W Cainting
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Sept., 19 76.

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 392

File

September 2 1976
Date of Application

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

MALE
Medical Examination Report Dated 8-31-76
Name of Physician William Edwards M.D.

FEMALE
Medical Examination Report Dated 8-31-76
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: First Luther Middle Michael Last Neeley

Date of Birth: Month September Day 7 Year 1950

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

Residence Address: Street or R. R. P.O. Box 67 City Clayton County Hend. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1975 - Hend.

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

Usual Occupation Co-op (Farm Bureau)

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

☐ Other (Specify) # 8455

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 Chester Neeley
    Residence of father (if deceased so state) Clayton, Ind.
    Occupation of father Yellow Trenst Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Sally Maxine Johnson
    Residence of mother (if deceased so state) Clayton, Ind.
    Occupation of mother Post Office Race of mother White
    Birthplace of mother (State or foreign country) Ohio

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

Signed Luther Michael Neeley

New Address 3678 A GLEN ARMS RD INDPLS

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Janice Middle Helen Last Maynard

Date of Birth: Month January Day 7 Year 1955

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

Residence Address: Street or R. R. 3678 A Glen Arms Ave City Indpls County State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Registered Nurse

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

☐ Other (Specify) # 114

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

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

Signed Janice Helen Maynard

New Address 3678 A Glen Arm Rd Indpls.

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

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN 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* 2nd *day of* September, 1976, *authorizing the joining together as husband and wife* Luther Michael Neeley *and* Janice HELEN Maynard

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

I, Ronald C. Gabbard *hereby certify that on the* 4th *day of* September, *one thousand nine hundred and* 76 *at* Bloomfield, *County of* Greene, *State of Indiana, Groom* Luther Michael Neeley *of* Hendricks *County, State of* Indiana, *and, Bride* Janice Helen Maynard *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 4th *day of* September, 19 76

Signed Ronald C. Gabbard

Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* September, 19 76.

Signed Glen M. Harvey 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. 393

File

9-2-76
Date of Application

MALE
Medical Examination Report Dated 8-25-76
Name of Physician David M. Hadley M.D.

FEMALE
Medical Examination Report Dated 8-25-76
Name of Physician David M. Hadley M.D.

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

MALE APPLICANT

Name: First Ronald Middle — Last Gent

Date of Birth: Month Aug. Day 27 Year 1955

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

Residence Address: Street or R. R. 981 West Main City Danville County — State In

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Murphy's Labr.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service 12-30-55-351

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Gent Jr.
    Residence of father (if deceased so state) 4197 N. Vine St. Plfd.
    Occupation of father Well Drilling Race of father.....
    Birthplace of father (State or foreign country) Virginia
12. Full maiden name of mother Bessie Farris
    Residence of mother (if deceased so state) 4197 N. Vine St. Plfd.
    Occupation of mother Factory Race of mother.....
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Ronald Gent
New Address 981 W Main St. Danville

Subscribed and sworn to before me this 2 day of Sept, 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, County of ..... } ss:

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

FEMALE APPLICANT

Name: First Donna Middle Donna Last Hawkins

Date of Birth: Month Nov. Day 12 Year 1957

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

Residence Address: Street or R. R. 981 West Main City Danville County — State In

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Waitress

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 14166

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 David Hawkins
   Residence of father (if deceased so state) 21 Karyn Dr. Plfd.
   Occupation of father Con Kail Race of father.....
   Birthplace of father (State or foreign country) Indianapolis, In.
8. Full maiden name of mother Mary Josephine Curran
   Residence of mother (if deceased so state) 21 Karyn Dr. Plfd.
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Indiana

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

Signed Jo Donna Hawkins
New Address 981 West Main St. Danville, In

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the* 2 *day of* Sept, 19 76, *authorizing the joining together as husband and wife* Ronald Gent *and* Jo Donna Hawkins

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

I, Rev Danny C. Byrd *hereby certify that on the* 22 *day of* September, *one thousand nine hundred and* 76 *at* Liston, *County of* Hendricks, *State of Indiana, Groom* Ronald Gent *of* Hendricks *County, State of* Indiana, *and, Bride* Jo Donna Hawkins *of* Hendricks *County, State of* Indiana, *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* September, 19 76.

Signed Rev. Danny C. Byrd
Official Designation Minister, Liston U.M.C.

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* September, 19 76.

Signed Glen M. Harvey 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. 394

File

September 3 1976
Date of Application

MALE
Medical Examination Report Dated 8-20-76
Name of Physician David Anthony Danbro, Ind.

