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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. # 147

File

May 13 1977
Date of Application

MALE
Medical Examination Report Dated 5-9-77
Name of Physician Gilbert H Barnes M.D.

FEMALE
Medical Examination Report Dated 5-9-77
Name of Physician Gilbert H Barnes

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

MALE APPLICANT

Name: First Thomas; Middle B; Last Morris

Date of Birth: Month Sept; Day 12; Year 1949

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. 233 Windows Ln; City Pfd; 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 R.C.A.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 65 certificate 8523

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Lowell Morris
    Residence of father (if deceased so state) —
    Occupation of father Bell Telphone Race of father
    Birthplace of father (State or foreign country) Danville, Ind.
12. Full maiden name of mother Priscilla Joan Benson
    Residence of mother (if deceased so state) 6529 S Laurel St Indpls In
    Occupation of mother St. Frances 14 yrs 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 Thomas B Morris
New Address 11411 New York.

Subscribed and sworn to before me this 13 day of May 1977.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Dianna; Middle Sue; Last Sollberger

Date of Birth: Month March; Day 8; Year 1950

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

Residence Address: Street or R. R. 11411 E New York; City; County; State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1971 7 Marion

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

Usual Occupation Housewife

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-60-612847

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Frederick Ve Shaw
   Residence of father (if deceased so state) 1921 Nursing Rd Indpls
   Occupation of father Gen Surgeon Race of father
   Birthplace of father (State or foreign country) Marcus In.
8. Full maiden name of mother Barbara L Baton
   Residence of mother (if deceased so state) 1921 Nursing Rd
   Occupation of mother Housewife Race of mother
   Birthplace of mother (State or foreign country) Hartford City, Ind

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

Signed Dianna L Sollberger
New Address 11411 New York.

Subscribed and sworn to before me this 13 day of May 19 77
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 19 day of May, 1977, authorizing the joining together as husband and wife Thomas B Morris and Diana Sue Sollberger
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Floyd Smith hereby certify that on the 20 day of May one thousand nine hundred and 77 at Lawrence, County of Marion, State of Indiana, Groom Thomas B. Morris of Marion County, State of Indiana, and, Bride Dianne Sue Sollberger 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 20 day of May, 19 77.

Signed Floyd Smith
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of May, 19 77.

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. 148

File

May 16 1977
Date of Application

MALE
Medical Examination Report Dated May 2, 1977
Name of Physician David M. Hadley M.D.

FEMALE
Medical Examination Report Dated May 2, 1977
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 Everett Middle B. Last Knuckles

Date of Birth: Month Jan Day 10 Year 1955

Place of Birth (State or foreign country): Beverly Kentucky

Residence Address: Street or R. R. RR # 3 Box 151 City Plainfield County State

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Kentucky 1976

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

Usual Occupation: Mechanic

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 116-1-97-55

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Fred Knuckles
    Residence of father (if deceased so state): —
    Occupation of father: Night Watchman Race of father:
    Birthplace of father (State or foreign country): Beverly Ky.
12. Full maiden name of mother: Dressie Lawson
    Residence of mother (if deceased so state): Bod 22 Stoneyfork Ky.
    Occupation of mother: Housewife Race of mother:
    Birthplace of mother (State or foreign country): Beverly Ky.

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

Signed x Everett B. Knuckles
New Address RR 3 Box 151, Plainfield

Subscribed and sworn to before me this 16 day of May, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Delores Middle C. Last Johnson

Date of Birth: Month July Day 2 Year 1952

Place of Birth (State or foreign country): Beverly Kentucky

Residence Address: Street or R. R. RR # 3 Box 151 City Plainfield County Ind. State

Maiden Name if Different

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

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

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

Usual Occupation: Secretary

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Ins. policy number #02-13-800742-8

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Carl W. Collins
   Residence of father (if deceased so state): 217 West Carter, Plfd.
   Occupation of father: Superintendent Race of father:
   Birthplace of father (State or foreign country): Tenn.
8. Full maiden name of mother: Sylvia Melton
   Residence of mother (if deceased so state): 217 West Carter, Plfd
   Occupation of mother: Clerk 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 Delores C. Johnson
New Address RR 3 Box 151, Plainfield IN

Subscribed and sworn to before me this 16 day of May, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 20th day of May, 1977, authorizing the joining together as husband and wife Everett B. Knuckles and Delores C. Johnson.

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

I, Jeffrey V. Boles hereby certify that on the 20 day of May one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom Everett B. Knuckles of Hendricks County, State of Indiana, and, Bride Delores C. Johnson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 20 day of May, 1977.

Signed Jeffrey V. Boles
Official Designation Judge Circ. Term, Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of May, 1977.

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. 149
File 38
5-16-77
Date of Application

MALE
Medical Examination Report Dated 5-5-77
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 5-5-77
Name of Physician David M. Hadley

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

MALE APPLICANT

Name: First Patrick Middle L. Last Molen
Date of Birth: Month October Day 18 Year 1955
Place of Birth (State or foreign country) Tinker Air Force Base Oklahoma
Residence Address: Street or R. R. R.R. 1 Box 138 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 Warehousman
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 Ronald Gilbert Molen
    Residence of father (if deceased so state) R1 Box 310, Clayton, In.
    Occupation of father F P A Race of father W
    Birthplace of father (State or foreign country) Osgood, In.
12. Full maiden name of mother Martha Jane Purcell
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Shelby Co., In.

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

Signed x Patrick L Molen
New Address 305½ S Vine Plainfield

Subscribed and sworn to before me this 16 day of May, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Melda Middle J. Last Lawson
Date of Birth: Month November Day 18 Year 1958
Place of Birth (State or foreign country) Lee County Virginia
Residence Address: Street or R. R. R.R. 2 City Clayton 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 Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Paul Franklin Lawson
   Residence of father (if deceased so state) R 2 Box 141, Clayton, In
   Occupation of father Diamond Chain Race of father W
   Birthplace of father (State or foreign country) Virginia
8. Full maiden name of mother Sarah Elizabeth Jackson
   Residence of mother (if deceased so state) Same
   Occupation of mother Diamond Chain Race of mother W
   Birthplace of mother (State or foreign country) Virginia

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

Signed x Melda Lawson
New Address 305½ S. Vine Plainfield

Subscribed and sworn to before me this 16 day of May, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 20 *day of* May, 19 77, *authorizing the joining together as husband and wife* Patrick L. Molen *and* Melda J. Lawson

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

I, Glenn R. Ramsey, Jr. *hereby certify that on the* 21 *day of* May, *one thousand nine hundred and* 77 *at* Clayton, *County of* Hendricks *State of Indiana, Groom* Patrick L. Molen *of* Hendricks *County, State of* Indiana, *and, Bride* Melda J. Lawson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 21 *day of* May, 19 77.

Signed Glenn R. Ramsey, Jr.
Official Designation Presbyterian Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* May, 19 77.

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. 150

File

May 16 1977
Date of Application

MALE
Medical Examination Report Dated 5-11-77
Name of Physician David B Haggard

FEMALE
Medical Examination Report Dated 5-11-77
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 George Middle [illegible] Last Poince

Date of Birth: Month Feb Day 6 Year 1893

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 487 Iverson Ave. City Plainfield County [illegible] State In

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

Last Marriage Ended By: Death ☑ Divorce ☑ Annulment ☐

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

Usual Occupation Retired

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License #A305-40-2331

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

Name	Age	Address

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

11. Full name of father Allen H Poince
    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 Louisa M. Pope
    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 George Poince
New Address Rachel Dove, Plainfield

Subscribed and sworn to before me this 16 day of May, 19 77

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Marie Middle [illegible] Last Combs

Date of Birth: Month July Day 22 Year 1925

Place of Birth (State or foreign country) Jackson Co. In.

Residence Address: Street or R. R. R R #1 City Seymour County Jackson State In.

Maiden Name if Different ____

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

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

Usual Occupation Retired

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License #1316-48-7611

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Frank L. Jof
   Residence of father (If deceased so state) Deceased
   Occupation of father ____ Race of father ____
   Birthplace of father (State or foreign country) Jakson Co.
8. Full maiden name of mother Mary A. Bowman
   Residence of mother (If deceased so state) Deceased
   Occupation of mother ____ Race of mother ____
   Birthplace of mother (State or foreign country) Hellsdale Mich

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

Signed Marie Combs
New Address Rachel Dove Plainsfield

Subscribed and sworn to before me this 16 day of May, 19 77

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 20 day of May, 19 77, authorizing the joining together as husband and wife George Poince and Marie Combs

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 21 day of May, one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom George Poince of Hendricks County, State of Indiana, and, Bride Marie Combs of Jackson 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 21 day of May, 19 77.

Signed Dr. Joseph D. Stump
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of May, 19 77

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. 151

File

May 17 1977
Date of Application

MALE
Medical Examination Report Dated 5-13-77
Name of Physician John F. Moe

FEMALE
Medical Examination Report Dated 5-13-77
Name of Physician John F. Moe

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

Date of Birth: Month 11 Day 5 Year 1953

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

Residence Address: 122 William Drive, Brownsburg, Ind.
Street or R. R. City County State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation 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 Urban Leo Hellmann
    Residence of father (if deceased so state) R.R.2 Box344, Plainfield, Ind.
    Occupation of father Engineer Race of father white
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Joan Marvis Varnau
    Residence of mother (if deceased so state) R.R.2 Box344, Plainfield, Ind.
    Occupation of mother Key Punch 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 J. Hellmann
New Address 122 William Dr. Apt 5 Brownsburg

Subscribed and sworn to before me this 17 day of May, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Cynthia Middle Ann Last Testerman

Date of Birth: Month 1 Day 24 Year 1958

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

Residence Address: 8912 Robey Drive, Indianapolis, Ind.
Street or R. R. City County State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Collection 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 Joseph Eugene Testerman
   Residence of father (if deceased so state) 8912 Robey Drive, Indpls. Ind.
   Occupation of father Book Binder Race of father white
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Anastasia Cunningham
   Residence of mother (if deceased so state) 8912 Robey Drive, Indpls. Ind.
   Occupation of mother Insurance Clerk 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 Cynthia Ann Testerman
New Address 122 William Dr. Apt 5 Brownsburg

Subscribed and sworn to before me this 17 day of May, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 21 *day of* May, 19 77, *authorizing the joining together as husband and wife* Gregory Joseph Hellmann *and* Cynthia Ann Testerman
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, David E. Hellmann *hereby certify that on the* 21st *day of* May, *one thousand nine hundred and* 77 *at* Brownsburg, *County of* Hendricks *State of Indiana, Groom* Gregory J. Hellmann *of* Hendricks *County, State of* Indiana, *and, Bride* Cynthia A. Testerman *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 21 *day of* May, 19 77.

Signed David E. Hellmann
Official Designation R. C. Priest - St. Malachy

Filed and recorded in accordance with the laws of the State of Indiana this 25 *day of* May, 19 77.
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. 152

File

May 17 1977
Date of Application

MALE
Medical Examination Report Dated 5-12-77
Name of Physician Eric N. Clark md.

FEMALE
Medical Examination Report Dated 5-12-77
Name of Physician Eric N. 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 Patrick Middle K. Last Shelley

Date of Birth: Month May Day 8 Year 1957

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

Residence Address: Street or R. R. 130 Rd. 300 E. City Avon 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 Apprentice Construction Laborer

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

☐ Other (Specify) # 5353

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

Name	Age	Address

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

11. Full name of father Norman Shelley II
    Residence of father (if deceased so state) Danville Ind.
    Occupation of father Retired Bell Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Janet Marie Stich
    Residence of mother (if deceased so state) Danville Ind.
    Occupation of mother Dep Treasurer 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 Patrick K. Shelley

New Address Danville In.

Subscribed and sworn to before me this 17 day of May 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month December Day 1 Year 1958

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

Residence Address: Street or R. R. 1012 Edgewood 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 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 Kenneth Ellis Vaught
   Residence of father (if deceased so state) Brownsburg Ind.
   Occupation of father Mechanics Foreman Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Shirley Anne Bowman
   Residence of mother (if deceased so state) Brownsburg Ind.
   Occupation of mother Secretary 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 Debra K. Vaught

New Address 115 N. Tennessee Apt #5 Danville In

Subscribed and sworn to before me this 17 day of May 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *of Indiana dated the* 21 *day of* May, 1977, *authorizing the joining together as husband and wife* Patrick K. Shelley *and* Debra K. Vaught

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

I, Charles H. England *hereby certify that on the* 10 *day of* June, *one thousand nine hundred and* 1977 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Patrick K. Shelley *of* Hendricks *County, State of* Indiana, *and, Bride* Debra K. Vaught *of* Hendricks *County, State of* Indiana, *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* June, 19 77. *Signed* Charles H. England

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* June, 19 77. *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. 153
File 38
5-18-77
Date of Application

MALE
Medical Examination Report Dated 5-16-77
Name of Physician James Black

FEMALE
Medical Examination Report Dated 5-16-77
Name of Physician James Black

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

MALE APPLICANT

Name: First James Middle Edward Last Zellers
Date of Birth: Month October Day 19 Year 1942
Place of Birth (State or foreign country) Ind.
Residence Address: 514 Enderly Street or R. R. City Brownsburg County Hen. State In.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Sr. Maintenance Asst.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Voter Reg. # 125045

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

Name	Age	Address
Linda Kay Zellers	11	R53, Box 57, Terre Haute

    (b) Are you supporting or contributing to their 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 Andrew Zellers
    Residence of father (if deceased so state) Terre Haute, Ind.
    Occupation of father retired Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Elsie Marie Davis
    Residence of mother (if deceased so state) Same
    Occupation of mother retired 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 ☒ James E. Zellers
New Address 514 Enderly Av. apt. #7 Brownsburg, In.
Subscribed and sworn to before me this 18 day of May, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Kathy Middle Mae Last Loser
Date of Birth: Month May Day 10 Year 1955
Place of Birth (State or foreign country) Terra Haute Ind
Residence Address: Street or R. R. City Brownsburg County State In.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Voter Reg. # 125044

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Carl Alvin Loser
   Residence of father (if deceased so state) Hammond, Ind.
   Occupation of father Factory Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Lenoria Eileen Wardle
   Residence of mother (if deceased so state) Terre Haute, 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 ☒ Kathy M. Loser
New Address 514 Enderly Ave #7 Brownsburg, In.
Subscribed and sworn to before me this 18 day of May, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 26 *day of* May, 19 77, *authorizing the joining together as husband and wife* James Edward Zellers *and* Kathy Mae Loser

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

I, Norman L. Weaver *hereby certify that on the* 4th *day of* June, *one thousand nine hundred and* 77 *at* Danville, *County of* Indiana - Hendricks Co. *State of Indiana, Groom* James Edward Zellers *of* Hendricks *County, State of* Indiana *and, Bride* Kathy Mae Loser *of* Hendricks *County, State of* Indiana, *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* June, 19 77.

Signed Norman L. Weaver
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* June, 19 77
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. 154

File

May 19 1977
Date of Application

MALE
Medical Examination Report Dated 5-11-77
Name of Physician Glenn W. Baker M.D.

FEMALE
Medical Examination Report Dated 5-11-77
Name of Physician Glenn W. Baker M.D.

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

MALE APPLICANT

Name: First Samuel Middle K. Last Boyden
Date of Birth: Month July Day 3 Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 3439 N. Delaware Rd. 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: Painter - Auto Body
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Witness Municipal 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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 1 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

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

11. Full name of father Raymond Charles Boyden
    Residence of father (If deceased so state) Indpls. Ind.
    Occupation of father Retired Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Susan Frances Burnett
    Residence of mother (If deceased so state) Indianapolis 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 Samuel K. Boyden
New Address 5434 N.C. Pleasant Hill Rd. Ind.
Subscribed and sworn to before me this 19 day of May 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Alice Middle Marie Last Wolfe
Date of Birth: Month August Day 24 Year 1958
Place of Birth (State or foreign country) Lebanon Boone Ind.
Residence Address: Street or R. R. 2 Burns Dr. North City B'Burg County Boone 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: Cashier Mgr. - Morrison's
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Witness Municipal 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 Donald Verne Wolfe
   Residence of father (If deceased so state) Pittsboro Ind.
   Occupation of father Farmer Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Myrtle Ruth Clark
   Residence of mother (If deceased so state) Brownsburg Ind.
   Occupation of mother Homemaker Race of mother White
   Birthplace of mother (State or foreign country) Indiana

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

Signed Alice Marie Wolfe
New Address 5434 Nor C Pleasant Hill Rd.
Subscribed and sworn to before me this 19 day of May 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

..... Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 24 day of May, 1977, authorizing the joining together as husband and wife Samuel K. Boyden and Alice Marie Wolfe

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

I, Glen A. Clarkson hereby certify that on the 27 day of May, at Pittsboro, County of Hendricks one thousand nine hundred and 77 State of Indiana, Groom Samuel K. Boyden of Marion County, State of Indiana, and, Bride Alice Marie 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 ..... County.

Dated this 24 day of May, 1977. Signed Glen A. Clarkson
Official Designation Pastor, Pittsboro U.M.C.

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of May, 19 77. Clerk
Signed Glen M. Harvey 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. 155

File

May 19, 1977
Date of Application

MALE
Medical Examination Report Dated 5-12-77
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 5-12-77
Name of Physician Glenn Baker

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

MALE APPLICANT

Name: First Forrest Middle Leonard Last Tucker

Date of Birth: Month Dec. Day 8 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 2 Box 120 City Brownsburg 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 Service Station

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

☐ Other (Specify).....

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

    Name Age Address

    .....

    .....

    .....

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Fred Leonard Tucker
    Residence of father (if deceased so state) deceased
    Occupation of father..... Race of father wh
    Birthplace of father (State or foreign country) Michigan
12. Full maiden name of mother Patricia J. Brady
    Residence of mother (if deceased so state) Same
    Occupation of mother None Race of mother wh
    Birthplace of mother (State or foreign country) Ind.

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

Signed Forrest Leonard Tucker

New Address 110 Franklin Apt. 9

Subscribed and sworn to before me this 19 day of May, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

.....

.....

te of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Dawn Middle Louise Last Allen

Date of Birth: Month Feb. Day 4 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 405 Murphy Ln. City Brownsburg, 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 Counter work

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

☐ Other (Specify).....

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

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

Signed Dawn Louise Allen

New Address 110 Franklin Apt 9

Subscribed and sworn to before me this 19 day of May, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

.....

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Circuit Court *of Indiana dated the* 23 *day of* May, 19 77, *authorizing the joining together as husband and wife* Forrest Leonard Tucker *and* Dawn Louise Allen

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

I, Rev. Charles Noll *hereby certify that on the* 28th *day of* May, *one thousand nine hundred and* 77 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Forrest Leonard Tucker *of* Hendricks *County, State of* Indiana, *and, Bride* Dawn Louise Allen *of* Hendricks *County, State of* Indiana, *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 23rd *day of* May, 19 77

Signed Rev. Charles Noll

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* June, 19 77

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. 155

File

May 19, 1977
Date of Application

MALE
Medical Examination Report Dated 5-12-77
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 5-12-77
Name of Physician Glenn Baker

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

MALE APPLICANT

Name: First Forrest Middle Leonard Last Tucker

Date of Birth: Month Dec. Day 8 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 2 Box 120 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 Service Station

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 co... their supp...