FEMALE
Medical Examination Report Dated 8-20-76
Name of Physician David Anthony Danbro, Ind.

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

MALE APPLICANT

Name: First Dana Middle B. Last Fauvergue

Date of Birth: Month June Day 15 Year 1954

Place of Birth (State or foreign country): Indianapolis Marion Ind.
City County State

Residence Address: 4949 W. Naomi Street or R. R. Indpls 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: Grocery Clerk

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

☐ Other (Specify) Sel. Serv. # 1223354242

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

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

Signed Dana B. Fauvergue
New Address 4949 W. Naomi St. Indpls
Subscribed and sworn to before me this 3 day of September, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Julie Middle Ann Last Imel

Date of Birth: Month April Day 23 Year 1959

Place of Birth (State or foreign country): Lebanon Boone Ind.
Residence Address: 9 Stevens Dr. Plainfield Hendricks 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: Student

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 William Robert Imel
   Residence of father (if deceased so state) Plainfield, Ind.
   Occupation of father Retired Diesel Race of father White
   Birthplace of father (State or foreign country) Indpls. Ind.
8. Full maiden name of mother Shirley Mae Shelby
   Residence of mother (if deceased so state) Plainfield Ind.
   Occupation of mother Homemaker Race of mother White
   Birthplace of mother (State or foreign country) Beech Grove, Ind.

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

Signed Julie Ann Imel
New Address 4949 W. Naomi St
Subscribed and sworn to before me this 3 day of September 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, County of HENDRICKS } ss:

Signed William Robert Imel Father
Signed Shirley Mae Imel Mother
Subscribed and sworn to before me this 3 day of September 19 76
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* 7 *day of* Sept, 19 76, *authorizing the joining together as husband and wife* Dana B. Fauvergue *and* Julie Ann Imel
Be it further remembered, the following marriage certificate was filed in my office, to wit:
I, Rev John E. Smith *hereby certify that on the* 11th *day of* September, *one thousand nine hundred and* 76 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Dana B. Fauvergue *of* Marion *County, State of* Indiana, *and, Bride* Julie Ann Imel *of* Hendricks *County, State of* Indiana, *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 11th *day of* September, 19 76.

Signed Rev John E. Smith
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* September, 19 76.

Signed Glen M. Harvey *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. 395
File 38
9-7-76
Date of Application

MALE
Medical Examination Report Dated 8-25-76
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 8-25-76
Name of Physician Wm. Edwards

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

MALE APPLICANT

Name: First Daniel Middle E. Last Rumley
Date of Birth: Month October Day 24 Year 1956
Place of Birth (State or foreign country) ~~43~~ Indianapolis Indiana
Residence Address: Street or R. R. 433 Harding City Plainfield County Ind State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Butgers Packaging
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service Card # 123056473

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Edward Rumley
    Residence of father (if deceased so state) 636 Longdale Plainfield, Ind.
    Occupation of father Chrysler Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Phillips Gay Murphy
    Residence of mother (if deceased so state) 636 Longdale Plainfield, Ind
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed ☒ Daniel E Rumley
New Address 433 Harding St Plnfd Ind.
Subscribed and sworn to before me this 7 day of Sept., 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Terri Middle L. Last McLaughlin
Date of Birth: Month August Day 30 Year 1957
Place of Birth (State or foreign country) Bellefontaine Ohio
Residence Address: R. 2 Box 58 Street or R. R. Plainfield City County State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Asst Manager Carl Harris
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ohio Dept of Health # 466

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Jerry Devere Mc Laughlin
   Residence of father (if deceased so state) Lakeview, Ohio
   Occupation of father Barber Race of father W
   Birthplace of father (State or foreign country) Ohio
8. Full maiden name of mother Jacquelyn Lee Miller
   Residence of mother (if deceased so state) R. 2 Bx 58 Plainfield, Ind
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Ohio

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

Signed ☒ Terry L. McLaughlin
New Address 433 Harding St. Plainfield Ind
Subscribed and sworn to before me this 7 day of Sept., 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Circuit Court *of Indiana dated the* 17 *day of* September, 19 76, *authorizing the joining together as husband and wife* Daniel E. Rumley *and* Terry L Mc Laughlin

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

I, Rev. Dillon Laffin *hereby certify that on the* 17 *day of* September, *one thousand nine hundred and* 76 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Daniel E. Rumley *of* Hendricks *County, State of* Indiana, *and, Bride* Terry L Mc Laughlin *of* Hendricks *County, State of* Indiana, *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* Sept., 19 76.

Signed Rev. Dillon Laffin
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* Sept., 19 76.