11. Full nam...

FEMALE APPLICANT

Name: First Dawn Middle Louise Last Allen

Date of Birth: Month Feb. Day 4 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 405 Murphy Dr. City Brownsburg County — State —

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Counter work

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

☐ Other (Specify).....

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

STATE OF INDIANA)
) SS:
COUNTY OF HENDRICKS)

I, Donald A. Allen, hereby give my consent for my daughter, Dawn Louise Allen to marry Forrest Leonard Tucker III

Donald A. Allen

Subscribed and sworn to before me this 20 day of May 1977

My commission expires: Nov. 5, 1979

Frances Herring
Notary Public

State of Indiana,
County of HENDRICKS } ss:

I, Jane L. Allen, hereby give my consent for my daughter, Dawn Louise Allen to marry Forrest Leonard Tucker III

Jane L. Allen

Subscribed and sworn to before me this 20th day of May 1977

My Commission Expires: 6/21/78

Brenda Bitto
Notary Public

Dated this 23rd day of May, 19 77

Signed Rev. Charles Noll
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of June, 19 77

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. 156

File

May 20, 1977
Date of Application

MALE
Medical Examination Report Dated 5-17-77
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 5-17-77
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 Bond Middle Maynard Last Bayse

Date of Birth: Month Aug. Day 3 Year 1936

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R. R. Rt 2 Box 171 B City Clayton County Ha. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Salesman

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ 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 Russell H. Bayse
    Residence of father (if deceased so state) Leesburg, Fla
    Occupation of father Retired Race of father wh
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Ola May Whitney
    Residence of mother (if deceased so state) Same
    Occupation of mother Retired Race of mother wh
    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 Bond M Bayse

New Address RR 2 Box 171 B - Clayton, 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 Nancy Middle Eileen Last Simpson

Date of Birth: Month March Day 19 Year 1944

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 2 Box 171 B City Clayton County Ha. State Ind.

Maiden Name if Different Lowe

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Teacher

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

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

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

Signed Nancy E Simpson

New Address Rt 2 Box 171 B Clayton

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

..... Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 24 day of May, 19 77, authorizing the joining together as husband and wife Bond Maynard Bayse and Nancy Eileen Simpson

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

I, Rev. Marvin L. Hayhurst hereby certify that on the 1st day of June, at Salem Methodist Church County of Hendricks, one thousand nine hundred and 77 at ..... County, State of Indiana, State of Indiana, Groom Bond Maynard Bayse of Hendricks County, State of Indiana, and, Bride Nancy Eileen Simpson of Hendricks ..... were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 1st day of June, 19 77.

Signed Rev. Marvin L. Hayhurst

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of June, 19 77.

Signed Ellen 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. 157

File

May 20, 1977
Date of Application

MALE
Medical Examination Report Dated 5-7-77
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 5-7-77
Name of Physician Eric Clark

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

MALE APPLICANT

Name: First Stephen Middle Edward Last Clark

Date of Birth: Month April Day 8 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 3 Box 313 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 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 Paul Edward Clark
    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) Ind.
12. Full maiden name of mother Mabel Joyce Stambaugh
    Residence of mother (if deceased so state) Same
    Occupation of mother Clerk 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 X Stephen E. Clark
New Address 415 S. Kentucky St. Dan. In. 46

Subscribed and sworn to before me this 20 day of May, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Denese Middle Elaine Last Rodney

Date of Birth: Month Mar. Day 20 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 122 S. Rd 200 East City Danville 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 Rater

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 Leon W. Rodney
   Residence of father (if deceased so state) Danville, In.
   Occupation of father Underwriter Race of father wh
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Mary A. Wilborne
   Residence of mother (if deceased so state) Same
   Occupation of mother Personnel Director Race of mother wh
   Birthplace of mother (State or foreign country) Ind.

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

Signed X Denese Elaine Rodney
New Address 415 S. Kentucky, Danville

Subscribed and sworn to before me this 20 day of May, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 24th day of May, 19 77, authorizing the joining together as husband and wife Stephen Edward Clark and Denese Elaine Rodney

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

I, Joseph D. Stumps hereby certify that on the 3rd day of June, one thousand nine hundred and 77 at Danville, County of Hendricks State of Indiana, Groom Stephen Edward Clark of Hendricks County, State of Indiana, and, Bride Denese Elaine Rodney of Hendricks County, State of Indiana, 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 3rd day of June, 19 77.

Signed Dr. Joseph D. Stumps
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of June, 19 77.

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

No. 158

HENDRICKS County

File

May 20, 1977 Date of Application

MALE
Medical Examination Report Dated 5-13-77
Name of Physician Elmer Koch

FEMALE
Medical Examination Report Dated 5-18-77
Name of Physician Eric Clark

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

MALE APPLICANT

Name: First Terry Middle Lee Last Morrissey

Date of Birth: Month 10 Day 28 Year 1955

Place of Birth (State or foreign country) New York

Residence Address: Street or R. R. 304 S. Lawton City Danville County Hendricks 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) 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 William Morrissey
    Residence of father (if deceased so state) Danville, In.
    Occupation of father Air Traffic Cont. Race of father Wh
    Birthplace of father (State or foreign country) Pa
12. Full maiden name of mother Marilyn Page
    Residence of mother (if deceased so state) Same
    Occupation of mother Nil Race of mother Wh
    Birthplace of mother (State or foreign country) Iowa

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

Signed x Terry Lee Morrissey

New Address Hapy L. B-1

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 Cynthia Middle Louise Last Crosby

Date of Birth: Month May Day 11 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Happy L. Trailer Court City Plainfield County Hendricks State In.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation None

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License with picture # 0527692

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Wm. Crosby
   Residence of father (if deceased so state) Greenwood, In.
   Occupation of father Engineer Race of father Wh
   Birthplace of father (State or foreign country) N. J.
8. Full malden name of mother Betty Thomas
   Residence of mother (if deceased so state) Dayton, In
   Occupation of mother Teachers Aid Race of mother Wh
   Birthplace of mother (State or foreign country) Ind.

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

Signed x Cynthia Louise Crosby

New Address Happy L Trailer Court

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* 24 *day of* May, 19 77, *authorizing the joining together as husband and wife* Terry Lee Morrissey *and* Cynthia Louise Crosby

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

I, John C. Maurer *hereby certify that on the* 24 *day of* May, *one thousand nine hundred and* 77 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Terry Lee Morrissey *of* Hendricks *County, State of* Indiana, *and, Bride* Cynthia Louise Crosby *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ____ *County.*

Dated this 24 day of May, 19 77

Signed John C. Maurer

Official Designation Judge Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of May, 19 77

Signed Ellen 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. 159
File 38
5-23-77
Date of Application

MALE
Medical Examination Report Dated 5-16-77
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 5-16-77
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 Paul Middle Edward Last Ramsey
Date of Birth: Month January Day 27 Year 1960
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. R.5, Box 145 City Danville 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 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 Henry Lloyd Ramsey
    Residence of father (if deceased so state) R.5, Danville, Ind.
    Occupation of father Chrysler Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary Delores Mandaback
    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.

X Signed Paul Edward Ramsey
New Address RR Box 145 Danville, Ind.

Subscribed and sworn to before me this 23 day of May, 19 77.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Elizabeth Middle Ann Last Neely
Date of Birth: Month February Day 15 Year 1960
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. R.5 Box 112 B City Brownsburg 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 Raymond Leon Neely
   Residence of father (if deceased so state) R.5, Brownsburg, In.
   Occupation of father truck driver Race of father W
   Birthplace of father (State or foreign country) Ohio
8. Full maiden name of mother Janelle Tempate
   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.

X Signed Elizabeth Ann Neely
New Address RR Box 145 Danville Ind.

Subscribed and sworn to before me this 23 day of May, 19 77
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
X Signed Janelle Neely Mother
Subscribed and sworn to before me this.....day 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* May, 19 77, *authorizing the joining together as husband and wife* Paul Edward Ramsey *and* Elizabeth Ann Neely
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev Dennis L Dodson *hereby certify that on the* 29 *day of* May, *one thousand nine hundred and* 77 *at* Brownsburg, *County of* Hendricks *State of Indiana, Groom* Paul Edward Ramsey *of* Hendricks *County, State of* Indiana, *and, Bride* Elizabeth Ann Neely *of* Hendricks *County, State of* Indiana, *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* May, 19 77.

Signed ~~Glen M Harvey~~ Rev Dennis L Dodson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* June, 19 77.
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. 159
File 38
5-23-77
Date of Application

MALE
Medical Examination Report Dated 5-16-77
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 5-16-77
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 Paul Middle Edward Last Ramsey
Date of Birth: Month January Day 27 Year 1960
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. R. 5, Box 145 City Danville 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 Truck Driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been ad
   An Imbecile?
   Of Unsound Mind?
2. Are you under guardianship as a
3. Are you now or have you been
   home for indigent persons?
   If answer to 3 is "yes" has the c
4. Are you afflicted with a transm
5. Are you related to the bride clos
6. Are you now under the influen
7. Are you now under the influen
8. Are you able to support a fami
9. Are you likely to so continue?
10. Do you have minor children fror
    (If yes, answer questions a, b, c
    (a) List their full names, ages a

Name

.....

.....

.....

(b) Are you supporting or con
(c) Are you complying with an
their support?

11. Full name of father Hen
    Residence of father (if decease
    Occupation of father Ch
    Birthplace of father (State or
12. Full maiden name of mother
    Residence of mother (if decea
    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.

X Signed Paul Edward Ramsey
New Address R5 Box 145 Danville, Ind.

Subscribed and sworn to before me this 23 day of May, 19 77
Glen M Harvey Clerk HENDRICKS

May 20, 1977

My daughter, Elizebeth Ann Neely
has my permission to marry Paul Ramsey

Raymond L. Neely

NOTARY: Richard Rounder

RICHARD ROUNDER
NOTARY PUBLIC STATE OF INDIANA
MY COMMISSION EXPIRES AUG. 1, 1977
ISSUED THROUGH INDIANA NOTARY ASSOC

MAY 21, 1977

I give my permission
for my son Paul Ramsey
to marry Elizabeth A. Neely

STATE of IND.
COUNTY of BOONE

N. L. Ramsey

NOTARY Richard Rounder
COMMISSION EXP. Aug 1, 1977

FEMALE APPLICANT

Name: First Elizabeth Middle Ann Last Neely
Date of Birth: Month February Day 15 Year 1960
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. R. 5 Box 112 B City Greensburg 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).....

.....

d as:
No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐

Neely
eensburg, In
e of father W
o
ngate
ne
Race of mother W
diana

d state the information given
plication is true and correct.
L Ann Neely
R5 Danville Ind.

Subscribed and sworn to before me this 23 day of May, 19 77
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

.....

.....

.....

iana,
HENDRICKS } ss:

Signed..... Father
X Signed Janelle Neely Mother
d sworn to before me this..... day of....., 19.....
..... Clerk

license having been refused to the above named parties, the
order issued..... and filed
icense to the above named parties.

IAGE CERTIFICATE

e clerk of the Hendricks Circuit Court
19 77, authorizing the joining together as husband and wife
izabeth Ann Neely
hat on the 29 day of May,
one thousand nine hundred and 77 at Greensburg, County of Hendricks
State of Indiana, Groom Paul Edward Ramsey of Hendricks County, State of Indiana
and, Bride Elizabeth Ann Neely of Hendricks County, State of Indiana,
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 May, 19 77.

Signed ~~Glen M Harvey~~ Rev. Dennis L. Woods
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of June, 19 77.
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. 160

File

May 23, 1977 Date of Application

MALE
Medical Examination Report Dated 5-19-1977
Name of Physician Eric D. Clark M.D

FEMALE
Medical Examination Report Dated 5-19-77
Name of Physician Eric D Clark M D

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

MALE APPLICANT

Name: First James Middle Lee Last Storm

Date of Birth: Month 3 Day 11 Year 1930

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

Residence Address: Street or R. R. P.O. Box 135 City Danville County State Indiana

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation: Salesman

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

☐ Other (Specify)

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

Name	Age	Address
Jill Rochelle Storm	7	20 No. Deer Idaho
Travis Junior Storm	11	— "
Jamie Lee Storm	16	P.O. Box 135 Danville, Ind

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

11. Full name of father Chester Langdon Storm
    Residence of father (if deceased so state) R.R. 1 Danville, Ind.
    Occupation of father Retired Race of father White
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Ruby J. Morrison
    Residence of mother (if deceased so state) St. Petersburg, Fla.
    Occupation of mother Supt. Race of mother white
    Birthplace of mother (State or foreign country) Indiana

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

Signed James Storm

New Address R#6 Box 80 Danville, Ind.

Subscribed and sworn to before me this 23 day of May, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month 11 Day 16 Year 1948

Place of Birth (State or foreign country) Huntingburg Indiana

Residence Address: Street or R. R. 39 Martin Drive City Danville County State Indiana

Maiden Name if Different Nancy Karen Barrett

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 Bookkeeper

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

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father James Joseph Barrett
   Residence of father (if deceased so state) R.R. 1 Haubstadt, Indiana
   Occupation of father Southern Railway Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Marie Elizabeth Rout
   Residence of mother (if deceased so state) R.R. 1 Haubstadt, Ind.
   Occupation of mother Housewife Race of mother white
   Birthplace of mother (State or foreign country) Indiana

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

Signed Nancy K. Kidwell

New Address R.R. 6 Box 80 Danville, In.

Subscribed and sworn to before me this 23 day of May, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

.....

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Circuit Court *of Indiana dated the* 27 *day of* May, 19 77, *authorizing the joining together as husband and wife* James Lee Storm *and* Nancy Karen Kidwell.

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

I, Rev Dennis L Dodson *hereby certify that on the* 27 *day of* May, *one thousand nine hundred and* 77 *at* Corinth Church, *County of* Hendricks, *State of Indiana, Groom* James Lee Storm *of* Hendricks *County, State of* Indiana, *and, Bride* Nancy Karen Kidwell *of* Hendricks *County, State of* Indiana, *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 May, 19 77. Signed Rev Dennis L Dodson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* June, 19 77

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. 161

File

May 23, 1977
Date of Application

MALE
Medical Examination Report Dated 5-17-77
Name of Physician Thomas M. Walker M.D.

FEMALE
Medical Examination Report Dated 5-17-77
Name of Physician Thomas M. Walker M.D.

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

MALE APPLICANT

Name: First John; Middle R.; Last Hogshead

Date of Birth: Month 9; Day 6; Year 1958

Place of Birth (State or foreign country) Mattoon Ill.

Residence Address: Street or R. R. 34 West Main St. Apt 5; 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 Factory Work

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

☐ Other (Specify) # 112-58-08899

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name / Age / Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Gerald Parlan Hogshead
    Residence of father (if deceased so state) Arkansas
    Occupation of father Farmer Race of father.....
    Birthplace of father (State or foreign country) Kansas, Ill.
12. Full maiden name of mother Dovie Jean Kibler
    Residence of mother (if deceased so state) 307 Williams Dr. Brownsburg
    Occupation of mother Factory Race of mother.....
    Birthplace of mother (State or foreign country) Mattoon, Ill.

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

Signed x John Hogshead
New Address 3 W. Main apt 5

Subscribed and sworn to before me this 23 day of May, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Bonnie; Middle Sue; Last Cripe

Date of Birth: Month Nov.; Day 2; Year 1958

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

Residence Address: Street or R. R. 607 Alpha; City Brownsburg; County; State In

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation —

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

☐ Other (Specify) # 13768

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 D. Cripe
   Residence of father (if deceased so state) —
   Occupation of father — Race of father.....
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Lola Mae Hammond
   Residence of mother (if deceased so state) Indianapolis, In.
   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 x Bonnie Sue Cripe
New Address 3 W. Main apts

Subscribed and sworn to before me this 23 day of May, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* May, 19 77, *authorizing the joining together as husband and wife* John R. Hogshead *and* Bonnie Sue Cripe

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

I, Joseph D. Wilson *hereby certify that on the* 4th *day of* June, *one thousand nine hundred and* 77 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* John R. Hogshear *of* Hendricks *County, State of* Indiana, *and, Bride* Bonnie Sue Cripe *of* Hendricks *County, State of* Indiana, *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* June, 19 77

Signed Joseph D. Wilson

Official Designation Miniater

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* June, 19 77

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

No. 162

HENDRICKS County

File

Remarriage

May 23 1977
Date of Application

MALE
Medical Examination Report Dated 5-18-77
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 5-18-77
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 Earl Middle V. Last Threewits

Date of Birth: Month Feb. Day 21 Year 1923

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 5832 W. Minnesota, City Snaps, County, State In.

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Custodian

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dr. Lic. A 305-12-6201

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Arthur V. Threewits
    Residence of father (if deceased so state) deceased
    Occupation of father Race of father wh
    Birthplace of father (State or foreign country) Iowa
12. Full maiden name of mother Grace Baumit
    Residence of mother (if deceased so state) deceased
    Occupation of mother Race of mother wh
    Birthplace of mother (State or foreign country) Ind.

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

Signed Earl V Threewits
New Address 2318 2nd St,
Subscribed and sworn to before me this 23 day of May, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month Sept Day 3 Year 1925

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2318 Second St. City Plainfield County Hen. State In.

Maiden Name if Different Goins

Previous Marital Status: Never Married ☐ Number of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Metal Press

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Voter Reg. 00303

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

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

Signed x Mary R. Threewits
New Address 2318 2nd St Plainfield Ind 46168
Subscribed and sworn to before me this 23rd day of May, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

..... Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 27 day of May, 19 77, authorizing the joining together as husband and wife Earl V. Threewits and Mary R. Threewits

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

I, Willis R Howard hereby certify that on the 27 day of May, at Plainfield, County of Hendricks, one thousand nine hundred and 77 State of Indiana, Groom Earl V. Threewits of Marion County, State of Indiana, and, Bride Mary R. Threewits of Hendricks County, State of ..... were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 27 day of May, 19 77. Signed Rev. Willis R. Howard
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of May, 19 77.
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

No. 163

File

HENDRICKS County

Good only In. Hend. Co.

May 23 1977
Date of Application

MALE
Medical Examination Report Dated 5-16-77
Name of Physician Edward A. Ulrich MD

FEMALE
Medical Examination Report Dated 5-16-77
Name of Physician Edward A. Ulrich 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 Daniel Middle R. Last Yarnell

Date of Birth: Month 10 Day 6 Year 1955

Place of Birth (State or foreign country) Ohio

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

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their 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 Glenn Yarnell
    Residence of father (if deceased so state) 3210 Maple Dr. Highland In.
    Occupation of father Machinist Race of father.....
    Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Helen M. Henry
    Residence of mother (if deceased so state) 3210 Maple Dr. Highland, In.
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Ohio

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

Signed X Daniel R. Yarnell
New Address 1401½ N. Logan Lincoln, Ill. 62656

Subscribed and sworn to before me this 23 day of May, 19 77

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Amy Middle Last Norcutt

~~Date of Birth~~ Residence: Month 1401½ Day North Year Logan, Lincoln
Place of Birth (State or foreign country) Indianapolis In.

~~Residence Address~~ Street or R. R. City County State
Date of Birth: 12 - 3 - 1953
Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Nurse Aide

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Norcutt
   Residence of father (if deceased so state) Clayton, In.
   Occupation of father Holiday Inn Race of father.....
   Birthplace of father (State or foreign country) Chicago, Ill.
8. Full maiden name of mother Helen Battle
   Residence of mother (if deceased so state) Clayton, In.
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Lakeland Fla.

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

Signed Amy Norcutt
New Address 1401½ N. Logan Lincoln Ill. 62656

Subscribed and sworn to before me this 23 day of May, 19 77

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 2 day of June, 19 77, authorizing the joining together as husband and wife Daniel R. Yarnell and Amy Norcutt

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

I, Steven G. Smith hereby certify that on the 4th day of June, one thousand nine hundred and 77 at Clayton, County of Hendricks, State of Indiana, Groom Daniel Ray Yarnell of Lake County, State of Indiana, and, Bride Amy Norcutt of Hendricks County, State of Indiana, 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 June, 19 77.

Signed Steven G. Smith
Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of June, 19 77

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. 164

File

May 23 1977
Date of Application

MALE
Medical Examination Report Dated 5-19-77
Name of Physician John Elliott, Jr.

FEMALE
Medical Examination Report Dated 5-19-77
Name of Physician John Elliott, Jr.

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

MALE APPLICANT

Name: First Donald Middle Lee Last Heaven

Date of Birth: Month 5 Day 8 Year 1953

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

Residence Address: Street or R. R. R.R. 2 City Coatesville County Hendricks State Indiana

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Dock 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
Vicki Lynn Heaven	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 Miles Dale Heaven
    Residence of father (If deceased so state) R.R. 2 Coatesville, Ind.
    Occupation of father Mail Carrier Race of father White
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Elizabeth Sheldon
    Residence of mother (If deceased so state) R.R. 2 Coatesville Ind.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Indiana

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

Signed Donald Lee Heaven
New Address General Delivery, Coatesville
Subscribed and sworn to before me this 23 day of May, 1977.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Teresa Middle Lynn Last Witt

Date of Birth: Month 6 Day 23 Year 1957

Place of Birth (State or foreign country) [redacted] Ky.

Residence Address: Street or R. R. General Delivery City Coatesville County Hendricks State Indiana

Maiden Name If Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Mother

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 Beauford Earl Witt
   Residence of father (if deceased so state) R.R. 2 Coatesville, Ind.
   Occupation of father Self employed Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Thelma Jean Bryant
   Residence of mother (if deceased so state) General Delivery, Coatesville
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Indiana

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

Signed Teresa Lynn Witt
New Address General Delivery, Coatesville
Subscribed and sworn to before me this 23 day of May, 1977.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 27th day of May, 19 77, authorizing the joining together as husband and wife Donald Lee Heaven and Teresa Lynn Witt

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

I, Hubert M Smith hereby certify that on the 28 day of May, at Coatesville U.M. Church, County of Hendricks, one thousand nine hundred and 77 State of Indiana, Groom Donald Lee Heaven of Hendricks County, State of Indiana, and, Bride Teresa Lynn Witt of Hendricks County, State of Indiana, 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 May, 19 77.

Signed Hubert M Smith
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of June, 19 77.

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. 165

File

May 23 1977
Date of Application

MALE
Medical Examination Report Dated 5-16-77
Name of Physician D. M. Sinkovic M.D.

FEMALE
Medical Examination Report Dated 5-16-77
Name of Physician D. M. Sinkovic M.D.

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

MALE APPLICANT

Name: First Robert Middle E. Last Johnston

Date of Birth: Month October Day 23 Year 1955

Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. R.R.# 2 Box 155 City Plainfield County Marion State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Shipper

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 11486

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Johnston
    Residence of father (if deceased so state) Indianapolis Ind.
    Occupation of father Appraiser Race of father White
    Birthplace of father (State or foreign country) Connersville Ind
12. Full maiden name of mother Alice Marie Hackney
    Residence of mother (if deceased so state) Indianapolis Ind.
    Occupation of mother Bookkeeper Race of mother White
    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 Robert E Johnston
New Address RR 2 Box 155 Plainfield

Subscribed and sworn to before me this 23 day of May, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Janetta Middle M. Last Crouch

Date of Birth: Month October Day 2 Year 1952

Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. R.R. 2 Box 155 City Plainfield County Marion State Ind.

Maiden Name If Different

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1976 - Hendricks

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

Usual Occupation Shipping Clerk

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 11177

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Norman Leroy Crouch
   Residence of father (if deceased so state) Indianapolis Ind
   Occupation of father Freight Truck Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Lois Jane Simpson
   Residence of mother (if deceased so state) Indianapolis 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 Janetta M. Crouch
New Address RR 2 Box 155 Plainfield

Subscribed and sworn to before me this 23 day of May, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 1st *day of* June, 19 77, *authorizing the joining together as husband and wife* Robert E. Johnston *and* Janetta M. Crouch

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

I, Franklin D. Dodd *hereby certify that on the* 4th *day of* June, *one thousand nine hundred and* 77 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Robert E. Johnston *of* Marion *County, State of* Indiana, *and, Bride* Janetta M. Crouch *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 1 *day of* June, 19 77.

Signed Franklin D. Dodd
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* June, 19 77.

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. 166
File 38
5-24-77
Date of Application

MALE
Medical Examination Report Dated 5-17-77
Name of Physician Thomas J. Maretto

FEMALE
Medical Examination Report Dated 5-17-77
Name of Physician Thomas J. Maretto

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

MALE APPLICANT

Name: First Randy Middle H. Last Collins
Date of Birth: Month Nov. Day 26 Year 1958
Place of Birth (State or foreign country): Indianapolis In.
Residence Address: Street or R. R. 2176 Waterbar City Clermont 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: Truck Driver
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 14641

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Roy Collins
    Residence of father (if deceased so state) 2224 Winston Speedway, Ind.
    Occupation of father Policeman Race of father W.
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Lois E. Rollison
    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 Randy H Collins
New Address 2176 Waterbar Dr Indpls.
Subscribed and sworn to before me this 24 day of May, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 L. Last Mintert
Date of Birth: Month March Day 29 Year 1957
Place of Birth (State or foreign country): Alton Madison Co. Illinois
Residence Address: Street or R. R. 2848 Kessler Blvd. City Indianapolis County State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 William Mintert
   Residence of father (if deceased so state) 2848 Kessler Indpls., In.
   Occupation of father Truck driver Race of father W
   Birthplace of father (State or foreign country) Missouri
8. Full maiden name of mother Mollie Sue Sasser
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Tennessee

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

Signed X Mary A. Mintert
New Address 2176 Waterbar Dr. Indpls.
Subscribed and sworn to before me this 24 day of May, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *of Indiana dated the* 31st *day of* May, 19 77, *authorizing the joining together as husband and wife* ..... *and* .....

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

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

Dated this ..... *day of* ....., 19..... *Signed* .....

Official Designation .....

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

Signed ..... *Clerk*

..... *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. 167

File

May 25 1977
Date of Application

MALE
Medical Examination Report Dated 5/23/77
Name of Physician James Black, Md.

FEMALE
Medical Examination Report Dated 5/23/77
Name of Physician James Black Md

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

MALE APPLICANT

Name: First Phillip Middle Jeffery Last Eaton

Date of Birth: Month July Day 13 Year 1955

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

Residence Address: Street or R. R. R.R. # 1 Box 118 City Putnam County Putnam 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 Assistant Mgr. - Szabo Food Serv.

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

☐ Other (Specify) # 7421

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

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

Signed Phillip Jeffery Eaton
New Address Danville

Subscribed and sworn to before me this 24 day of May, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Lou Middle Ann Last Meredith

Date of Birth: Month June Day 24 Year 1955

Place of Birth (State or foreign country) Jellico Campbell Tenn.

Residence Address: Street or R. R. R.R. # 3 Box 742 City Brownsburg County Hendricks State In.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Secretary - Detroit Diesel

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

☐ Other (Specify) # 149-35-31952

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

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

Signed Lou Ann Meredith
New Address Danville

Subscribed and sworn to before me this 24 day of May, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* May, 19 77, *authorizing the joining together as husband and wife* Phillip Jeffery Eaton and Lou Ann Meredith

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

I, Charles H. England hereby certify that on the 17 day of June one thousand nine hundred and 77 at Brownsburg, County of Hendricks State of Indiana, Groom Phillip Jeffery Eaton of Hendricks County, State of Indiana, and, Bride Lou Ann Meredith of Hendricks County, State of Indiana, 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 31st day of May, 19 77.

Signed Charles H. English
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* June, 19 77.

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. 168

File

May 25 1977 Date of Application

MALE
Medical Examination Report Dated 5-10-77
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated April 29, 1977
Name of Physician J. M. Miller M.D.

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

MALE APPLICANT

Name: First Michael Middle L. Last Blessing

Date of Birth: Month Jan Day 30 Year 1955

Place of Birth (State or foreign country) Marion County

Residence Address: Street or R. R. 1401 Dallas Dr. City Plainfield County State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Bendix Corp.

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #959

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Elmer Leo Blessing
    Residence of father (if deceased so state) deceased
    Occupation of father..... Race of father.....
    Birthplace of father (State or foreign country) Benton Co. Ind.
12. Full maiden name of mother Nellie Josephine Mullen
    Residence of mother (if deceased so state) 1401 Dallas Dr. Plfd.
    Occupation of mother School Teacher Race of mother.....
    Birthplace of mother (State or foreign country) Johnson Co. Ind.

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

Signed x Michael L. Blessing

New Address 1628 Turtle Creek Court, South Bend, IN

Subscribed and sworn to before me this 25 day of May, 19 77

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Cinda Middle Jaye Last Telfer

Date of Birth: Month Dec. Day 16 Year 1954

Place of Birth (State or foreign country) Daviess Co.

Residence Address: Street or R. R. 1004 Gary Dr. 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

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #70911

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Telfer
   Residence of father (if deceased so state) 1004 Gary Dr. Plfd.
   Occupation of father Director of Foods Race of father.....
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Jeannette Gentry
   Residence of mother (if deceased so state) 1004 Gary Dr. Plfd.
   Occupation of mother School Librarian Race of mother.....
   Birthplace of mother (State or foreign country) Spencer Co. Ind.

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

Signed x Cinda Jaye Telfer

New Address.....

Subscribed and sworn to before me this 25 day of May, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 31st day of ~~Jan~~ May, 19 77, authorizing the joining together as husband and wife Michael L. Blessing and Cinda Jayce Telfer

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

I, Rev Dillon Laffin hereby certify that on the 4th day of June, one thousand nine hundred and 77 at Plainfield, County of Indiana, State of Indiana, Groom Michael L. Blessing of Hendricks County, State of Indiana, and, Bride Cinda J. Telfer of Hendricks County, State of Indiana, 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 31st day of May, 19 77. Signed Rev Dillon Laffin

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of June, 19 77

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. 169

File

May 25, 1977
Date of Application

MALE
Medical Examination Report Dated 5-13-77
Name of Physician Carl A. Freed

FEMALE
Medical Examination Report Dated 5-18-77
Name of Physician Carl A. Freed

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

MALE APPLICANT

Name: First Dennis Middle Dewayne Last Hobbs

Date of Birth: Month Sept Day 9 Year 1946

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 107 N. Grant City Brownsburg County — State In.

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Sears

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
Carie	7	B'burg
Joan	6	"
Both live with father		

    (b) Are you supporting or contributing to their support? Yes ☐ No ☑
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Urvel Hobbs
    Residence of father (if deceased so state) Mexico, In.
    Occupation of father retired Race of father wh
    Birthplace of father (State or foreign country) Arkansas
12. Full maiden name of mother Alta McKaine
    Residence of mother (if deceased so state) Mexico, In.
    Occupation of mother No Race of mother wh
    Birthplace of mother (State or foreign country) Ind.

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

Signed x Dennis Dewayne Hobbs
New Address 107 North Grant Brownsburg

Subscribed and sworn to before me this 25 day of May, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Sue Last Fair

Date of Birth: Month Jan Day 19 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 107 N. Grant City Brownsburg County — State In.

Maiden Name if Different Benge

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Waitress

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

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Benge
   Residence of father (if deceased so state) Jeffersonville, In.
   Occupation of father Citizens Gas Race of father wh
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Lula Pleasant
   Residence of mother (if deceased so state) Jeffersonville, In.
   Occupation of mother Asst - Ward Race of mother wh
   Birthplace of mother (State or foreign country) Ind.

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

Signed x Donna Sue Fair
New Address 107 N. Grant

Subscribed and sworn to before me this 25 day of May, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* May, 1977, *authorizing the joining together as husband and wife* Dennis Dewayne Hobbs *and* Donna Sue Fair

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

I, Rev. Howard Burt *hereby certify that on the* 3rd *day of* June, *one thousand nine hundred and* 77 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Dennis Dewayne Hobbs *of* Hendricks *County, State of* Indiana, *and, Bride* Donna Sue Fair *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 3rd *day of* June, 19 77

Signed Rev. Howard Burt
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* Juen, 19 77

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

No. 170

HENDRICKS County

File

May 25, 1977 Date of Application

MALE
Medical Examination Report Dated 5-20-77
Name of Physician M. D. Isamahorn

FEMALE
Medical Examination Report Dated 5-20-77
Name of Physician M. D. Isamahorn

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

Date of Birth: Month Oct Day 1 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 1 Box 13 City Lizton 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 Gas Attendant

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

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

Name	Age	Address

(b) Are you supporting or contributing to their 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 Haffner
    Residence of father (if deceased so state) Lizton, In.
    Occupation of father Salesman Race of father wh
    Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Mary Garland
    Residence of mother (If deceased so state) Same
    Occupation of mother Clerk Race of mother wh
    Birthplace of mother (State or foreign country) Ind.

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

Signed x Donald L. Haffner
New Address Lizton Ind
Subscribed and sworn to before me this 25 day of May, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Cheryl Middle Lynn Last Merritt

Date of Birth: Month Dec Day 9 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 217 N. Maple 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) Boone Co. Dept. 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 Orell Merritt
   Residence of father (if deceased so state) Pittsboro, In.
   Occupation of father Guard Race of father wh
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Helen Belcher
   Residence of mother (if deceased so state) Same
   Occupation of mother No Race of mother wh
   Birthplace of mother (State or foreign country) Ind.

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

Signed x Cheryl Merritt
New Address Lizton, Ind.
Subscribed and sworn to before me this 25 day of May, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 1st day of June, 19 77, authorizing the joining together as husband and wife Donald Gene Haffner and Cheryl Lyne Merritt

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

I, Rev. Raymond Rader hereby certify that on the 4th day of June, one thousand nine hundred and 77 at First Baptist Church Lizton, County of Hendricks, State of Indiana, Groom Donald Gene Haffner of Hendricks County, State of Indiana, and, Bride Cheryl Lynn Merritt of Hendricks County, State of Indiana, 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 1st day of June, 19 77. Signed Rev. Raymond L. Rader
Official Designation Pastor, First Baptist Church, Lizton

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of Juen, 19 77
Signed Glen M. Harvey Clerk
..... Circuit Court

374

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 171

File

May 26 1977
Date of Application

MALE
Medical Examination Report Dated 5-2-77
Name of Physician Philip E. Johnston

FEMALE
Medical Examination Report Dated 5-2-77
Name of Physician Philip E. Johnston

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

MALE APPLICANT

Name: First George Middle — Last Cline

Date of Birth: Month Aug Day 9 Year 1928

Place of Birth (State or foreign country) Adolphus Kentucky

Residence Address: Street or R. R. 9776 W. Washington City Indpls County — State

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

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

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

Usual Occupation Parks Dept.

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 Hobart I. Cline
    Residence of father (if deceased so state) deceased
    Occupation of father — Race of father
    Birthplace of father (State or foreign country) Adolphus, Ky.
12. Full maiden name of mother Betty Calvert
    Residence of mother (if deceased so state) 2929 Englisk Ave.
    Occupation of mother Housewife — Race of mother
    Birthplace of mother (State or foreign country) Adolphus Ky.

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

Signed George Cline
New Address 9776 W WASH ST

Subscribed and sworn to before me this 26 day of May, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Beatrice Middle — Last Calvert

Date of Birth: Month Oct Day 12 Year 1932

Place of Birth (State or foreign country) Adolphus Kentucky

Residence Address: Street or R. R. 2834 S. Olford City Ind. County — State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Housewife

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

☐ Other (Specify) #63349

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

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

Signed Beatrice Calvert
New Address 2834 S. Olford St

Subscribed and sworn to before me this 26 day of May, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 1st *day of* June, 19 77, *authorizing the joining together as husband and wife* George Cline *and* Beatrice Calvert

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

I, John C. Maurer *hereby certify that on the* 7 *day of* June, *one thousand nine hundred and* 77 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* George Cline *of* Hendricks *County, State of* Indiana, *and, Bride* Beatrice Calvert *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 7 *day of* June, 19 77.

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

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* June, 19 77.

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. 172

File

May 26, 1977
Date of Application

MALE
Medical Examination Report Dated 5-23-77
Name of Physician Tom Moretto

FEMALE
Medical Examination Report Dated 5-23-77
Name of Physician Tom Moretto

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

MALE APPLICANT

Name: First Edmund Middle J. Last Feistel

Date of Birth: Month Oct Day 28 Year 1955

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 2 Box 92 City Hadp. 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 Photo Fab.

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 Edmund Feistel
    Residence of father (if deceased so state) Hadp. In
    Occupation of father Alliss Race of father Wh
    Birthplace of father (State or foreign country) N. Y.
12. Full maiden name of mother Ruth Jenker
    Residence of mother (if deceased so state) Hadp. In
    Occupation of mother No Race of mother Wh
    Birthplace of mother (State or foreign country) Ind.

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

Signed Edmund J Feistel
New Address 5723 Port Gillian Dr. Hadp.
Subscribed and sworn to before me this 26 day of May, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Teresa Middle Marie Last Dailey

Date of Birth: Month Aug Day 19 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1315 W. Washington City Indpls 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 Berger Chef

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 Virgil Dailey
   Residence of father (if deceased so state) Indpls. In.
   Occupation of father Truck Driver Race of father wh
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Ruth Mc Millans
   Residence of mother (if deceased so state) Same
   Occupation of mother Clerk Race of mother wh
   Birthplace of mother (State or foreign country) Ind.