Signed Glen M Harvey *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. 396
File 38
9-1-76
Date of Application

MALE
Medical Examination Report Dated 9-3-76
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 9-3-76
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 Rick Middle — Last Blankenship
Date of Birth: Month March Day 14 Year 1959
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R1 City Liston County — State Indiana
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Carpenter
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #113-59-021930

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name — Age — Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Levi Blankenship
    Residence of father (if deceased so state) R1, Liston, Ind.
    Occupation of father Farmer Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Evelyn George
    Residence of mother (if deceased so state) R1 Liston, Ind
    Occupation of mother Nurses Aid Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

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

Signed X Rick Blankenship
New Address R1 Box 186A Pittsboro Ind.
Subscribed and sworn to before me this 7 day of Sept., 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,
County of HENDRICKS } ss:

Signed.....Father
Signed Evelyn Blankenship Mother
Subscribed and sworn to before me this 7 day of Sept., 19 76.
Glen M Harvey Clerk

FEMALE APPLICANT

Name: First Darlene Middle Newby Last
Date of Birth: Month October Day 4 Year 1958
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R1 Box 186A City Danville, County — State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree State Bd. of Health
☐ Other (Specify) 113-58-089057

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 R Newby
   Residence of father (if deceased so state) R1 Bx 186A Danville, Ind.
   Occupation of father Millwright Race of father W
   Birthplace of father (State or foreign country) Ohio
8. Full maiden name of mother Alice M Getty
   Residence of mother (if deceased so state) R1 Bx 186A Danville, Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Darlene E Newby
New Address RR1, Box 186A Pittsboro
Subscribed and sworn to before me this 7 day of Sept., 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,
County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....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 11th day of September, 19 76, authorizing the joining together as husband and wife Rick Blankenship and Darlene Newby.
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 11 day of September, one thousand nine hundred and 76, at First Baptist Church, County of Hendricks, State of Indiana, Groom Rick Blankenship of Hendricks County, State of Indiana, and, Bride Darlene Newby of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of.....County.
Dated this 11 day of September, 19 76.

Signed Rev Raymond L Rader
Official Designation Pastor, 1st Baptist Church, Liston, Ind

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Sept., 19 76.

Signed Glen M Harvey 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. 396
File 38
9-7-76 Date of Application

MALE
Medical Examination Report Dated 9-3-76
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 9-3-76
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 Rick Middle [illegible] Last Blankenship
Date of Birth: Month March Day 14 Year 1959
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. R1, City Liston County [illegible] 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 Carpenter
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #113-59-021930

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Levi Blankenship
    Residence of father (if deceased so state) R1, Liston, Ind.
    Occupation of father Farmer Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Evelyn George
    Residence of mother (if deceased so state) R1 Liston, Ind
    Occupation of mother Nurses Aid Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name: First Darlene Middle Newby Last
Date of Birth: Month October Day 4 Year 1958
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R1 Box 186A City Danville, County [illegible] State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree State Bd of Health
☐ Other (Specify) 113-58-089057

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 R. Newby
   Residence of father (if deceased so state) R1 Bx 186A Danville, Ind.
   Occupation of father Millwright Race of father W
   Birthplace of father (State or foreign country) Ohio
8. Full maiden name of mother Alice M Cetty
   Residence of mother (if deceased so state) R1 Bx 186A Danville, Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Darlene E. Newby
New Address RR 1, Box 186A Pittsboro

Subscribed and sworn to before me this 7 day of Sept., 19 76
HENDRICKS Circuit Court

I, Levi Blankenship, hereby give my consent for my son, Ricky Blankenship to marry Darlene Newby.

Levi Blankenship

Subscribed and sworn to before me this 7th day of Sept. 1976

Bernice J. Turner
Notary Public Bernice J. Turner

My commission expires January 28, 1980

marriage. If only one parent unnecessary.....
.....Father
.....Mother
....., 19.....
.....Clerk
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 11th day of September, 19 76, authorizing the joining together as husband and wife Rick Blankenship and Darlene Newby

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 11 day of September, one thousand nine hundred and 76 at First Baptist Church, County of Hendricks, State of Indiana, Groom Rick Blankenship of Hendricks County, State of Indiana, and, Bride Darlene Newby of Hendricks County, State of Indiana, 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 11 day of September, 19 76.

Signed Rev. Raymond L Rader
Official Designation Pastor, 1st Baptist Church, Liston, Ind

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Sept., 19 76.