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

Signed Teresa M Dailey
New Address 5723 Port Gillian
Subscribed and sworn to before me this 26 day of May, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed X Ruth E Dailey Mother
Subscribed and sworn to before me this 26 day of May, 1977.
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 26 day of May, 19 77, authorizing the joining together as husband and wife Edmund J. Feistel and Teresa Marie Dailey

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

I, John C. Mowrer hereby certify that on the 27 day of May one thousand nine hundred and 77 at Danville, County of Hendricks State of Indiana, Groom Edmund J. Feistel of Hendricks County, State of Indiana, and, Bride Teresa Marie Dailey of Hendricks County, State of Indiana, 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 May, 19 77.

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

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of May, 19 77.

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. 172

File

May 26, 1977
Date of Application

MALE
Medical Examination Report Dated 5-23-77
Name of Physician Tom Moretto

FEMALE
Medical Examination Report Dated 5-23-77
Name of Physician Tom Moretto

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

MALE APPLICANT

Name: First Edmund Middle J. Last Feistel

Date of Birth: Month Oct Day 28 Year 1955

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 2 Box 92 City Indpls 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 Photo Lab.

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 ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐

11. Full name of father Edmund Feistel
    Residence of father (if deceased so state) Indpls. In
    Occupation of father Mechanics Race of father Wh
    Birthplace of father (State or foreign country) N. Y.
12. Full maiden name of mother Ruth Jenker
    Residence of mother (if deceased so state) Indpls. In.
    Occupation of mother No Race of mother wht
    Birthplace of mother (State or foreign country) Ind.

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

Signed Edmund J Feistel

New Address 5723 Port Gillian Dr. Indpls

Subscribed and sworn to before me this 26 day of May, 19

Glen M. Harvey Clerk HENDRICKS Circuit

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

Signed.....F

Signed.....M

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF

.....County.....

in.....authorizes and directs the iss

RETURN OF MARRIAGE L

Be It Remembered, *there was filed in my office a marria*

of Indiana dated the 26 day of Ma

Edmund J. Feistel

Be it further remembered, the following marriage certificate was filed i

I, John C. Mowrer

one thousand nine hundred and 77

State of Indiana, Groom Edmund J. Feistel

and, Bride Teresa Marie Dailey o

were by me united in marriage as authorized by a marriage license issue
County.

Dated this 27 day of May,

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of May, 19 77

Official Designation Judge, Hendricks Co. Court

Signed Glen M Harvey Clerk

Circuit Court

MALE APPLICANT

Name: First Teresa Middle Marie Last Dailey

Date of Birth: Month Aug Day 19 Year 1960

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 1315 W. Washington City Indpls 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 Burger Chef

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 Virgil Dailey
   Residence of father (if deceased so state) Indpls In
   Occupation of father Truck Driver Race of father wh

D. D. CHEESMAN, M.D.
J. C. KERLIN, M.D.

OFFICE PHONE: 745-5403
EXCHANGE: 745-6160

FAMILY MEDICAL CENTER
100 MEADOW DRIVE
Danville, Indiana 46122

Teresa Dailey has a Postive Pregnancy Test 5-25-77

Joseph C. Kerlin M.D

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 173
File 38
5-26-77
Date of Application

MALE
Medical Examination Report Dated 5-26-77
Name of Physician Marvin C. Christie

FEMALE
Medical Examination Report Dated 5-26-77
Name of Physician Marvin C. Christie

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 L, Last Wundrum
Date of Birth: Month August, Day 6, Year 1942
Place of Birth (State or foreign country) Indianapolis, Marion Co., In.
Residence Address: Street or R. R. 5636 Darden Dr., City Indianapolis, County, State In.
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 Stock Chaser
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
Teresa Wundrum	12	RR 2, New Palestine, In.
Rhonda "	10	" " " "
Kimberley "	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 Donald Edward Wundrum
    Residence of father (if deceased so state) 5736 Gordon Dr. Indianapolis, In.
    Occupation of father Policeman Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Norma Jean Bunce
    Residence of mother (if deceased so state) Same
    Occupation of mother Salesperson 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.
X Signed Donald K Wundrum
New Address 421 Varner Dr
Subscribed and sworn to before me this 26 day of May, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Elaine, Last Minor
Date of Birth: Month May, Day 20, Year 1944
Place of Birth (State or foreign country) Indianapolis, Marion Co., In.
Residence Address: Street or R. R. 421 Varner Dr., City Brownsburg, County, State In.
Maiden Name if Different Judy Elaine Wheeler
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 Bill 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 Wilfred L. Wheeler
   Residence of father (if deceased so state) 1240 S. Worth Indianapolis, In.
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary L. Lambert
   Residence of mother (if deceased so state) Same
   Occupation of mother Receptionist Race of mother W.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
X Signed Judith E. Minor
New Address 421 Varner Dr.
Subscribed and sworn to before me this 26 day of May, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 1 day of June, 19 77, authorizing the joining together as husband and wife Donald K. Wundrum and Judy Elaine Minor
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry L. Williams hereby certify that on the 4th day of June, one thousand nine hundred and 77 at Indianapolis, County of Marion, State of Indiana, Groom Donald K. Wundrum of Marion County, State of Indiana, and, Bride Judy Elaine Minor of Hendricks County, State of Indiana, 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 June, 19 77.
Signed Jerry L. Williams
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of June, 19 77.
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. 174

File

5-27-77 Date of Application

MALE
Medical Examination Report Dated 5/7/77
Name of Physician Bruce E. Beatty M.D.

FEMALE
Medical Examination Report Dated 5/11/77
Name of Physician Bruce E. Beatty M.D.

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

MALE APPLICANT

Name: First Paul Middle William Last Simpson

Date of Birth: Month April Day 10 Year 1957

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

Residence Address: Street or R. R. 1054 Windsor Rd. City Brownsburg 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 Sales + Service Rep.

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

☐ Other (Specify) # 113-57-242642

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

Name	Age	Address

(b) Are you supporting or contributing to their 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 A. Simpson
    Residence of father (if deceased so state) Brownsburg Ind.
    Occupation of father Sales Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Cleo L. Cook
    Residence of mother (if deceased so state) Brownsburg Ind.
    Occupation of mother Century 21 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 Paul William Simpson
New Address 5033 Patricia St. Indpls.
Subscribed and sworn to before me this 27 day of May, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Nema Middle Elizabeth Last Eggers

Date of Birth: Month April Day 4 Year 1959

Place of Birth (State or foreign country) Hendricks Co. Ind.

Residence Address: Street or R. R. 1054 Windsor Rd. City Brownsburg 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 Unemployed

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

☐ Other (Specify) # 59-028054

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

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

Signed Nema Elizabeth Eggers
New Address 5033 Patricia St. Indpls.
Subscribed and sworn to before me this 27 day of May, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 1st day of June, 19 77, authorizing the joining together as husband and wife Paul William Simpson and Nema Elizabeth Eggers

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

I, Kenneth O. Stephens hereby certify that on the 4 day of June one thousand nine hundred and 77 at Country Lane Baptist Church, Brownsburg County of Hendricks, State of Indiana, Groom Paul William Simpson of Hendricks County, State of Indiana, and, Bride Nema Elizabeth Eggers of Hendricks County, State of Indiana, 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 1st day of June, 19 77. Signed Rev. Kenneth O. Stephens
Official Designation Ordained Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of June, 19 77. Clerk
Signed Glen M. Harvey 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. 175
File 38
5-27-77
Date of Application

MALE
Medical Examination Report Dated 5-19-77
Name of Physician James M. Jay. MD

FEMALE
Medical Examination Report Dated 5-19-77
Name of Physician James M. Jay, M.D.

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

MALE APPLICANT

Name: First John Middle A. Last Hall III
Date of Birth: Month 2 Day 4 Year 1955
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 19 Eldin Dr. City Plainfield County Hen. 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 machinist
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 A. Hall
Residence of father (if deceased so state) RR 2 Box 398A Martinsville IN
Occupation of father Inspector Race of father W
Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Erma Louise Chitwood
Residence of mother (if deceased so state) RR 2 Box 398A Martinsville
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 John A Hall II
New Address 511 Lakeview Lane Indpls. Ind
Subscribed and sworn to before me this 27 day of May, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Sybil Middle Anita Last Storms
Date of Birth: Month 1 Day 29 Year 1956
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 416 S. Can Rd. City Plainfield, Hen. 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).....

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 W. Storms
Residence of father (if deceased so state) 416 Can Rd, Plainfield, Ind.
Occupation of father retired Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Sybil Lucille McDermott
Residence of mother (if deceased so state) 416 Can Rd. Plainfield, Ind.
Occupation of mother Registered Nurse Race of mother W
Birthplace of mother (State or foreign country) Illinois

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

Signed X Sybil Anita Storms
New Address 511 Lakeview Lane Apt. B
Subscribed and sworn to before me this 27 day of May, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* May, 19 77, *authorizing the joining together as husband and wife* John A. Hall II *and* Sybil Anita Storms

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

I, Thomas E. Chittenden, Jr. *hereby certify that on the* 4th *day of* June, *one thousand nine hundred and* 77 *at* Plainfield Christian Ch. *County of* Hendricks, *State of Indiana, Groom* John A. Hall II *of* Hendricks *County, State of* Indiana, *and, Bride* Sybil Anita Storms *of* Hendricks *County, State of* Indiana, *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* June, 19 77.

Signed Thomas E. Chittenden, Jr
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* June, 19 77

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. 176

File 38

May 27 1977
Date of Application

MALE
Medical Examination Report Dated 5-23-77
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 5-23-77
Name of Physician Eric Clark

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

MALE APPLICANT

Name: First Kenneth Middle Wilson Last Reynolds

Date of Birth: Month July Day 26 Year 1950

Place of Birth (State or foreign country) Oklahoma

Residence Address: 338 Street or R. R. Lincoln 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 Grinder

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 Wilbur Reynolds
    Residence of father (if deceased so state) North Salem, In.
    Occupation of father Millwright Race of father wh
    Birthplace of father (State or foreign country) Oklahoma
12. Full maiden name of mother Alice Maurice
    Residence of mother (if deceased so state) North Salem
    Occupation of mother None Race of mother wh
    Birthplace of mother (State or foreign country) Penn

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

Signed X Kenneth W. Reynolds
New Address 338 LINCOLN ST DANVILLE IN

Subscribed and sworn to before me this 27 day of May, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month Sept. Day 21 Year 1953

Place of Birth (State or foreign country) Indiana

Residence Address: 443 Street or R. R. Douglas City Brownsburg County In. State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Blocks

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 Lydic
   Residence of father (if deceased so state) Brownsburg, In.
   Occupation of father Retired Race of father wh
   Birthplace of father (State or foreign country) Penn.
8. Full maiden name of mother Edna Fetterman
   Residence of mother (if deceased so state) Brburg, In.
   Occupation of mother Avon Sales Race of mother wh
   Birthplace of mother (State or foreign country) Penn.

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

Signed X Susan Michele Lydic
New Address 338 Lincoln St. Danville In 46122

Subscribed and sworn to before me this 27 day of May, 1977.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

.....Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....of Indiana dated the 3rd day of June, 19 77, authorizing the joining together as husband and wife Kenneth Wilson Reynolds and Susan Michele Lydic

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 June, one thousand nine hundred and 77 at Brownsburg, County of Hendricks, State of Indiana, Groom Kenneth Wilson Reynolds of Hendricks County, State of Indiana, and, Bride Susan Michele Lydic of Hendricks County, State of Indiana, 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 June, 19 77. Signed Jerry R. Nash Minsiter
Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of Juen, 19 77.
Signed Glen M. Harvey Clerk
Circuit Court

A B C D E F G H I J K L M Mc N O P Q R S T U V W X Y Z

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 177
File 38
5-27-77
Date of Application

MALE
Medical Examination Report Dated 5-24-77
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 5-24-77
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 Marlin Middle Wayne Last Hinders
Date of Birth: Month January Day 25 Year 1947
Place of Birth (State or foreign country) Kokomo, Indiana
Residence Address: Street or R. R. 22 Michael Dr. City Plainfield County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Finance
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 Stanley Eugene Hinder
    Residence of father (if deceased so state) RR2 Kokomo, Indiana
    Occupation of father Factory work Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Betty Jo Woolsbridge
    Residence of mother (if deceased so state) RR 2, Kokomo, Indiana
    Occupation of mother Factory Work 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 Marlin Wayne Hinders
New Address 22 Michael Dr. Plainfield Ind.

Subscribed and sworn to before me this 27 day of May, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Pamela Middle Joyce Last Howard
Date of Birth: Month June Day 16TH Year 1955
Place of Birth (State or foreign country) Putnam Co., Indiana
Residence Address: Street or R. R. RR 2 Box 606, City Indpls., County Hen, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Payroll 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 Howard Dale Howard
   Residence of father (if deceased so state) RR 2 Box 606, Indpls. Ind.
   Occupation of father Factory Worker Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Katherine Lavaun Acton
   Residence of mother (if deceased so state) RR 2 Box 606, Indpls, Ind.
   Occupation of mother housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Pamela Joyce Howard
New Address 22 Michael Drive Plainfield, Ind.

Subscribed and sworn to before me this 27 day of May, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 2nd *day of* June, 19 77, *authorizing the joining together as husband and wife* Marlin Wayne Hinder *and* Pamela Joyce Howard

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

I, Orien E. Stephens *hereby certify that on the* 11 *day of* June, *one thousand nine hundred and* 77 *at* Avon, *County of* Hendricks, *State of Indiana, Groom* Marlin Wayne Hinders *of* Hendricks *County, State of* Indiana, *and, Bride* ~~Pamela Joyce Howard~~ *of* ~~Hendricks~~ *County, State of* Indiana, *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* JUne, 19 77.

Signed Orien E. Stephen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* June, 19 77.

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. 178

File 38

5-31-77 Date of Application

MALE
Medical Examination Report Dated 5-24-77
Name of Physician Joseph J. Gormley

FEMALE
Medical Examination Report Dated 5-24-77
Name of Physician Joseph J. Gormley

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

MALE APPLICANT

Name: First Scott Middle O. Last Mayhew

Date of Birth: Month July Day 24 Year 1955

Place of Birth (State or foreign country) Indianapolis Marion Co. In.
City County State

Residence Address: Street or R. R. R#3 Box 88 City Brownsburg 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) Selective Service

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

Name	Age	Address

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

11. Full name of father Harold E. Mayhew
Residence of father (if deceased so state) R.3 Brownsburg, In.
Occupation of father Construction Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Shirley Mae Maurice
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.

X Signed Scott Mayhew
New Address RR 1 BOX 284 BROWNSBURG

Subscribed and sworn to before me this 31 day of May, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Elizabeth Middle Ann Last Everling

Date of Birth: Month December Day 17 Year 1958

Place of Birth (State or foreign country) Indianapolis Marion In
Residence Address: Street or R. R. R#3 Box 88 City Brownsburg County Marion 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 Cook

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

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

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

X Signed Elizabeth Ann Everling
New Address RR#1 Box 284 Brownsburg.

Subscribed and sworn to before me this 31 day of May, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 4 *day of* June, 19 77, *authorizing the joining together as husband and wife* Scott A. Mayhew *and* Elizabeth Ann Everling.

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

I, George H. Hoog *hereby certify that on the* 4th *day of* June, *one thousand nine hundred and* 77 *at* Messiah Lutheran Church, *County of* Hendricks, *State of Indiana, Groom* Scott Alan Mayhew *of* Hendricks *County, State of* Indiana, *and, Bride* Elizabeth Ann Everling *of* Hendricks *County, State of* Indiana, *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* June, 19 77. *Signed* George H. Hoog

Official Designation Lutheran Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* June, 19 77

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. 179

File

May 31, 1977
Date of Application

MALE
Medical Examination Report Dated 5-25-77
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 5-24-77
Name of Physician Thomas M. Walker

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

MALE APPLICANT

Name: First H. Middle Lee Last Lawyer

Date of Birth: Month August Day 6 Year 1933

Place of Birth (State or foreign country) West Virginia

Residence Address: Street or R. R. Odessa City 114 Oakhurst Dr. P.K. County Brownsburg Dr. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1977 - Marion

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

Usual Occupation Sales Director - Hardware

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Lic. # S020-36-5-694

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

Name	Age	Address
Robert + Laura Lawyer	17	Avon Ind.
Mary Jean "	13	" "
Herbert Lee Jr. "	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 St. Claire Lawyer
    Residence of father (if deceased so state) Salem, N. H.
    Occupation of father Retired Race of father White
    Birthplace of father (State or foreign country) Boston, Mass.
12. Full maiden name of mother Mary Ann Vadakis
    Residence of mother (if deceased so state) Salem, N. H.
    Occupation of mother Retired Race of mother White
    Birthplace of mother (State or foreign country) Boston, Mass

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

Signed H. Lee Lawyer
New Address 114 Oakhurst Dr. P.K. Brownsburg

Subscribed and sworn to before me this 31 day of May, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Ruth Middle Joyce Last Fugitt

Date of Birth: Month August Day 14 Year 1942

Place of Birth (State or foreign country) Henry Co. Ind.

Residence Address: Street or R. R. 114 Oakhurst Dr. P.K. City Brownsburg Jr. County Hendricks State Ind.

Maiden Name if Different Lee

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1976 - Marion

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

Usual Occupation Office Mgr - Carl Nelson Inc.

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 9-42-1562

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

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

Signed Ruth Joyce Fugitt
New Address 114 Oakhurst Dr. P.K. Brownsburg

Subscribed and sworn to before me this 31 day of May, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 31 *day of* May, 19 77, *authorizing the joining together as husband and wife* H. Lee Lawyer *and* Ruth Joyce Fugitt
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer *hereby certify that on the* 31 *day of* May, *one thousand nine hundred and* 77 *at* Danville, *County of* Hendricks *State of Indiana, Groom* H. Lee Lawyer *of* Hendricks *County, State of* Indiana *and, Bride* Ruth Joyce Fugitt *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*
Dated this 31 *day of* May, 19 77.

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

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* June, 19 77.

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. 180

File

May 31 1977
Date of Application

MALE
Medical Examination Report Dated 5-23-77
Name of Physician M. D. Scamahorn

FEMALE
Medical Examination Report Dated 5-23-77
Name of Physician M. D. 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 Anthony Middle Wayne Last Wilson

Date of Birth: Month Feb. Day 2 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: 2141 Wanessa Dr. Street or R. R. Indpls City Hend. 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 Chevrolet

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

☐ Other (Specify).....

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

Name	Age	Address

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

11. Full name of father James L. Wilson
    Residence of father (if deceased so state) Danville, In.
    Occupation of father Chevrolet Race of father wh
    Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Pauline Freeman
    Residence of mother (if deceased so state) Danville, In.
    Occupation of mother None Race of mother wh
    Birthplace of mother (State or foreign country) Ind.

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

Signed Anthony W. Wilson

New Address 2141 Wanessa dr. Indpls. Ind.

Subscribed and sworn to before me this 31 day of May, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month April Day 11 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: 6039 W. Fenway Street or R. R. Indpls City Marion 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 Paul N. Watt
   Residence of father (if deceased so state) Jacksonville Fla.
   Occupation of father Patrol Officer Race of father wh
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Jacqueline F. Taylor
   Residence of mother (if deceased so state) Indpls. 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 Mary Deborah Kay Watt

New Address 2140 Wanessa Dr.