Signed Glen M. Harvey 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. 397

File

9-7-76
Date of Application

MALE
Medical Examination Report Dated 8-14-76
Name of Physician Margaret A. Bassett

FEMALE
Medical Examination Report Dated 8-14-76
Name of Physician Margaret A. Bassett

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

Date of Birth: Month August Day 11 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 121 William Dr. City Brownsburg County State

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Parts man

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

☐ Other (Specify)

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

Name	Age	Address

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

11. Full name of father Donald L. Lowe
    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 Alice F. McDonald
    Residence of mother (if deceased so state) Lebanon
    Occupation of mother Waitress Race of mother Wh
    Birthplace of mother (State or foreign country) Indiana

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

Signed James E Lowe
New Address 121 William Dr. Brownsburg

Subscribed and sworn to before me this 7 day of Sept, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Lisi Middle Kae Last Goodnight

Date of Birth: Month Feb. Day 16 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 1 Box 33 City North Salem County Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation None

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

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Rex L. Goodnight
   Residence of father (if deceased so state) Unknown
   Occupation of father Brick Mason Race of father Wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Phyllis V. Maytoth
   Residence of mother (if deceased so state) North Salem, In.
   Occupation of mother Bus driver Race of mother Wh
   Birthplace of mother (State or foreign country) Indiana

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

Signed Lisi K. Goodnight
New Address 121 William Dr Apt Brownsburg

Subscribed and sworn to before me this 7 day of Sept, 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court by written order issued ____ 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* 11th *day of* Sept, 19 76, *authorizing the joining together as husband and wife* James Edward Lowe *and* Lisi Kae Goodnight

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* 11th *day of* September, *one thousand nine hundred and* 76 *at* North Salem Christian Church *County of* Hendricks, *State of Indiana, Groom* James Edward Lowe *of* Hendricks *County, State of* Indiana, *and, Bride* Lisi Kae 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* ____ *County.*

Dated this 11th *day of* September, 19 76.

Signed Earl C. Davis, B.D. FAPC
Official Designation Pastor-Counselor

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* September, 19 76

Signed Glen M. Harvey *Clerk*
Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 398

File

Date of Application 9-7-76

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

MALE
Medical Examination Report Dated 9-2-76
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 9-2-76
Name of Physician Wm. Edwards

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

MALE APPLICANT

Name: First Danny Middle Ray Last Burton

Date of Birth: Month August Day 8 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 461 Hawley Dr. City Danville County State In.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Phone Disk

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 Albert G. Burton
    Residence of father (if deceased so state) Danville, In.
    Occupation of father Welder Race of father Wh.
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Lora A. Dalton
    Residence of mother (if deceased so state) Danville, In.
    Occupation of mother None Race of mother Wh.
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Danny Burton
New Address 461 Hawley Dr. Danville
Subscribed and sworn to before me this 7 day of Sept., 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Laura Middle Ann Last Bewley

Date of Birth: Month April Day 30 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 2 Box 282 City Plainfield County In. State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation 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 Harry K. Bewley
   Residence of father (if deceased so state) Plainfield, In.
   Occupation of father Machine Op't. Race of father Wh.
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Joyce A. Gerdts
   Residence of mother (if deceased so state) Plainfield, In.
   Occupation of mother None Race of mother Wh.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Laura Bewley
New Address 461 Hawley Dr. R. Danville
Subscribed and sworn to before me this 7 day of Sept., 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, County of HENDRICKS } ss:

Signed Harry K. Bewley Father
Signed Joyce A. Bewley Mother
Subscribed and sworn to before me this 7 day of Sept., 19 76.
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 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 ..... Circuit Court of Indiana dated the 7 day of September, 19 76, authorizing the joining together as husband and wife Danny Ray Burton and Laura Ann Bewley
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 11 day of September, one thousand nine hundred and 76 at Danville, County of Hendricks, State of Indiana, Groom Danny Ray Burton of Hendricks County, State of Indiana, and, Bride Laura Ann Bewley of Hendricks County, State of Indiana, 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 11 day of September, 19 76.

Signed Dr. Joseph D Stump
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of September, 19 76.

Signed Glen M. Harvey 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. 399
File 38
9-8-76
Date of Application

MALE
Medical Examination Report Dated 9-7-76
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated 9-7-76
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 Edward Middle W. Last La Roache
Date of Birth: Month May Day 22 Year 1958
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R. R. 438 Avon City Plainfield County Ind. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Construction
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) School record.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Wm. La Roache
    Residence of father (if deceased so state): Same
    Occupation of father: Tool + Die Race of father: W
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Mary Jane Williams
    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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Edward La Roche
New Address 11315 West Wash. Indpls

Subscribed and sworn to before me this 8 day of Sept., 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Donna Middle M. Last Lippincott
Date of Birth: Month June Day 26 Year 1955
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R. R. RR2 Box 231 City Clayton County Ind. State
Malden Name if Different
Previous 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 St. Bd. of Health 6783
☐ Other (Specify)

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

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

Signed X Donna Lippincott
New Address 11315 W. Wash Indpls

Subscribed and sworn to before me this 8 day of Sept., 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the* 8 *day of* September, 19 76, *authorizing the joining together as husband and wife* Edward W. La Roache *and* Donna M. Lippincott

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

I, Darrell W. Cox *hereby certify that on the* 10 *day of* September, *one thousand nine hundred and* 76 *at* Indianapolis, *County of* Hendricks, *State of Indiana, Groom* Edward W. La Roache *of* Hendricks *County, State of* Indiana *and, Bride* Donna M. Lippincott *of* Hendricks *County, State of* Indiana, *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 8 *day of* Sept., 19 76.

Signed Darrell W. Cox
Official Designation Pastor, Maple Grove Bapt. Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* Sept., 19 76.

Signed Glen M. Harvey *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. 400

File

9-8-76 Date of Application

MALE
Medical Examination Report Dated 9-8-76
Name of Physician Elmer L. Koch

FEMALE
Medical Examination Report Dated 9-8-76
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: First Arthur Middle Edward Last Habich

Date of Birth: Month 8 Day 19 Year 1951

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

Residence Address: Street or R. R. 7851 Skycrest Trail # 1810 City Indpls. County Ind. State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Machinist

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

☐ Other (Specify) # 8680

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their 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 Joseph Habich
    Residence of father (if deceased so state) deceased
    Occupation of father..... Race of father.....
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Edith Goodman
    Residence of mother (if deceased so state) 427 Clayton, In
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Indiana

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

Signed Arthur E. Habich

New Address 7851 Skycrest Trail Ind.

Subscribed and sworn to before me this 8 day of Sept., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First M. Middle Elizabeth Last Kolf.

Date of Birth: Month 7 Day 24 Year 1958

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

Residence Address: Street or R. R. 109 E. Mill St. City Danville County..... State In.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Secretary

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

☐ Other (Specify) # 8990

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

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

Signed M. Elizabeth Kolf

New Address 7851 Skycrest Tr. # 1810

Subscribed and sworn to before me this 8 day of Sept., 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....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* 13 *day of* September, 19 76, *authorizing the joining together as husband and wife* Arthur Edward Habich *and* M. Elizabeth Kilf

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

I, Joseph Mc Crisaken *hereby certify that on the* 2nd *day of* October, *one thousand nine hundred and* 76 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Arthur Edward Habich *of* Marion *County, State of* Indiana, *and, Bride* M. Elizabeth Kilf *of* Hendricks *County, State of* Indiana, *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 2nd *day of* October, 19 76.

Signed Joseph McCrisakin

Official Designation Roman Cathdic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* October, 19 76.

Signed Glen M. Harvey *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. 401

File

9-8-76
Date of Application

MALE
Medical Examination Report Dated 8-26-76
Name of Physician Justine Lane

FEMALE
Medical Examination Report Dated 8-26-76
Name of Physician Justine Lane

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

MALE APPLICANT

Name: First Joel Middle Sidney Last Ward

Date of Birth: Month Feb. Day 20 Year 1951

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 1 Box 138 City Stilesville County [illegible] 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 Farmer

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

☐ Other (Specify).....

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

    Name Age Address

    .....

    .....

    .....

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Guy L Ward
    Residence of father (if deceased so state) Stilesville In.
    Occupation of father Farmer Race of father wh
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Lorene Williams
    Residence of mother (if deceased so state) Stilesville, In.
    Occupation of mother None Race of mother wh
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Joel S Ward

New Address RR1 Box 138 Stilesville

Subscribed and sworn to before me this 8 day of Sept., 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,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Brenda Middle Joann Last Ritter

Date of Birth: Month Aug. Day 4 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 2 Box 268 City Plainfield County [illegible] State In.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation 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 Laurence D. Ritter
   Residence of father (if deceased so state) Plainfield, In.
   Occupation of father Allisons Race of father wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Patricia J. Newsome
   Residence of mother (if deceased so state) Plainfield, In.
   Occupation of mother None Race of mother wh
   Birthplace of mother (State or foreign country) Indiana

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

Signed Brenda J. Ritter

New Address RR 1 Box 138 Stilesville

Subscribed and sworn to before me this 8 day of Sept., 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,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....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* 13 *day of* September, 19 76, *authorizing the joining together as husband and wife* Joel Sidney Ward *and* Brenda Joann Ritter

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

I, Rev Bruce A. Brown *hereby certify that on the* 23 *day of* September, *one thousand nine hundred and* 76 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Joel Sidney Ward *of* Hendricks *County, State of* Indiana, *and, Bride* Brenda Joann Ritter *of* Hendricks *County, State of* Indiana, *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* September, 19 76.