Subscribed and sworn to before me this 31 day of May, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 7 day of June, 19 77, authorizing the joining together as husband and wife Anthony Wayne Wilson and Mary Deborah Watt

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

I, Larry Lilley, D.D. hereby certify that on the 12 day of June, one thousand nine hundred and 77 at Avon, County of Hendricks, State of Indiana, State of Indiana, Groom Anthony Wayne Wilson of Hendricks County, State of Indiana, and, Bride Mary Deborah Kay Watt of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 12 day of June, 19 77. Signed Larry Lilley, D.D.

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of June, 19 77

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. 181

File

May 31 1977
Date of Application

MALE
Medical Examination Report Dated 5-21-77

Name of Physician Clair L. Kack, M.D

FEMALE
Medical Examination Report Dated 5-21-77

Name of Physician

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

MALE APPLICANT

Name: First Terry Middle — Last Klee

Date of Birth: Month 3 Day 2 Year 57

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

Residence Address: Street or R. R. 9704 Harmony Drive City Indpls County — State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Shipping & Receiving

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

☒ Other (Specify) Drivers License

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

    Name — Age — Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Henry Joseph Klee
    Residence of father (if deceased so state) 9704 Harmony Drive Indpls
    Occupation of father Retired Race of father white
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary Louise Henson
    Residence of mother (if deceased so state) 9704 Harmony Dr., Indpls
    Occupation of mother Housewife Race of mother white
    Birthplace of mother (State or foreign country) Arkansas

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

Signed Terry Klee

New Address 9704 Harmony DR. Indianapolis

Subscribed and sworn to before me this 31 day of May, 1977.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Michelle Middle Marie Last Williams

Date of Birth: Month 12 Day 14 Year 57

Place of Birth (State or foreign country) Detroit, Michigan

Residence Address: Street or R. R. 9704 Harmony Drive 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

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 David Gilbert Williams
   Residence of father (if deceased so state) 632 Lawndale Drive Plainfield
   Occupation of father Nelsons Race of father white
   Birthplace of father (State or foreign country) Michigan
8. Full maiden name of mother Patricia Mae Hajduk
   Residence of mother (if deceased so state) 632 Lawndale Dr. Plainfield
   Occupation of mother clerk Race of mother white
   Birthplace of mother (State or foreign country) Michigan

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

Signed Michelle Williams

New Address 9704 Harmony Dr. Indpls

Subscribed and sworn to before me this 31 day of May, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 8th day of June, 19 77, authorizing the joining together as husband and wife Terry K. Lee and Michelle Williams

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

I, John C. Maurer hereby certify that on the 15 day of June one thousand nine hundred and 77 at Danville, County of Hendricks State of Indiana, Groom Terry K. Lee of Hendricks County, State of Ind. and, Bride Michelle Williams of Hendricks County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 15 day of June, 19 77.

Signed John C. Maurer

Official Designation Judge, Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of June, 19 77.

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. 182

File

May 31, 1977 Date of Application

MALE
Medical Examination Report Dated 5-10-77
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 5-10-77
Name of Physician Eric D. Clark

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

MALE APPLICANT

Name: First Gary Middle Allen Last Grubbs

Date of Birth: Month 6 Day 27 Year 55

Place of Birth (State or foreign country) Indpls, Ind

Residence Address: Street or R. R. R.R. 1 Box 10 City Clayton 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 Siding Construction

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 Nelson A Grubbs
    Residence of father (if deceased so state) R 1 Box 10, Clayton, Ind.
    Occupation of father Railroad Race of father white
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Joanne Wainwright
    Residence of mother (if deceased so state) R. 1 Box 10, Clayton, Ind
    Occupation of mother Housewife Race of mother white
    Birthplace of mother (State or foreign country) British West Indies

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

Signed Gary A Grubbs
New Address 4550 W. Perry St. Indpls. Ind.
Subscribed and sworn to before me this 31 day of May, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Carla Middle Jean Last Odom

Date of Birth: Month 7 Day 14 Year 59

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

Residence Address: Street or R. R. 4525 West Perry 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

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

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Arthur Odom
   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 Gladys Haagland
   Residence of mother (if deceased so state) 4550 West Perry, Indpls.
   Occupation of mother P.B. Machine Packer 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 Carla Odom
New Address 4550 W. Perry Indpls. In.
Subscribed and sworn to before me this 31 day of May, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Facter deceased

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed Gladys Odom Mother
Subscribed and sworn to before me this 31 day of May, 1977.
Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 3 day waiver 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 31st day of May, 19....., authorizing the joining together as husband and wife Gary Allen Grubbs and Carla Jean Odom

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

I, Rev. Elmer Kizzle hereby certify that on the 9 day of June, one thousand nine hundred and 77 at Greenwood, County of Johnson, State of Indiana, Groom Gary A Grubbs of Marion County, State of Indiana, and, Bride Carla J. Odom 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 Marion County.

Dated this 9 day of June, 19 77. Signed Elmer Kizzle
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of June, 19 77. 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. 183

File

May 31, 1977
Date of Application

MALE
Medical Examination Report Dated 5-31-77
Name of Physician John R. Melin

FEMALE
Medical Examination Report Dated 5-31-77
Name of Physician John R. Melin

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

Date of Birth: Month Sept. Day 12 Year 1953

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 3141 Merrick Ln. City Indpls 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 Bakery

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 Tracey
    Residence of father (if deceased so state) Brownsburg, In.
    Occupation of father Real estate Race of father wh
    Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Frances K. Jackson
    Residence of mother (if deceased so state) Brownsburg, In.
    Occupation of mother Secretary Race of mother wh
    Birthplace of mother (State or foreign country) Ind.

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

Signed x Robert D. Tracey
New Address 3141 Merrick Lane Indianapolis

Subscribed and sworn to before me this 31 day of May, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Diane Middle Sue Last Reynolds

Date of Birth: Month Oct. Day 3 Year 1953

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 2 Box 438 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 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 Harold Lee Reynolds
   Residence of father (if deceased so state) Plainfield, In.
   Occupation of father Self employed Race of father wh
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Lois V. Fisher
   Residence of mother (if deceased so state) Plainfield, In.
   Occupation of mother None Race of mother wh
   Birthplace of mother (State or foreign country) Ind.

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

Signed x Diane Sue Reynolds
New Address 3141 Merrick Lane, Indpls.

Subscribed and sworn to before me this 31 day of May, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 31 *day of* May, 19 77, *authorizing the joining together as husband and wife* Robert Dale Tracey *and* Diane Sue Reynolds

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

I, Edward Dean Dickinson *hereby certify that on the* 4th *day of* June, *one thousand nine hundred and* 77 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Robert Dale Tracey *of* Marion *County, State of* Indiana, *and, Bride* Diane Sue Reynolds *of* Hendricks *County, State of* Indiana, *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* June, 19 77.

Signed Edward Dean Dickinson
Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* June, 19 77.

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. 184
File 38
6-1-77 Date of Application

MALE
Medical Examination Report Dated 5-25-77
Name of Physician James Black

FEMALE
Medical Examination Report Dated 5-26-77
Name of Physician Glen W. Baker

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

MALE APPLICANT

Name: First Gordon Middle William Last Reeves II

Date of Birth: Month December Day 6 Year 1957

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

Residence Address: Street or R. R. 40 N Glen Pkwy 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 Heave Equipment Operator

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

☐ Other (Specify).....

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

Name	Age	Address

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

11. Full name of father Gordon William Reeves II
    Residence of father (if deceased so state) 40 Northgren, Brownsburg Ind.
    Occupation of father Excavator Race of father (c)
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Shirley Ann Hurt
    Residence of mother (if deceased so state) 40 Northgren, Brownsburg Ind.
    Occupation of mother Waitress 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 Gordon William Reeves II

New Address 40 Northgren Parkway Brownsburg

Subscribed and sworn to before me this 1 day of June, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Natalie Middle Faye Last Chesser

Date of Birth: Month February Day 15 Year 1962

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

Residence Address: Street or R. R. RR4 Box 206 City Brownsburg County Hen. State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation none

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

☐ Other (Specify) # 1997

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Chesser
   Residence of father (if deceased so state) RR4 Box 206, Brownsburg, Ind.
   Occupation of father Sheet Metal Construction Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Patricia Ann Walker
   Residence of mother (if deceased so state) RR4 Box 206, Brownsburg, Ind
   Occupation of mother Cook Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Natalie Chesser

New Address R#4 Box 206 Brownsburg

Subscribed and sworn to before me this 1 day of June, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

.....

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed X Raymond P Chesser Father

Signed X Patricia A. Chesser Mother

Subscribed and sworn to before me this 1 day of June, 19 77.

Glen M. Harvey Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Circuit Court of Indiana dated the 1st day of June, 19 77, authorizing the joining together as husband and wife Gordon William Reeves II and Natalie Faye Chesser

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

I, Jerry D. Nash hereby certify that on the 25 day of June, one thousand nine hundred and 77 at Brownsburg, County of Hendricks State of Indiana, Groom Gordon William Reeves II of Marion County, State of Indiana, and, Bride Natalie Faye Chesser of Hendricks County, State of Indiana, 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 25 day of June, 19 77.

Signed Jerry D. Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of July, 19 77.

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. 185

File

June 1, 1977
Date of Application

MALE
Medical Examination Report Dated 5-31-1977
Name of Physician David L Adler, M.D.

FEMALE
Medical Examination Report Dated 5-31-1977
Name of Physician David L. Adler 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 Warren Middle Russell Last Whitaker

Date of Birth: Month 1 Day 9 Year 1959

Place of Birth (State or foreign country) Greenfield Indiana

Residence Address: Street or R. R. R.R. 5 Box 171 City 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: Armed Forces

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

☐ Other (Specify) 59-001916

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

    Name Age Address

    .....

    .....

    .....

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Warren E. Whitaker
    Residence of father (if deceased so state) unknown
    Occupation of father..... Race of father white
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Rebecca Jean Roberts
    Residence of mother (if deceased so state) R.R. 5 Box 171, Danville Ind.
    Occupation of mother Waitress Race of mother white
    Birthplace of mother (State or foreign country) Indiana

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

Signed + Warren E Whitaker

New Address 2045 Shelby, Indpls., Ind.

Subscribed and sworn to before me this 1 day of June, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Scarlet Middle Jean Last Gill

Date of Birth: Month 10 Day 3 Year 1958

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

Residence Address: Street or R. R. 2045 City Shelby, Indpls, County Ind. State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father.....
   Residence of father (if deceased so state).....
   Occupation of father..... Race of father.....
   Birthplace of father (State or foreign country).....
8. Full maiden name of mother Beverly Jo Gill
   Residence of mother (if deceased so state) 2045 Shelby, Indpls. Ind.
   Occupation of mother Housewife Race of mother white
   Birthplace of mother (State or foreign country) Indiana

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

Signed + Scarlet J. Gill

New Address 2045 Shelby, Indpls, Ind.

Subscribed and sworn to before me this 1 day of June, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 June 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* 1st *day of* June, 1977, *authorizing the joining together as husband and wife* Warren Russell Whitaker *and* Scarlet Gill

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

I, James A. Jones *hereby certify that on the* 3rd *day of* June, *one thousand nine hundred and* 77 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Warren Russell Whitaker *of* Hendricks *County, State of* Indiana, *and, Bride* Scarlet Jean Gill *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 3rd *day of* June, 19 77.

Signed James A. Jones

Official Designation Minsiter

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* Juen (JUNE), 19 77.

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. 186

File

June 1, 1977
Date of Application

MALE
Medical Examination Report Dated 5-30-77
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 5-30-77
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 John Middle F. Last Chapin

Date of Birth: Month June Day 15 Year 1949

Place of Birth (State or foreign country) La Porte Ind.

Residence Address: Street or R. R. 613 Brookside Lane 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 Elementary Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Voters Reg. # 2705

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Willard Ralph Chapin
    Residence of father (if deceased so state) La Porte Ind.
    Occupation of father Coal Engineer Race of father White
    Birthplace of father (State or foreign country) New York
12. Full maiden name of mother Frances Katherine Garbisch
    Residence of mother (if deceased so state) La Porte Ind.
    Occupation of mother Elks Club Race of mother White
    Birthplace of mother (State or foreign country) Indiana

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

Signed John F. Chapin
New Address 613 Brookside Ln Plfd.
Subscribed and sworn to before me this 1st day of June, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Kathleen Middle Bensie Last

Date of Birth: Month September Day 1 Year 1951

Place of Birth (State or foreign country) Gary Indiana

Residence Address: Street or R. R. 7608 Creighton Ave. 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 Elementary Teacher

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

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

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

Signed Kathleen Bensie
New Address 613 Brookside Ln Plainfield
Subscribed and sworn to before me this 1st day of June, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 6th day of June, 1977, authorizing the joining together as husband and wife John F. Chapin and Kathleen Bensie

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

I, Rev. Edwin A. Soergel hereby certify that on the 11 day of June, one thousand nine hundred and 77 at Greenwood, County of Johnson, State of Indiana, Groom John F. Chapin of Hendricks County, State of Indiana, and, Bride Kathleen Bensie 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 6th day of June, 19 77. Signed Rev. Edwin A. Soergel
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 19 77
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. 187

File

June 1, 1977
Date of Application

MALE
Medical Examination Report Dated 5-23-77
Name of Physician James Black, Md.

FEMALE
Medical Examination Report Dated 5-23-77
Name of Physician James Black, Md.

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

MALE APPLICANT

Name: First Bradley Middle Allen Last Shelton

Date of Birth: Month September Day 14 Year 1958

Place of Birth (State or foreign country) Landstuhl Germany

Residence Address: Street or R. R. R.R. # 1 Box 123 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 Mechanic

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

☐ Other (Specify) Landstuhl Germany

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

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

Signed Bradley Allen Shelton
New Address CARRIAGE HOUSE APARTMENTS

Subscribed and sworn to before me this 1st day of June '77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Jennifer Middle Lynn Last Brown

Date of Birth: Month August Day 20 Year 1959

Place of Birth (State or foreign country) Lebanon Boone Ind.

Residence Address: Street or R. R. R.R. # 1 Box 202 City Pittsboro County Ind. State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Unemployed

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

☐ Other (Specify) # 113-39-06375O

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

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

Signed Jennifer Lynn Brown
New Address Carriage House, Indianapolis

Subscribed and sworn to before me this 1st day of June '77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed James A. Brown Father
Signed Evelyn L. Brown Mother
Subscribed and sworn to before me this.....day 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 6th day of June, 1977, authorizing the joining together as husband and wife Bradley Allen Shelton and Jennifer Lynn Brown

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

I, William Charles McGraw hereby certify that on the 10 day of June, one thousand nine hundred and 77 at Pittsboro Hendricks County of Indiana (Hendricks Co.) State of Indiana, Groom Bradley Allen Shelton of Hendricks County, State of Indiana, and, Bride Jennifer Lynn Brown of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 10 day of June, 19 77.

Signed William Charles McGraw
Official Designation Minister, Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 19 77.

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. 188

File

June 2, 1977
Date of Application

MALE
Medical Examination Report Dated 5-24-77
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 5-24-77
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 Donald Middle Lester Last Wolfe

Date of Birth: Month 11 Day 26 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 1 Box 409 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 Shipping Clerk

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

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

Name	Age	Address

(b) Are you supporting or contributing to their 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 Wolfe
    Residence of father (if deceased so state) Plainfield, In.
    Occupation of father Self employed Race of father wh
    Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Mary Blair
    Residence of mother (if deceased so state) Same
    Occupation of mother None Race of mother wh
    Birthplace of mother (State or foreign country) Ind.

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

Signed Donald L. Wolfe

New Address 3656 green ash ct apt 209

Subscribed and sworn to before me this 2 day of June, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Frances Middle Margaret Last Hilligoss

Date of Birth: Month 3 Day 21 Year 1957

Place of Birth (State or foreign country) Texas

Residence Address: Street or R. R. Rt. 1 Box 129 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 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 W. Thomas Hilligoss
   Residence of father (if deceased so state) Plainfield, In.
   Occupation of father Self employed Race of father wh
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Dolly Robertson
   Residence of mother (if deceased so state) Same
   Occupation of mother None Race of mother wh
   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 Frances M. Hilligoss

New Address 3656 green ash Ct apt 209 Indpls.

Subscribed and sworn to before me this 2 day of June, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *of Indiana dated the* 6 *day of* June, 19 77, *authorizing the joining together as husband and wife* Donald Lester Wolfe *and* Frances Margaret Hilligoss

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

I, Marc S. Hays *hereby certify that on the* 11 *day of* June, *one thousand nine hundred and* 77, *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Donald L. Wolfe *of* Hendricks *County, State of* Indiana, *and, Bride* Frances M. Hilligoss *of* Hendricks *County, State of* Indiana, *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 June, 19 77. Signed Marc S. Hays

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of June, 19 77.

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. 189

File

June 2, 1977
Date of Application

MALE
Medical Examination Report Dated 5-27-77
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 5-27-77
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 Roger Middle Murray Last Chestnut

Date of Birth: Month Dec. Day 27 Year 1948

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 2 Box 155 City Indpls. 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 Machinist

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 Roscoe Chestnut
    Residence of father (if deceased so state) Plainfield, In.
    Occupation of father Citizens Gas Race of father wh
    Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Mary J. Brassinger
    Residence of mother (if deceased so state) Same
    Occupation of mother Office Work Race of mother wh
    Birthplace of mother (State or foreign country) Ind.

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

Signed Roger M. Chestnut
New Address RR2 Box 155 Indpls. 46231

Subscribed and sworn to before me this 2 day of June, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Stephanie Middle Diane Last Lukenbill

Date of Birth: Month Aug. Day 26 Year 1949

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt. 2 Box 155 City Indpls. County Hend. State In.

Maiden Name if Different Northern

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Clerk Typist

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 Lawrence J. Northern
   Residence of father (if deceased so state) Indpls. In.
   Occupation of father Machinist Race of father wh
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Roberta Dugan
   Residence of mother (if deceased so state) Monrsville, In.
   Occupation of mother Acct. Clerk Race of mother wh
   Birthplace of mother (State or foreign country) Ind.

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

Signed Stephanie Lukenbill
New Address R 2 Box 155, Indpls. 46231

Subscribed and sworn to before me this 2 day of June, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 6th *day of* June, 1977, *authorizing the joining together as husband and wife* Roger Murray Chestnut *and* Stephanie Diane Lukenbill

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

I, Marc S. Hays *hereby certify that on the* 11 *day of* June, *one thousand nine hundred and* 77 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Roger M. Chestnut *of* Hendricks *County, State of* Indiana, *and, Bride* Stephanie D. Lukenbill *of* Hendricks *County, State of* Indiana, *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* June, 19 77.

Signed Marc S Hays
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* July, 19 77.