Signed Rev Bruce A. Brown

Official Designation Pastor White Lick U. B. Church

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* September, 1976.

Signed Glen M. Harvey *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. 402
File Book 38
Sept. 9 1976
Date of Application

MALE
Medical Examination Report Dated 9-8-76
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 9-8-76
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 Frank Middle M. Last Doub
Date of Birth: Month January Day 24 Year 1948
Place of Birth (State or foreign country) Greensath Indiana
Residence Address: Street or R. R. R#1 Box 194B City North Salem County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Railroader
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 Clarence Marion Doub
Residence of father (if deceased so state) North Salem, Ind.
Occupation of father Farmer Race of father W.
Birthplace of father (State or foreign country) Johnson Co. Ind.
12. Full maiden name of mother Helen Louise Walton
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) Hendricks Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Frank M Doub
New Address R.R.1 Box 194B North Salem Ind.
Subscribed and sworn to before me this 9 day of Sept, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Sally Middle Lou Last Kappler
Date of Birth: Month Nov. Day 21 Year 1950
Place of Birth (State or foreign country) Tecumseh, Michigan
Residence Address: Street or R. R. 330 South Macomb City Manchester County Washtenaw State Michigan
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Cosmetology Instructor
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Sally Lou Kappler
New Address Route 1 Box 194B North Salem Ind.
Subscribed and sworn to before me this 9 day of Sept, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....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 13 day of Sept., 19 76., authorizing the joining together as husband and wife Frank M. Doub and Sally Lou Kappler

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

I, Glen Melvin McGarland hereby certify that on the 18 day of September, one thousand nine hundred and 76 at New Winchester, County of Hendricks, State of Indiana, Groom Frank M. Doub of Hendricks County, State of Indiana, and, Bride Sally Lou Kappler of Washtenaw County, State of Michigan, 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 September, 19 76.

Signed Glen Melvin McGarland
Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of September, 19 76.

Signed Glen M. Harvey 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. 403

File

9-9-76 Date of Application

MALE
Medical Examination Report Dated 9-3-76
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 9-3-76
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 William Middle Lee Last Kinney

Date of Birth: Month Aug. Day 15 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 545 Kentucky. City Plainfield. County State In.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Oran C. Kinney
    Residence of father (if deceased so state) Plainfield, In.
    Occupation of father Bus. Agent Race of father Wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Vera D. Hopper
    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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William L. Kinney

New Address 258 Indiana St.

Subscribed and sworn to before me this 9 day of Sept, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Angela Middle Faye Last Roach

Date of Birth: Month Nov. Day 8 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 258 Indiana, City Plainfield. County In. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Secretary

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

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 G. Roach
   Residence of father (if deceased so state) Plainfield, In.
   Occupation of father Bus. Agent Race of father Wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Charlene F. Huffine
   Residence of mother (if deceased so state) Plainfield, In.
   Occupation of mother None Race of mother Wh
   Birthplace of mother (State or foreign country) Indiana

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

Signed Angela F Roach

New Address 258 Indiana Street

Subscribed and sworn to before me this 9 day of Sept., 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *Circuit Court of Indiana dated the* 9th *day of* September, 19 76, *authorizing the joining together as husband and wife* William Lee Kinney *and* Angela Faye Roach

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

I, Rev. Richard Zore *hereby certify that on the* 10 *day of* September, *one thousand nine hundred and* 76 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* William Lee Kinney *of* Hendricks *County, State of* Indiana, *and, Bride* Angela Faye Roach *of* Hendricks *County, State of* Indiana, *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* September, 19 76.

Signed Rev. Richard Zore

Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* Sept., 19 76.

Signed Glen M. Harvey *Clerk*

..... *Circuit Court*

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 404

File

9-9-76 Date of Application

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

MALE
Medical Examination Report Dated 8-24-76
Name of Physician Joseph E. Dukes

FEMALE
Medical Examination Report Dated 9-7-76
Name of Physician A. N. Saunders

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

MALE APPLICANT

Name: First Ronald Middle Lee Last Fulford

Date of Birth: Month July Day 14 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 1 City Shelburn County Indiana State

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Janitor

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 Lindell Lee Fulford
    Residence of father (if deceased so state) Greencastle, In.
    Occupation of father Welder Race of father wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Thelma M. Tredway
    Residence of mother (if deceased so state) Greencastle, In.
    Occupation of mother Maid Race of mother wh
    Birthplace of mother (State or foreign country) Indiana

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

Signed Ronald Lee Fulford
New Address Coalmont Ind.

Subscribed and sworn to before me this 9 day of Sept., 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Laura Middle Lee Last Buchanan

Date of Birth: Month Aug. Day 9 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 1 Box 32 City Pittsboro County In. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation 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 Buchanan
   Residence of father (if deceased so state) West Point, In.
   Occupation of father Farmer Race of father wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Helen E. Merritt
   Residence of mother (if deceased so state) Pittsboro, In.
   Occupation of mother Public Service Race of mother wh
   Birthplace of mother (State or foreign country) Indiana

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

Signed Laura Buchanan
New Address Coalmont Ind.

Subscribed and sworn to before me this 9 day of Sept., 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, County of HENDRICKS } ss:

Signed Father
Signed Helen E. Ames Mother
Subscribed and sworn to before me this 9 day of Sept, 19 76
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 age & 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 9 day of September, 19 76, authorizing the joining together as husband and wife Ronald Lee Fulford and Laura Lee Buchanan

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

I, Sherman Essep hereby certify that on the 11 day of September, one thousand nine hundred and 76 at Pittsboro, County of Hendricks, State of Indiana, Groom Ronald Lee Fulford of Sullivan County, State of Indiana, and, Bride Laura Lee Buchanan of Hendricks County, State of Indiana, 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 11 day of September, 19 76.

Signed Sherman Essep
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of September, 19 76.

Signed Glen M. Harvey 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. 405

File

Sept. 9, 1976
Date of Application

MALE
Medical Examination Report Dated 9-7-76
Name of Physician J. Thomas Vieira M.D.

FEMALE
Medical Examination Report Dated 9-7-76
Name of Physician J. Thomas Vieira. M.D.

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

MALE APPLICANT

Name: First Roy Middle William Last Chenoweth Jr.
Date of Birth: Month Dec. Day 9 Year 1951
Place of Birth (State or foreign country) Indianapolis, Marion Co. Ind.
Residence Address: Street or R. R. 262 Gibson St. City Apt 2, Danville County Hend. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Computer Operator
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree #320197
☒ Other (Specify) Armed Forces I.D. 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 Roy William Chenoweth, Sr.
    Residence of father (if deceased so state) 1535 N. Dearborn, Indianapolis, Ind.
    Occupation of father Supervisor Race of father W.
    Birthplace of father (State or foreign country) Mooresville, Ind.
12. Full maiden name of mother Minnie Helen Ware
    Residence of mother (if deceased so state) Rt 1, Mooresville Ind.
    Occupation of mother Key Punch Opr. Race of mother W.
    Birthplace of mother (State or foreign country) Indianapolis Ind.

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

Signed Roy W Chenoweth Sr.
New Address 262 Gibson St. Apt. 2. Danville
Subscribed and sworn to before me this 9 day of Sept., 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Susanna Middle Last Burkett
Date of Birth: Month June Day 8 Year 1956
Place of Birth (State or foreign country) Martinsville, Morgan Co. Ind.
Residence Address: Street or R. R. R.R. 1, Box 207 City Coatesville, County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Nurse
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Cert# 113-56-048984
☐ Other (Specify) Ind. St. Bd. of Health

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Robert L. Burkett
   Residence of father (if deceased so state) R.R. 1, Coatesville Ind.
   Occupation of father Allison Employee Race of father W
   Birthplace of father (State or foreign country) Martinsville Ind.
8. Full maiden name of mother Lois J. Watkins
   Residence of mother (if deceased so state) R.R. 1, Coatesville Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Spencer, Ind.

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

Signed Susanna Burkett
New Address 262 Gibson St. Apt. 2 Danville
Subscribed and sworn to before me this 9 day of Sept., 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....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* 13 *day of* September, 19 76, *authorizing the joining together as husband and wife* Ray William Chenoweth *and* Susanna Burkett

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

I, Elder Leslie Brinson *hereby certify that on the* 18 *day of* September, *one thousand nine hundred and* 76 *at* Mt. Tabor Ch. Fayette, *County of* Bone, *State of Indiana, Groom* Ray William Chenoweth *of* Hendricks *County, State of* Indiana, *and, Bride* Susanna Burkett *of* Hendricks *County, State of* Indiana, *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* September, 19 76.