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. 190

File

June 3 1977
Date of Application

MALE
Medical Examination Report Dated 6-2-77
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 6-1-77
Name of Physician Robert L. Taylor

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

MALE APPLICANT

Name: First Thomas Middle J. Last Hibbeln

Date of Birth: Month July Day 13 Year 1940

Place of Birth (State or foreign country): Connersville Fayette Co. Ind.

Residence Address: Street or R. R. 4 Karen Dr. City Plfd. County Hen. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1976 Hendricks Co

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

Usual Occupation: Medical Doctor

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

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

Name	Age	Address
Mike	16	Plainfield Ind.
Gregory	15	"
Elizabeth	14	Indianapolis "

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☑
11. Full name of father: Frank Hibbeln
    Residence of father (if deceased so state): deceased
    Occupation of father: Race of father:
    Birthplace of father (State or foreign country): Michigan
12. Full maiden name of mother: Veronica Doule
    Residence of mother (if deceased so state): deceased
    Occupation of mother: Race of mother:
    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 Thomas J Hibbeln
New Address 4 Karen Dr., Plainfield Ind.
Subscribed and sworn to before me this 3 day of June, 1977.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Sheryl Middle Lynne Last Cope

Date of Birth: Month June Day 24 Year 1952

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

Residence Address: Street or R. R. 4 Karen Dr. City Plainfield County Hen. State Ind.

Maiden Name if Different Walls

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: Nuclear Medicine Attendant

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 6324

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 M. Walls
   Residence of father (if deceased so state): Monrovia Ind.
   Occupation of father: Detroit Diesel Race of father: White
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Mary Jacqueline Featherstongill
   Residence of mother (if deceased so state): Danville Ind.
   Occupation of mother: Detroit Diesel 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 Sheryl Cope
New Address 4 Karen Dr. Plainfield Ind.
Subscribed and sworn to before me this 3 day of June, 19 77
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 9 day of June, 19 77, authorizing the joining together as husband and wife Thomas J. Hibbeln and Sheryl Lynne Cope

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

I, John P. Roof hereby certify that on the 25 day of June, at Danville, County of Hendricks, one thousand nine hundred and 77 State of Indiana, Groom Thomas James HIBBELN of Hendricks County, State of Indiana, and, Bride Sheryl Lynne Cope of Hendricks County, State of Indiana, 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 25 day of June, 19 77. Signed John P. Roof
Official Designation Episcopal Priest

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of June, 19 77
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. 191

File

June 3, 1977
Date of Application

MALE
Medical Examination Report Dated 5-24-77
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 5-24-77
Name of Physician Thomas M. Walker M.D.

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

MALE APPLICANT

Name: First John; Middle Paul; Last Elsbury

Date of Birth: Month 8; Day 26; Year 1947

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

Residence Address: Street or R. R. 6115 Cooper Rd.; City Indpls.; 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 Truck Driver

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

☐ Other (Specify) Morgan Co.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name / Age / Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father John Edward Elsbury
    Residence of father (if deceased so state) 2720 West 62nd St. Indpls.
    Occupation of father Security Guard Race of father.....
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Myrtle Irene Hughes
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) New Winchester, In.

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

Signed John Paul Elsbury

New Address 6115 Cooper Rd Indianapolis Indiana

Subscribed and sworn to before me this 3 day of June, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Sheron; Middle Laraine; Last Whicker

Date of Birth: Month 3; Day 15; Year 1951

Place of Birth (State or foreign country) Morehead Ky

Residence Address: Street or R. R. R.R. #3 Box 9; City; County Brownsburg; State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Boone Co. 1971 Ky.

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

Usual Occupation Sec.

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

☐ Other (Specify) # 17338

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Kiser
   Residence of father (if deceased so state) R# 3 Box 9 Brownsburg
   Occupation of father Truck Driver Race of father.....
   Birthplace of father (State or foreign country) Morehead Ky.
8. Full maiden name of mother Pearlie Smith
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Morehead Ky.

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

Signed Sheron Laraine Whicker

New Address 6115 Cooper Rd Indpls

Subscribed and sworn to before me this 3 day of June, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 13 *day of* June, 19 77, *authorizing the joining together as husband and wife* John Paul Elsbury *and* Sheron Loraine Whicker

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

I, James R. Craddock hereby certify that on the 18 day of June, one thousand nine hundred and 77 at Indianapolis, County of Hendricks, State of Indiana, Groom John Paul Elsbury of Marion County, State of Indiana, and, Bride Sheron Loraine Whicker of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 18 day of June, 19 77.

Signed James R. Craddock

Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* June, 19 77.

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. 192
File 38
6-3-77 Date of Application

MALE
Medical Examination Report Dated 6-1-77
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 6-1-77
Name of Physician David M. Hadley

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

MALE APPLICANT

Name: First James, Middle L., Last Warren
Date of Birth: Month September, Day 20, Year 1946
Place of Birth (State or foreign country): Lebanon In.
Residence Address: Street or R. R. 328 Jefferson, City Brownsburg, County, State In.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Steel Worker
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

Name	Age	Address
James L. Warren Jr.	8	Haddet St. Indpls
William S. Warren	6	" " "
Jamie M. Warren	4	" " "

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Carl B. Warren
    Residence of father (if deceased so state) 328 N. Jefferson, Brownsburg
    Occupation of father Press Opr. Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Opal Marie Delong
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Ind.

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

Signed X James L Warren
New Address RR 1 Box 48 Plainfield, Ind.

Subscribed and sworn to before me this 3 day of June, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Sharleene, Middle L., Last Moore
Date of Birth: Month May, Day 17, Year 1946
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. R#1 Box 48, City Plainfield, County, State In.
Maiden Name if Different Sharleene Brower
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)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Bruce Brewer
   Residence of father (if deceased so state) Richmond St. Springfield, Mo.
   Occupation of father truck driver Race of father W
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Maryree Ellis
   Residence of mother (if deceased so state) 5118 W. 10th St Speedway, In.
   Occupation of mother Office Work Race of mother W
   Birthplace of mother (State or foreign country) Ind.

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

Signed X Sharleene L. Moore
New Address R#1, Box 48 Plainfield In 46168

Subscribed and sworn to before me this 3 day of June, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 1 day of June, 19 77, authorizing the joining together as husband and wife James L. Warren and Sharleene L. Moore

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

I, Larry Lilly D.D. hereby certify that on the 12 day of June one thousand nine hundred and 77 at Avon Avon, County of Hendricks, State of Indiana, Groom James L. Warren of Hendricks County, State of Indiana, and, Bride Sharleene L. Moore of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 12 day of June, 19 77. Signed Larry Lilly D.D.
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of June, 19 77.
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. 193
File 38
6-3-77
Date of Application

MALE
Medical Examination Report Dated May 12, 1977
Name of Physician Robert K. Stirling

FEMALE
Medical Examination Report Dated May 12, 1977
Name of Physician Robert K. Stirling

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

MALE APPLICANT

Name: First Joseph Middle Allen Last Breedy
Date of Birth: Month May Day 14th Year 1950
Place of Birth (State or foreign country) Crawfordsville Indiana
Residence Address: Street or R.R. 2261 Hermitage, City Indpls., 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 Route Salesman
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Joseph Sandy Reedy
    Residence of father (if deceased so state) 230 E. Harrison, Mooresville
    Occupation of father Inspector Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Marjorie May Hauer
    Residence of mother (if deceased so state) 230 E Harrison, Mooresville
    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 Joseph Allen Reedy
New Address 2245 HERMITAGE WAY, INDIANAPOLIS

Subscribed and sworn to before me this 3 day of June, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Thompson
Date of Birth: Month January Day 16 Year 1959
Place of Birth (State or foreign country) Anderson, Ind.
Residence Address: Street or R. R. 12 Southridge Dr., City Brownsburg, County, State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Jimmie Lee Thompson
   Residence of father (if deceased so state) 12 Southridge Dr., Brownsburg
   Occupation of father Loan Officer Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Janice Irene Stelter
   Residence of mother (if deceased so state) 12 Southridge Dr., Brownsburg
   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 Laura Ann Thompson
New Address 2245 Hermitage Way #225

Subscribed and sworn to before me this 3 day of June, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 13th day of June, 19 77, authorizing the joining together as husband and wife Joseph Allen Reedy and Laura Ann Thompson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry R Nash hereby certify that on the 18 day of June, one thousand nine hundred and 77 at Brownsburg, County of Hendricks, State of Indiana, Groom Joseph Allen Reedy of Marion County, State of Indiana, and, Bride Laura Ann Thompson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of.....County.
Dated this 18 day of June, 19 77.

Signed Jerry R Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of June, 19 77.
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. 194
File
Date of Application

MALE
Medical Examination Report Dated 6-3-77
Name of Physician M. D. Scamahorn

FEMALE
Medical Examination Report Dated 6-3-77
Name of Physician M.D. 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 Dan, Middle Edward, Last Helt

Date of Birth: Month Jan, Day 6, Year 1949

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Box 24, City Lizton, County, State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Heavy Equip. Oper.

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 A. Helt
    Residence of father (if deceased so state) Wakarusa, In.
    Occupation of father Truck Driver Race of father wh
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Margaret A. Zumbaugh
    Residence of mother (if deceased so state) Rochester, In.
    Occupation of mother Prod. Worker Race of mother wh
    Birthplace of mother (State or foreign country) Ind.

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

Signed Dan E. Helt
New Address Box 24 Lizton, Indiana

Subscribed and sworn to before me this 6 day of June, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Kathy, Middle Jean, Last Smith

Date of Birth: Month Oct, Day 5, Year 1950

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Box 24, City Lizton, In., County, State

Maiden Name if Different Same

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 Mail Teller

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 K. Frank
   Residence of father (if deceased so state) Lizton, In.
   Occupation of father retired Race of father wh
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Mary F. Braun
   Residence of mother (if deceased so state) deceased
   Occupation of mother..... Race of mother wh
   Birthplace of mother (State or foreign country) Ind.

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

Signed Kathy J. Smith
New Address Box 24, Lizton, In

Subscribed and sworn to before me this 6 day of June, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 10th day of June, 19 77, authorizing the joining together as husband and wife Dan Edward Helt and Kathy Jean Smith

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

I, Steven C. Kares hereby certify that on the 11 day of June, one thousand nine hundred and 77 at Lizton, County of Hendricks, State of Ineiana, State of Indiana, Groom Dan Edward Helt of Hendricks County, State of Indiana, and, Bride Kathy Jean Smith of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County.

Dated this 11 day of June, 19 77 Signed Steven C. Kares
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 19 77
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. 195
File 38
6-6-77
Date of Application

MALE
Medical Examination Report Dated 6-1-77
Name of Physician M. O. Seamahorn, M.D.

FEMALE
Medical Examination Report Dated 6-1-77
Name of Physician M. O. Seamahorn, M.D.

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

MALE APPLICANT

Name: First James Middle William Last Hufstetler
Date of Birth: Month October Day 11 Year 1953
Place of Birth (State or foreign country) Cartersville Bartow Co. Georgia
Residence Address: Street or R. R. 51 S. Washington City Danville 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: Office Worker
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Lester Eugene Hufstetler
    Residence of father (if deceased so state) retired
    Occupation of father Rt 1 old #27 Highway, Race of father Newnan, Georgia
    Birthplace of father (State or foreign country) Georgia
12. Full maiden name of mother Eula Liddia Brooks
    Residence of mother (if deceased so state) Same
    Occupation of mother retired Race of mother W
    Birthplace of mother (State or foreign country) Georgia

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

Signed X James W. Hufstetler
New Address 51 S. Washington Apt. 1 Danville, IND

Subscribed and sworn to before me this 6 day of June, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Pamela Middle K. Last Hawkins
Date of Birth: Month October Day 24 Year 1951
Place of Birth (State or foreign country) Shelbyville, KY
Residence Address: Street or R. R. 51 1/2 S. Washington City Danville County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Saleslerk
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Voters Registration # 14012

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Beverly Lee Hawkins
   Residence of father (if deceased so state) Deceased
   Occupation of father..... Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Martha V. Newby
   Residence of mother (if deceased so state) R1 Pittsboro, Ind
   Occupation of mother Brownsburg High School 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 Pamela K. Hawkins
New Address 51½ S Wash. Apt 2 Danville, In

Subscribed and sworn to before me this 6 day of June, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 10 *day of* June, 19 77, *authorizing the joining together as husband and wife* James William Hufstetler *and* Pamela K Hawkins
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Jerry D. Van Lue *hereby certify that on the* 11 *day of* June, *one thousand nine hundred and* 77 *at* Danville Apostolic Church *County of* Hendricks *State of Indiana, Groom* James W. Hufstetler *of* Hendricks *County, State of* Indiana *and, Bride* Pamela K. 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 10 *day of* June, 19 77.

Signed Rev. Jerry D. Van Lue
Official Designation Minister + Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* June, 19 77.

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. 196
File 38
6-6-77
Date of Application

MALE
Medical Examination Report Dated May 31, 1977
Name of Physician David J. Rosenblatt

FEMALE
Medical Examination Report Dated May 26, 1977
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 Charles Middle W. Last Wade
Date of Birth: Month August Day 14 Year 1958
Place of Birth (State or foreign country) Indianapolis, Ind
Residence Address: Street or R. F. D. 1st Bat. Co. B. School Brigade City Aberdeen County State MD
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Military Service (Army)
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) US Armed Forces ID 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 Wilbur Leland Wade
    Residence of father (If deceased so state) RR 1 Fairbanks, Ind
    Occupation of father Retired Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Esther Evelyn Wrightsman
    Residence of mother (If deceased so state) RR 1 Fairbanks, 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 Charles W. Wade
New Address RR 1 Box 100 Clayton Ind
Subscribed and sworn to before me this 6 day of June, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Teresa Middle Faye Last Powell
Date of Birth: Month July Day 7 Year 1957
Place of Birth (State or foreign country) Morganfield, Kentucky
Residence Address: Street or R. R. R#1 Box 100, City Clayton, County Hen., State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Typist
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Voters Registration #13932

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Lois Powell
   Residence of father (If deceased so state) RR 1 Box 100, Clayton, Ind.
   Occupation of father Lapidarian Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Martha Ola Hopper
   Residence of mother (If deceased so state) RR 1 Box 100, Clayton, Ind
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Teresa Faye Powell
New Address RR #1 Box 100 Clayton, Ind.
Subscribed and sworn to before me this 6 day of June, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 10 day of June, 19 77, authorizing the joining together as husband and wife Charles W. Wade and Teresa Faye Powell.

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

I, August V. Huber hereby certify that on the 11 day of June, one thousand nine hundred and 77, at Belleville, County of Hendricks, State of Indiana, Groom Charles W. Wade of Hendricks County, State of Indiana, and, Bride Teresa Faye Powell of Hendricks County, State of .....

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

Dated this 11 day of June, 19 77. Signed August V. Huber
Official Designation Minister, 19 77.

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of June, 19 77. 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. 197
File 38
6-6-77
Date of Application

MALE
Medical Examination Report Dated 6-1-77
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 6-1-77
Name of Physician Joseph C. Kerlin

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

MALE APPLICANT

Name: First William Middle C. Last Hatfield
Date of Birth: Month Feb. Day 20 Year 1957
Place of Birth (State or foreign country): Connersville In
Residence Address: Street or R. R. R2, Box 384 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: Industrial Engineer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Voter Reg. 1045

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

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

Signed X William C Hatfield
New Address R 3 Shoreland apt 14 Plainfield IN
Subscribed and sworn to before me this 6 day of June, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Hattie Middle K. Last Coonrod
Date of Birth: Month Sept. Day 8 Year 1951
Place of Birth (State or foreign country): Kokomo Ind.
Residence Address: Street or R. R. R.3 Shoreland Apt. 14 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: Teacher
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Voter Reg. 1044

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Meredith Coonrad
   Residence of father (if deceased so state): 2126 Longlois Lafayette, In
   Occupation of father: Salesman Race of father: W
   Birthplace of father (State or foreign country): Ind.
8. Full maiden name of mother: Marilyn Louise Lauer
   Residence of mother (if deceased so state): Same
   Occupation of mother: Office Mgr. Race of mother: W
   Birthplace of mother (State or foreign country): Ind.

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

Signed X Hattie K Coonrad
New Address RR #3 Shoreland Apt #14 Plainfield
Subscribed and sworn to before me this 6 day of June, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 10 *day of* June, 19 77, *authorizing the joining together as husband and wife* Wm. C. Hatfield *and* Hattie K. Coonrad.

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

I, John O McIntyre *hereby certify that on the* 10 *day of* June, *one thousand nine hundred and* 77 *at* Indianapolis, *County of* Hendricks, *State of Indiana, Groom* William coy Hatfield *of* Hendricks *County, State of* Indiana, *and, Bride* Hattie Kay Coonrod *of* Hendricks *County, State of* Indiana, *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* June, *19* 77

Signed John O. McIntyre
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* June, *19* 77.

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. 198

File

June 6 1977
Date of Application

MALE
Medical Examination Report Dated 6-1-1977
Name of Physician John F. Phillips, M.D.

FEMALE
Medical Examination Report Dated 6-1-1977
Name of Physician John F. Phillips, M.D.

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

MALE APPLICANT

Name: First Michael Middle Scott Last Phillips

Date of Birth: Month 6 Day 18 Year 1956

Place of Birth (State or foreign country) Bluffton Indiana

Residence Address: Street or R. R. P.O. Box 118, City Linton, 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 Locomotive Clerk Bridgeport Brass

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 Frances Phillips
    Residence of father (if deceased so state) 36 Ridgeway, Brownsburg, Ind
    Occupation of father M.D. Race of father white
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Rosemary Hagar
    Residence of mother (if deceased so state)
    Occupation of mother Housewife Race of mother white
    Birthplace of mother (State or foreign country) Pennsylvania

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

Signed Michael Phillips

New Address P.O. Box 118 Linton Ind.

Subscribed and sworn to before me this 6 day of June, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Pamela Middle Lynn Last Berry

Date of Birth: Month 12 Day 3 Year 1956

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

Residence Address: Street or R. R. R.R. 8 Box 284, 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 Gymnastics Coach

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

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Donald Richard Berry
   Residence of father (if deceased so state) R.R. 8 Box 284 Indpls. Ind.
   Occupation of father C.P.A. Race of father white
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Velma Maxine Gillespie
   Residence of mother (if deceased so state) same
   Occupation of mother Housewife Race of mother white
   Birthplace of mother (State or foreign country) Illinois

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

Signed Pamela Lynn Berry

New Address P.O. Box 118 Linton, IN

Subscribed and sworn to before me this 6 day of June, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 10 *day of* June, 19 77, *authorizing the joining together as husband and wife* Michael Scott Phillips *and* Pamela Lynn Berry

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

I, C. Glen Burnside *hereby certify that on the* 11 *day of* June, *one thousand nine hundred and* 77 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Michael Scott Phillips *of* Hendricks *County, State of* Indiana, *and, Bride* Pamela Lynn Berry *of* Hendricks *County, State of* Indiana, *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 June, 19 77. Signed C. Glenn Burnside

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 19 77

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. # 199

File

6-6-77
Date of Application

MALE
Medical Examination Report Dated June 2, 1977
Name of Physician Herbert E Ware M.D.