Signed Elder Leslie Brinson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* September, 19 76.

Signed Glen M Harvey 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. 406
File Bk 38
Sept. 10, 1976
Date of Application

MALE
Medical Examination Report Dated 9-2-76
Name of Physician Carl L. Henline M.D.

FEMALE
Medical Examination Report Dated 9-2-76
Name of Physician Carl L. Henline M.D.

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

MALE APPLICANT

Name: First Stephen Middle M. Last Kirkendall
Date of Birth: Month December Day 21 Year 1947
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R. R. 2134 Fontana St. City Clermont County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Administrative Supply Technician
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #113-47-092970

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

Name	Age	Address
Stephanie Ann Kirkendall	5	Indpls, Ind
Scott Stephen Kirkendall	3	" "

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Frederick M. Kirkendall
    Residence of father (if deceased so state) Indpls. Ind
    Occupation of father Insurance Salesman Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother DeLora Marie Duncan
    Residence of mother (if deceased so state) Indpls, Ind.
    Occupation of mother Secretary Race of mother W.
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Stephen M Kirkendall
New Address 2134 FONTANA, Clermont, Ind
Subscribed and sworn to before me this 10 day of Sept, 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, County of HENDRICKS } ss:
Signed .....Father
Signed .....Mother
Subscribed and sworn to before me this .....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Karen Middle N. Last Nichols
Date of Birth: Month March Day 13 Year 1958
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 206 E. 205 S. City Danville, In. County State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation House Keeper
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 3056

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Karen N. Nichols
New Address 2134 Fontana, Clermont In.
Subscribed and sworn to before me this 14 day of Sept, 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, County of HENDRICKS } ss:
Signed .....Father
Signed .....Mother
Subscribed and sworn to before me this .....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....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 14 day of September, 19 76, authorizing the joining together as husband and wife Stephen M. Kirkendall and Karen N. Nichols
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Roof hereby certify that on the 17 day of September, one thousand nine hundred and 76 at Danville, County of Hendricks, State of Indiana, Groom Stephen Monroe Kirkendall of Hendricks County, State of Indiana, and, Bride Karen Noelle Nichols of Hendricks County, State of Indiana, 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 Sept., 19 76.

Signed John C. Roof
Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Sept., 19 76.
Signed Glen M Harvey 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. 407
File 38
9-13-76
Date of Application

MALE
Medical Examination Report Dated 8-30-76
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 8-30-76
Name of Physician Wm. Edwards

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

MALE APPLICANT

Name: First Virgil Middle Nathan Last Gurdue, Jr.
Date of Birth: Month June Day 18 Year 1946
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 6719 Mendenhall Rd. City Indianapolis County Ind. State
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Truck Driver
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Virgil Nathan Gurdee
    Residence of father (if deceased so state) Same
    Occupation of father Maintenance Race of father W.
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Lois Marie Miles
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed x Virgil N Gurdue Jr
New Address 1555 No. State Rd. 39, Mooresville In.

Subscribed and sworn to before me this 13 day of Sept., 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Haeck
Date of Birth: Month December Day 30 Year 1943
Place of Birth (State or foreign country) Cortez Colorado
Residence Address: Street or R. R. 1555 N. St. Rd. 39 City Mooresville County Ind. 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 Shipping Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Robert Edward Bishop
   434 N. 18th.
   Residence of father (if deceased so state) Grand Junction, Colorado
   Occupation of father Accountant Race of father W.
   Birthplace of father (State or foreign country) Colorado
8. Full maiden name of mother Dorothy Luna Merz
   Residence of mother (if deceased so state) Grand Junction, Colorado
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Iowa

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

Signed x Patricia Ann Haeck
New Address 1555 N State Rd 39 Mooresville

Subscribed and sworn to before me this 13 day of Sept., 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....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* 17th *day of* September, 19 76, *authorizing the joining together as husband and wife* Virgil Nathan Gurdue, Jr. *and* Patricia Ann Haeck

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

I, Rev. Bruce A. Brown *hereby certify that on the* 9 *day of* October, *one thousand nine hundred and* 76 *at* Danville, *County of* Hendricks, *State of Indiana,* Groom Virgil Nathan Gurdue, Jr. *of* Marion *County, State of* Indiana, *and,* Bride Patricia Ann Haeck *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 9 *day of* October, 19 76.

Signed Bruce A. Brown
Official Designation Pastor, U. P. Church, White Lick

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* October, 19 76.

Signed Glen M. Harvey *Clerk*
Circuit Court