FEMALE
Medical Examination Report Dated 6-6-77
Name of Physician Eric Clark

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

MALE APPLICANT

Name: First Alan Middle Lee Last Reber

Date of Birth: Month July Day 23 Year 1952

Place of Birth (State or foreign country) Oxford England

Residence Address: Street or R. R. 3222 Godman Ave City Muncie County Munsie 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 Pilot

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

☐ Other (Specify) DH 106794 -

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father David Milton Liber
    Residence of father (if deceased so state) R#3 Box 270 Muncie, In.
    Occupation of father Tool Maker Race of father .....
    Birthplace of father (State or foreign country) Muncie, In.
12. Full maiden name of mother Evelyn Mary Bowles
    Residence of mother (if deceased so state) R#3 Box 270 Muncie, In.
    Occupation of mother Housewife Race of mother .....
    Birthplace of mother (State or foreign country) Oxford England

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

Signed Alan L Reber

New Address 3222 Goodman Ave, Muncie, Ind.

Subscribed and sworn to before me this 10 day of June, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month 10 Day 30 Year 1953

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

Residence Address: Street or R. R. R.R. #6 Box 278 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 Teacher

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

☐ Other (Specify) # 13418

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

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

Signed Mary Beth Springer

New Address .....

Subscribed and sworn to before me this 6 day of June, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 19 77, *authorizing the joining together as husband and wife* Alan Lee Reber *and* Mary Beth Springer.

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

I, Richard G. Newby *hereby certify that on the* 11 *day of* June, *one thousand nine hundred and* 77 *at* Hadley, *County of* Hendricks, *State of Indiana, Groom* Alan Lee Reber *of* Delaware *County, State of* Indiana, *and, Bride* Mary Beth Springer *of* Hendricks *County, State of* Indiana, *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* June, 19 77.

Signed Richard G. Newby

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* June, 19 77.

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. 200

File

June 6, 1977
Date of Application

MALE
Medical Examination Report Dated 5-26-77
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 5-26-77
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 Tommie Middle Wayne Last Sanders

Date of Birth: Month Dec Day 28 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 2 City Mooresville 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 Roofer

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

☐ Other (Specify)

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

Name	Age	Address

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

11. Full name of father James R. Sanders
    Residence of father (if deceased so state) Indpls. In.
    Occupation of father Roofer Race of father wh
    Birthplace of father (State or foreign country) Arkansas
12. Full maiden name of mother Rosa D. Rice
    Residence of mother (if deceased so state) Mooresville, In.
    Occupation of mother Beautician 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 Tommie Wayne Sanders
New Address 3240 Rue Chanel #152

Subscribed and sworn to before me this 6 day of June, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Jennifer Middle Ann Last Jones

Date of Birth: Month Dec Day 22 Year 1952

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 1 Box 291 City Brownsburg County In. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Teacher

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

☐ Other (Specify)

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

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

Signed Jennifer Jones
New Address 3240 Rue Chanel #152

Subscribed and sworn to before me this 6 day of June, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 10 day of June, 19 77, authorizing the joining together as husband and wife Tommie Wayne Sanders and Jennifer Ann Jones,

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

I, Joseph D. Wilson hereby certify that on the 18 day of June, one thousand nine hundred and 77 at Brownsburg, County of Hendricks, State of Indiana, Groom Tommie Wayne Sanders of Brown County, State of Indiana, and, Bride Jennifer Ann Jones of Hendricks County, State of ....., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 18 day of June, 19 77.

Signed Joseph D. Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of June, 19 77.

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

B C D E F G H I J K L M Mc N O P Q R S T U V W X Y Z

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 201
File 38
June 7, 1977
Date of Application

MALE
Medical Examination Report Dated June 3, 1977
Name of Physician William C. Van Ness M.D.

FEMALE
Medical Examination Report Dated June 3, 1977
Name of Physician William C. Van Ness 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 C. Last Lamb.
Date of Birth: Month June Day 28 Year 1958
Place of Birth (State or foreign country) Anderson, In.
Residence Address: Street or R. R. 106 North 5th Street, City Summitville, 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 Carnival
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 Herbert Harold Lamb
    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 Dora Mildred Ramseyer
    Residence of mother (if deceased so state) 106 N. 5th St Summitville 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 x Ronald C Lamb
New Address 106 N 5th Summitville
Subscribed and sworn to before me this 7 day of June, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Geraldine Middle Last Carpenter
Date of Birth: Month Feb Day 18 Year 1959
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. RR #1 Box 433 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 Carnival
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 Earl Dee Carpenter
   Residence of father (if deceased so state) Same
   Occupation of father Plainfield School Race of father.....
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Glayds Geraldine Matthews
   Residence of mother (if deceased so state) Same
   Occupation of mother Plainfield School 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 x Geraldine Carpenter
New Address 106 N 5th St Summitville
Subscribed and sworn to before me this 7th day of June, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 11 day of June 19 77, authorizing the joining together as husband and wife Ronald C. Lamb and Geraldine Carpenter.

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

I, Rev. Dwan King hereby certify that on the 12 day of June, one thousand nine hundred and 77 at Summitville, County of Madison, State of Indiana, Groom Ronald C. Lamb of Madison County, State of Indiana, and, Bride Geraldine Carpenter of Hendricks County, State of Indiana, 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 Juen, 19 77.

Signed Rev. Dean King
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 19 77.

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. 202
File 38
June 7, 1977 Date of Application

MALE
Medical Examination Report Dated 5-30-1977
Name of Physician A. N. Scudder MD

FEMALE
Medical Examination Report Dated 5-30-1977
Name of Physician A. N. Scudder MD

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

MALE APPLICANT

Name: First Kenneth Middle Jeffrey Last Myers
Date of Birth: Month 8 Day 9 Year 1958
Place of Birth (State or foreign country) Morgan County, Indiana
Residence Address: Street or R. R. R R 5 Box 8C City Brownsburg 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 Warehouse Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

Name	Age	Address

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

11. Full name of father Kenneth Allen Myers
    Residence of father (if deceased so state) R 5 Box 98C, Brownsburg
    Occupation of father Mechanic Race of father white
    Birthplace of father (State or foreign country)
12. Full maiden name of mother Indiana
    Residence of mother (if deceased so state) Betty Faye Burke
    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 Kenneth J. Myers
New Address 210 Church St Lizton, Ind.
Subscribed and sworn to before me this 7 day of June 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 C. Wilson Father
Signed Irma N. Wilson Mother
Subscribed and sworn to before me this 7 day of June 1977.
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Kathy Middle Joy Last Wilson
Date of Birth: Month 12 Day 2 Year 1959
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address: Street or R. R. R.R. 1 Box 293A City Pittsboro County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Calvin Wilson
   Residence of father (if deceased so state) R.1 Box 293A, Pittsboro, Ind
   Occupation of father Supervisor Race of father white
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Irma Virginia L'Heureux
   Residence of mother (if deceased so state) R.1 Box 293A, Pittsboro, Ind
   Occupation of mother Housewife Race of mother white
   Birthplace of mother (State or foreign country) Mass.

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

Signed Kathy J. Wilson
New Address 210 Church
Subscribed and sworn to before me this 7 day of June 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 13 day of June, 19 77, authorizing the joining together as husband and wife Kenneth Jeffrey Myers and Kathy Joy Wilson

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

I, George H. Hooz hereby certify that on the 16 day of June, one thousand nine hundred and 77 at Brownsburg, County of Hendricks, State of Indiana, Groom Kenneth Jeffrey Myers of Hendricks County, State of Indiana, and, Bride Kathy Joy Wilson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 13 day of June, 19 77. Signed George H. Hooz
Official Designation Pastor, Messiah Lutheran Church

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of June, 19 77
Signed Glen M. Harvey Clerk
..... Circuit Court

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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. 203

File

June 8, 1977
Date of Application

MALE
Medical Examination Report Dated 6-1-77
Name of Physician David B. Haggard M.D.

FEMALE
Medical Examination Report Dated 6-1-77
Name of Physician David B. Haggard M.D.

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

MALE APPLICANT

Name: First Steve Middle Lee Last Welker

Date of Birth: Month June Day 26 Year 1956

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R/R. 509 N. Gibbs St. City Plainfield County State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☑ Other (Specify) Baptism record - Westside Christian Church

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 William Welker
    Residence of father (if deceased so state) 509 N Gibbs St. Plfd.
    Occupation of father Diamond Chain Race of father.....
    Birthplace of father (State or foreign country) Indianapolis In.
12. Full maiden name of mother Phyllis Marie Jones
    Residence of mother (if deceased so state) Same
    Occupation of mother Cafeteria - Plainfield High School 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 x Steven L Welker

New Address.....

Subscribed and sworn to before me this 8 day of June, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Brenda Middle Sue Last Watts

Date of Birth: Month March Day 24 Year 1959

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

Residence Address: Street or R/R. 3 Wedding Ln. 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 Cashier

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

☐ Other (Specify) # 3760

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

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

Signed x Brenda Sue Watts

New Address.....

Subscribed and sworn to before me this 8 day of June, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 14th *day of* June, 19 77, *authorizing the joining together as husband and wife* Steve Lee Welker *and* Brenda Sue Watts

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

I, David L. Thomas *hereby certify that on the* 25 *day of* June, *one thousand nine hundred and* 77 *at* Plainfield Christian Church *County of* Hendricks, *State of Indiana, Groom* Steven Lee Welker *of* Hendricks *County, State of* Indiana, *and, Bride* Brenda Sue Watts *of* Hendricks *County, State of* Indiana, *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 25 *day of* June, 19 77

Signed David L. Thomas

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* June, 19 77

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. 204
File 38
6-8-77 Date of Application

MALE
Medical Examination Report Dated 6-2-77
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated 6-2-77
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~~ Second (Paul) ~~Middle~~ First (Daniel) Last (Cooper)
Date of Birth: Month (January) Day (17) Year (1952)
Place of Birth (State or foreign country): (Indianapolis) (In.)
Residence Address: Street or R. R. (R 2, Box 210) 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: (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 (Leland Dean Cooper)
    Residence of father (if deceased so state) (R2 Clayton In.)
    Occupation of father (Sheep Shearer) Race of father (W)
    Birthplace of father (State or foreign country) (Indiana)
12. Full maiden name of mother (M Linda Cupton)
    Residence of mother (if deceased so state) (Same)
    Occupation of mother (Public Service) 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 (Daniel Paul Cooper)
New Address (RR 2 BOX 210 CLAYTON IN.)

Subscribed and sworn to before me this (8) day of (June), 19(77).
(Glen M Harvey) Clerk (HENDRICKS) Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 (Marcella) Middle (Jo) Last (Wildman)
Date of Birth: Month (August) Day (23) Year (1955)
Place of Birth (State or foreign country) (Greencastle) (In.)
Residence Address: Street or R. R. (R 1 Box 91) 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: (Unemployed)
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father (Maurice Wildman)
   Residence of father (if deceased so state) (R 1 Plainfield In.)
   Occupation of father (Industrial Eng.) Race of father (W)
   Birthplace of father (State or foreign country) (Indiana)
8. Full maiden name of mother (Frances June Coleman)
   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 (Marcella Jo Wildman)
New Address (RR 2, Box 210 Clayton, IN)

Subscribed and sworn to before me this (8) day of (June), 19(77)
(Glen M. Harvey) Clerk (HENDRICKS) Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* (Hendricks) *Circuit Court of Indiana, dated the* (14) *day of* (June), 19(77), *authorizing the joining together as husband and wife* (Daniel Paul Cooper) *and* (Marcella Jo Wildman).

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

I, (John O. Mc Intyre) *hereby certify that on the* (25) *day of* (June), *one thousand nine hundred and* (77) *at* (Danville), *County of* (Hendricks), *State of* (Indiana), Groom (Daniel Paul Cooper) *of* (Hendricks) *County, State of* (Indiana), *and,* Bride (Marcella Jo Wildman) *of* (Hendricks) *County, State of* (Indiana), *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* (Hendricks) *County.*

Dated this (25) day of (June), 19(77). Signed (John O. Mc Intyre)
Official Designation (Minister)

Filed and recorded in accordance with the laws of the State of Indiana this (28) *day of* (June), 19(77)
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. 205

File

June 9, 1977
Date of Application

MALE
Medical Examination Report Dated 6-7-1977
Name of Physician Joseph C. Kerlin, M.D.

FEMALE
Medical Examination Report Dated 6-7-1977
Name of Physician Joseph C. Kerlin, 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 Larry Middle Keith Last Waterman

Date of Birth: Month 3 Day 26 Year 1957

Place of Birth (State or foreign country) Lebanon Indiana

Residence Address: Street or R. R. R. 2 Box 150, City Coatesville, 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 Mechanic

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

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Bert Edward Waterman
    Residence of father (if deceased so state) R. 2 Box 150, Coatesville, Ind.
    Occupation of father Farmer Race of father white
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Lillie Mae Fitzgerald
    Residence of mother (if deceased so state) R. 2 Box 150, Coatesville, Ind
    Occupation of mother Housewife Race of mother white
    Birthplace of mother (State or foreign country) Virginia

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

Signed Larry K. Waterman

New Address Park Hill Over Look Apartments 4 Danville Ind.

Subscribed and sworn to before me this 9 day of June, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Sherry Middle Lynn Last Craft

Date of Birth: Month 4 Day 4 Year 1956

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R.) 357 Meadow Drive, City Danville, County, State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Bookkeeper

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Donald Ray Craft
   Residence of father (if deceased so state) 357 Meadow Dr. Danville Ind
   Occupation of father Service Station Owner Race of father white
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Roberta Ann Record
   Residence of mother (if deceased so state) 357 Meadow Dr. Danville Ind
   Occupation of mother Danville Clerk Treasurer 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 Sherry Lynn Craft

New Address Parkhill Overlook Apt 4 Danville Ind.

Subscribed and sworn to before me this 9 day of June, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 13th *day of* June, 19 77, *authorizing the joining together as husband and wife* Larry Keith Waterman *and* Sherry Lynn Craft

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

I, Norman L. Weaver *hereby certify that on the* 19 *day of* June, *one thousand nine hundred and* 77 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Larry Keith Waterman *of* Hendricks *County, State of* Indiana *and, Bride* Sherry Lynn Craft *of* Hendricks *County, State of* Indiana, *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* June, 19 77.

Signed Norman L. Weaver

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* June, 19 77.

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. 206
File 38
6-9-77 Date of Application

MALE
Medical Examination Report Dated 6-9-77
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 6-9-77
Name of Physician David M. Hadley

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

MALE APPLICANT

Name: First Dallis, Middle L., Last Thomas
Date of Birth: Month August, Day 21, Year 1938
Place of Birth (State or foreign country): Yankeetown, Warrick Co., In.
Residence Address: Street or R. R. 1645 E. Main, City Plainfield, County, State In
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Factory Worker
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 31-059556

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

Name	Age	Address
Rodney L. Thomas	11	Mooresville, In.

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

11. Full name of father Seth E. Thomas, Sr.
    Residence of father (if deceased so state) R4, Box 68 Bedford, In.
    Occupation of father Retired Race of father W
    Birthplace of father (State or foreign country) Ky. Kentucky
12. Full maiden name of mother Ruda Lodge
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Ky. Kentucky

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

Signed X Dallis L. Thomas
New Address 1645 E. Main St. Plainfield, Ind.

Subscribed and sworn to before me this 9 day of June, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Orlena, Middle M., Last Smith
Date of Birth: Month April, Day 12, Year 1937
Place of Birth (State or foreign country): Worthington, Greene Co., Ind.
Residence Address: Street or R. R. 215 Indiana, City Plainfield, County, State In.
Maiden Name if Different: Same
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: Proof Reader
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Book 2 page 61

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Harmon Smith
   Residence of father (if deceased so state) Deceased
   Occupation of father ..... Race of father W.
   Birthplace of father (State or foreign country) Ky.
8. Full maiden name of mother Annabelle Smith Brock
   Residence of mother (if deceased so state) 215 Indiana, Plainfield, In.
   Occupation of mother Matron-Van Buren School Race of mother W.
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Orlena M. Smith
New Address 1645 E. Main St. Plfd, Ind.

Subscribed and sworn to before me this 9 day of June, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 1977, *authorizing the joining together as husband and wife* Dallis L. Thomas *and* Orlena M Smith.

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

I, Jewell Reed hereby certify that on the 25 day of June, at Plainfield, County of Hendricks, one thousand nine hundred and 77, State of Indiana, Groom Dallis L. Thomas of Lawrence County, State of Indiana, and, Bride Orlena M 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 ..... County.

Dated this 25 day of June, 19 77. Signed Jewell Reed
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* June, 19 77.
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. 207.

File

Date of Application

MALE
Medical Examination Report Dated 6-7-77
Name of Physician M. O. Seamahorn M. D.

FEMALE
Medical Examination Report Dated 6-7-77
Name of Physician M. O. Seamahorn 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 William Middle K. Last Miller

Date of Birth: Month 4 Day 27 Year 1932

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

Residence Address: Street or R. R. 4504 High School Rd City Indpls. County State In.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Marion Co. 1977

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

Usual Occupation Disabled

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-32-0157477

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

Name	Age	Address
Cheryl	16	Speedway, In.
Robin	14	Speedway, In.

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

11. Full name of father Wallace B Miller
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 June E McCartney
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 William K. Miller
New Address 4504 N. High School Rd

Subscribed and sworn to before me this 9 day of June, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Betty Middle J. Last Ayler

Date of Birth: Month 9 Day 22 Year 1938

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

Residence Address: Street or R. R. 507 Underly Apt #2 City Brownsburg County Hendricks State

Maiden Name if Different Betty Jo Criswell

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hendricks 1977

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

Usual Occupation Waitress

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-38-044173

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Criswell
Residence of father (if deceased so state) deceased
Occupation of father ____ Race of father ____
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Beulah Burnham
Residence of mother (if deceased so state) 343 W. Main Madison 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 Betty J. Ayler
New Address 4504 N. High School Rd.

Subscribed and sworn to before me this 9 day of June, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 June, 19 77, authorizing the joining together as husband and wife William K Miller and Betty J. Ayler
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William O. Roofer hereby certify that on the 17 day of June, one thousand nine hundred and 77 at Indianapolis, County of Marion, State of Indiana, Groom William K Miller of Marion County, State of Indiana, and, Bride Betty J Ayler of Hendricks County, State of Indiana, 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 June, 19 77.

Signed William O. Roofer
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of June, 19 77.
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

No. 208

HENDRICKS County

File

June 10 1977 Date of Application

MALE
Medical Examination Report Dated 6-10-1977
Name of Physician Eric D. Clark, MD

FEMALE
Medical Examination Report Dated 6-10-1977
Name of Physician Eric D. Clark M.D

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

MALE APPLICANT

Name: First Bobbie Middle Martin Last McBride

Date of Birth: Month 2 Day 18 Year 1947

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. R.R. 1 Box 180, City Clayton, County, State Ind

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation 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
Robert McBride 25th	N. Livingston	Ades 9
Wm McBride	"	" 9

    (b) Are you supporting or contributing to their support? Yes ☒ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐
11. Full name of father Willie Hugh McBride
    Residence of father (if deceased so state) R.R. 1 Box 180, Clayton Ind
    Occupation of father factory Race of father white
    Birthplace of father (State or foreign country) Tenn.
12. Full maiden name of mother Addie Lee Dailey
    Residence of mother (if deceased so state) R.R. 1 Box 180, Clayton, Ind.
    Occupation of mother Cook Race of mother white
    Birthplace of mother (State or foreign country) Tenn.

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

Signed Bobbie M. McBride

New Address 741 Mackey Rd Dnv. Ind.

Subscribed and sworn to before me this 10 day of June, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Marcie Middle Suzann Last Gossett

Date of Birth: Month 10 Day 16 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 741 Mackey Rd. City Danville, County, State Ind

Maiden Name if Different Marcie Suzann Robertson

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 Nurse's Aide

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 Decatur Patrick Robertson
   Residence of father (if deceased so state) 5425 Boat Race Rd Panama City, Flo
   Occupation of father Security Guard Race of father white
   Birthplace of father (State or foreign country) Alabama
8. Full maiden name of mother Sarah Elizabeth Hyles
   Residence of mother (if deceased so state) 3802 Cassell Rd, Ades, Ind
   Occupation of mother factory 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 Marcie S Gossett

New Address 741 Mackey Rd Danville

Subscribed and sworn to before me this 10 day of June, 19.....

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE ..... Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 14 day of June, 19 77, authorizing the joining together as husband and wife Bobbie Martin McBride and Marie Suzann Gossett

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

I, John C. Maurer hereby certify that on the 17 day of June, one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom Bobbie Martin McBride of Hendricks County, State of Indiana, and, Bride Marie Suzann Gossett of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 17 day of June, 19 77.

Signed John C. Maurer

Official Designation Judge, Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of June, 19 77.

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. 209

File

June 10 1977
Date of Application

MALE
Medical Examination Report Dated 6-6-77
Name of Physician Wm. Wagner MD.

FEMALE
Medical Examination Report Dated 6-6-77
Name of Physician Wm. Wagner 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 Dennis Middle K. Last Jowell

Date of Birth: Month 12 Day 28 Year 1956

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

Residence Address: Street or R. R. 9880 W. 10th S. 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 U.P.S

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

☐ Other (Specify) # 56-112710

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Miriam Gail Jowell
    Residence of father (if deceased so state) R#2 Box 331 Clayton, In.
    Occupation of father Elect. Race of father.....
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Catherine Eileen Matthews
    Residence of mother (if deceased so state) deceased
    Occupation of mother..... Race of mother.....
    Birthplace of mother (State or foreign country) Indiana

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

Signed Dennis K Jowell
New Address 9880 W 10 - 30 E Indpls

Subscribed and sworn to before me this 10 day of June, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Kathleen Middle Ruth Last Roush

Date of Birth: Month 10 Day 19 Year 1958

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

Residence Address: Street or R. R. R #4 Box 134 City Mooresville 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 K-Mart

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

☐ Other (Specify) # C2430

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Roush
   Residence of father (if deceased so state) Indianapolis, In.
   Occupation of father..... Race of father.....
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Charlene Ruth Miller
   Residence of mother (if deceased so state) Same
   Occupation of mother I.G.A. 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 Kathleen Ruth Roush
New Address 9880 W. 10 - 30E Indpls

Subscribed and sworn to before me this 10 day of June, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 16 *day of* June, 19 77, *authorizing the joining together as husband and wife* Dennis K Jowell *and* Kathleen Ruth Roush
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, David Lee Jowell *hereby certify that on the* 18 *day of* June, *one thousand nine hundred and* 77 *at* 1st Baptist Ch. Plainfield, *County of* Hendricks, *State of Indiana, Groom* Dennis Keith Jowell *of* Hendricks *County, State of* Indiana, *and, Bride* Kathleen Ruth Roush *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*
Dated this 18 *day of* June, 19 77.

Signed David Lee Jowell
Official Designation Minister of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* June, 19 77.

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. 210
File 38
6-13-77 Date of Application

MALE
Medical Examination Report Dated 6-7-77
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 6-7-77
Name of Physician Thomas M. Walker

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

MALE APPLICANT

Name: First Gregory Middle Lee Last Herald
Date of Birth: Month October Day 16 Year 1957
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 9633 Harmony Dr. 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 Truck worker
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify)

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Leon Richard Herald, Jr.
    Residence of father (If deceased so state) 413 Bickett Plainfield, In.
    Occupation of father Millwright Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Barbara Lesta Jones
    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 Gregory Lee Herald
New Address 9633 Harmony Dr.

Subscribed and sworn to before me this 13 day of June, 19 77.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Kimber Middle Lee Last Johnson
Date of Birth: Month March Day 3 Year 1959
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. R#1 Box 422 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 Sales Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father William Lee Johnson
   Residence of father (if deceased so state) Plainfield, In.
   Occupation of father RI Box 422 Self Employed Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Betty Law Woods
   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 Kimber Lee Johnson
New Address 9633 Harmony Dr Indpls.

Subscribed and sworn to before me this 13 day of June, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 17 day of June, 19 77, authorizing the joining together as husband and wife Gregory Lee Herald and Kimber Lee Johnson

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

I, Everett Barnard hereby certify that on the 18 day of June, one thousand nine hundred and 77 at Plainfield, County of Hendricks, State of Indiana, Groom Gregory Lee Herald of Hendricks County, State of Indiana, and, Bride Kimber Lee Johnson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 18 day of June, 19 77.

Signed Everett Barnard
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of June, 19 77.

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

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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. 211
File 38
6-13-77
Date of Application

To Be Married in Hendricks Co. only

MALE
Medical Examination Report Dated 6-8-77
Name of Physician Augustus C. Ford

FEMALE
Medical Examination Report Dated 6-8-77
Name of Physician Augustus C. Ford

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

MALE APPLICANT

Name: First Kevan Middle Alan Last Soderberg
Date of Birth: Month July Day 14 Year 1957
Place of Birth (State or foreign country): Laverne Rock Co. Minnesota
Residence Address: Street or R. R. 404 N. St. Marks Ave. City Chattanooga County Tenn. 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: Salesman-Warehouse Mgr.
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: Sheldon Norman Soderberg
    Residence of father (if deceased so state): Isanti, Minnesota
    Occupation of father: Bldg. Contractor Race of father: W
    Birthplace of father (State or foreign country): Minnesota
12. Full maiden name of mother: Beverly Jo Cox
    Residence of mother (if deceased so state): Same
    Occupation of mother: Realtor Race of mother: W
    Birthplace of mother (State or foreign country): Minnesota

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

Signed: Kevan Alan Soderberg
New Address: 404 N. St. Marks Ave. Chattanooga, Tn. 37411
Subscribed and sworn to before me this 13 day of June, 19 77
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Denise Middle Kimberly Last Trammell
Date of Birth: Month October Day 3 Year 1956
Place of Birth (State or foreign country): Indianapolis In.
Residence Address: Street or R. R. 404 N St. Marks Ave. City Chattanooga County Tenn. 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: Computer Opr.
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: Kenneth Theodore Trammell
   Residence of father (if deceased so state): 25 Sherry Lane Brownsburg, In.
   Occupation of father: Heating & Cooling Race of father: W
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Patricia Ann Kelley
   Residence of mother (if deceased so state): Same
   Occupation of mother: Credit Mgr. 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: Denise Kimberly Trammell
New Address: 404 N St. Marks, Chatta. Tenn.
Subscribed and sworn to before me this 13 day of June, 19 77
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 20th *day, of* June, 19 77, *authorizing the joining together as husband and wife* Kevan Alan Soderberg *and* Denise Kimberly Trammell
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Kenneth A. Stephens *hereby certify that on the* 9 *day of* July, *one thousand nine hundred and* 77 *at* Lane Baptist Church of Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Kevan Alan Soderberg *of* Isanti *County, State of* Minnesota *and, Bride* Denise Kimberly Trammell *of* Hendricks *County, State of* Indiana, *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 20 *day of* June, 19 77.

Signed Rev Kenneth A. Stephens
Official Designation Ordained Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* July, 19 77.
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. 212
File 38
6-13-77
Date of Application

MALE
Medical Examination Report Dated 6-7-77
Name of Physician Norman E. Whitney

FEMALE
Medical Examination Report Dated 6-7-77
Name of Physician Norman E. Whitney

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

MALE APPLICANT

Name: First Joseph Middle A. Last Taylor
Date of Birth: Month December Day 24 Year 1954
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. C.D. Box 95 City Monrovia County In. 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 Mechanic
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Draft Registration

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

Name	Age	Address

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

11. Full name of father Joseph Alvin Taylor
Residence of father (if deceased so state) Rt 95 Monrovia, In.
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Nemoni Louise Chadd
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 Joseph Allen Taylor
New Address P.O. Box 462 Monrovia, Ind.
Subscribed and sworn to before me this 13 day of June, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Cyndie Middle L. Last Ferguson
Date of Birth: Month January Day 26 Year 1959
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. RR 2 City Clayton County In. 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 Bus Girl
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 Marvin D. Ferguson
Residence of father (if deceased so state) Clayton, In.
Occupation of father Mechanic Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Betty Lou Sage
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Cyndie Lou Ferguson
New Address P.O. Box 462 Monrovia, 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 ..... Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 18 day of June, 19 77, authorizing the joining together as husband and wife Joseph A. Taylor and Cyndie L. Ferguson.

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

I, Donnie L. Adams hereby certify that on the 19 day of June, one thousand nine hundred and 77 at Hazlewood, County of Hendricks, State of Indiana, Groom Joseph Allen Taylor of Morgan County, State of Indiana, and, Bride Cyndie Lou Ferguson of Hendricks County, State of Indiana, 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 June, 19 77. Signed Donnie L. Adams
Official Designation Minister of Christs Church

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of June, 19 77. Clerk
Signed Glen M. Harvey Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 213

File

June 13 1977
Date of Application

MALE
Medical Examination Report Dated May 23, 1977
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated May 23, 1977
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 John W. Middle Raymond Last Shute

Date of Birth: Month Nov. Day 18 Year 1955

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

Residence Address: Street or R. R. R#2 Box 653 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 IMC.

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 Edward L Shute
    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 Mary Frances Jones
    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 John R. Shute
New Address 5446 Pleasant Hill Circle Apt D Indpls.

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

.....Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Lynda Middle Kay Last Illg

Date of Birth: Month April Day 20 Year 1956

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

Residence Address: Street or R. R. 7120 W. 10th St. City Indpls. 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 Kroger

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 Karl (Christian) Illg
   Residence of father (if deceased so state) Same
   Occupation of father Opr. Race of father.....
   Birthplace of father (State or foreign country) Indianapolis, In.
8. Full maiden name of mother Frances Lucille Jordan
   Residence of mother (if deceased so state) Same
   Occupation of mother Kroger 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 Lynda K. Illg
New Address 5446 Pleasant Hill Circle Apt D Indpls.

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

.....Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

.....

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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* 17 *day of* June, 1977, *authorizing the joining together as husband and wife* John Raymond Shute *and* Lynda Kay Illg

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

I, Edward Curtice hereby certify that on the 19 day of June, one thousand nine hundred and 77 at Avon, County of Hendricks, State of Indiana, Groom John Raymond Shute of Hendricks County, State of Indiana, and, Bride Linda Kay Illg of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of.....County.

Dated this 17 day of June, 19 77.

Signed Edward B. Curtice

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of June, 19 77.

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. 214

File

June 13 1977
Date of Application

MALE
Medical Examination Report Dated 6-8-77
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 6-8-77
Name of Physician Irving Cohen

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

MALE APPLICANT

Name: First Daniel Middle Lee Last Groniger

Date of Birth: Month Jan Day 20 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 800 Walton Rd. 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 Construction

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 Lee Groniger
    Residence of father (if deceased so state) Plainfield, In.
    Occupation of father Construction Race of father wh
    Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Loretta Holzknecht
    Residence of mother (if deceased so state) Same
    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 X Daniel Lee Groniger
New Address 828 Gary Drive

Subscribed and sworn to before me this 13 day of June, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month Dec Day 30 Year 1958

Place of Birth (State or foreign country) Iowa

Residence Address: Street or R. R. 191 Lincoln 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 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 Walter Cole, Jr.
   Residence of father (if deceased so state) Danville, In.
   Occupation of father Construction Race of father wh
   Birthplace of father (State or foreign country) Rhode Island
8. Full maiden name of mother Norma J. Scarvie
   Residence of mother (if deceased so state) Same
   Occupation of mother Teacher Race of mother wh
   Birthplace of mother (State or foreign country) Iowa

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

Signed Laura Annette Cole
New Address 828 Gary Dr. Plainfield

Subscribed and sworn to before me this 13th day of June, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 8 day of June, 19 77, authorizing the joining together as husband and wife Daniel Lee Groniger and Laura Annette Cole

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

I, Rev. Dillon Laffin hereby certify that on the 18 day of June, 19 77 at Plainfield County of Hendricks, State of Indiana, one thousand nine hundred and 77 State of Indiana, Groom Daniel Lee Groniger of Hendricks County, State of Indiana, and, Bride Laura Annette Cole of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 17 day of June, 19 77. Signed Rev. Dillon Laffin
Official Designation Minister, 19 77.

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of June, 19 77. 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. 215
File 38
6-14-77
Date of Application

MALE
Medical Examination Report Dated 6-10-77
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 6-10-77
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 Gregg, Middle L., Last Morris
Date of Birth: Month September, Day 30, Year 1958
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 3 W. Main #7, City Brownsburg, 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 Painter
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 Alexander Morris
    Residence of father (if deceased so state) RR1 Liston, Ind.
    Occupation of father Self-employed Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary Lou Bennett
    Residence of mother (if deceased so state) Same
    Occupation of mother Antiques 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 Gregg A Morris
New Address 3 W Main St Apt 7 Brownsburg
Subscribed and sworn to before me this 14 day of June, 1977.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Jeanne, Middle M., Last Stahl
Date of Birth: Month August, Day 1, Year 1957
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 3 W. Main #7, City Brownsburg, County, State In.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Sales Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Raymond Edward Stahl
   Residence of father (if deceased so state) RR1 Liston, Ind.
   Occupation of father Exchange Repairman Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Aleene Therese Weill
   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 Jeanne Stahl
New Address 3 W Main St Apt 7 B'Burg Ind
Subscribed and sworn to before me this 14 day of June, 1977
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 18th *day of* June, 19 77, *authorizing the joining together as husband and wife* Gregg A. Morris *and* Jeanne M. Stahl
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Charles Kline *hereby certify that on the* 18 *day of* June, *one thousand nine hundred and* 77, *at* Lebanon, *County of* Boone, *State of Indiana, Groom* Gregg A. Morris *of* Hendricks *County, State of* Indiana, *and, Bride* Jeanne M. Stahl *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*
Dated this 18 *day of* June, 19 77.

Signed Rev. Charles Kline
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* January, 19 78.
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. 216

File

Date of Application

MALE
Medical Examination Report Dated 6-6-77
Name of Physician John Elliott Jr MD

FEMALE
Medical Examination Report Dated 6-6-77
Name of Physician John Elliott Jr 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 Roland Middle Lee Last McCammack

Date of Birth: Month 5 Day 5 Year 1933

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

Residence Address: Street or R. R. P.O. Box 31, City Stilesville, County Ind. State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Unemployed teacher

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

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

Name	Age	Address

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

11. Full name of father Homer Pleasant McCammack
    Residence of father (if deceased so state) P.O. 186, Stilesville Ind
    Occupation of father Merchant Race of father white
    Birthplace of father (State or foreign country) Oklahoma
12. Full maiden name of mother Helen Irene Hester
    Residence of mother (if deceased so state) P.O. Box 86, Stilesville, Ind.
    Occupation of mother Merchant 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 Roland L. McCammack

New Address R. #3 Clayton, Ind.

Subscribed and sworn to before me this 14 day of June, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Betty Middle Jean Last Miller

Date of Birth: Month 11 Day 17 Year 1939

Place of Birth (State or foreign country) Bedford Indiana

Residence Address: Street or R. R. R. 3 City Clayton County Indiana State

Maiden Name if Different Betty Jean Spear

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 Bar Tender

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Earl Denzil
   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 Cora Hatcher
   Residence of mother (if deceased so state) R 3 Box 340 Clayton, Ind
   Occupation of mother RCA 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 Betty Jean Miller

New Address RR 3, Box 335 Clayton, Ind 46118

Subscribed and sworn to before me this 14 day of June, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 20 day of June, 19 77, authorizing the joining together as husband and wife Roland Lee McCammack and Betty Jean Miller

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

I, John C. Maurer hereby certify that on the 20 day of June one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, State of Indiana, Groom Roland Lee McCammack of Hendricks County, State of Indiana, and, Bride Betty Jean Miller of Hendricks County, State of Indiana, 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 20 day of June, 19 77.

Signed John C. Maurer

Official Designation Judge, Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of June, 19 77.

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. 217

File

June 15, 1977
Date of Application

MALE
Medical Examination Report Dated June 13, 1977
Name of Physician Carl Hendrix

FEMALE
Medical Examination Report Dated June 13, 1977
Name of Physician Carl Hendrix

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

Date of Birth: Month Aug., Day 25, Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address 98 Bostick, 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 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 Bill Short
    Residence of father (if deceased so state) Clayton, In.
    Occupation of father Foreman Race of father wh
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Barbara Higgins
    Residence of mother (if deceased so state) Unknown
    Occupation of mother ..... Race of mother wh
    Birthplace of mother (State or foreign country) Indiana

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

Signed X Roy Alan Short
New Address R1 Western Apt. Stilesville

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 Vicki, Middle Sue, Last Neier

Date of Birth: Month June, Day 19, Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address Rt 1, Street or R. R. Box 135, City Clayton, 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 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 LeOra C. Neier
   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) Ind.
8. Full maiden name of mother Kay C. Chapman
   Residence of mother (if deceased so state) Clayton, In.
   Occupation of mother Post Office Race of mother wh
   Birthplace of mother (State or foreign country) Ind.

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

Signed X Vicki Sue Neier
New Address R1 Western Apt. Stilesville

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 C L Neier Father

Signed Mrs Kay Neier Mother

Subscribed and sworn to before me this 15 day of June, 19 77

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* 20 *day of* June, *19* 77, *authorizing the joining together as husband and wife* Roy Alan Short *and* Vicki Sue Neier

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

I, Rev. Kenneth A. Stephens *hereby certify that on the* 25th *day of* June, *one thousand nine hundred and* 77 *at* Country Lane Baptist Church of Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Roy Alan Short *of* Hendricks *County, State of* Indiana *and, Bride* Vicki Sue Neier *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 20th *day of* June, *19* 77.

Signed Rev. Kenneth A. Stephens

Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* June, *19* 77

Signed Glen M. Harvey *Clerk*

.....*Circuit Court*

Remarriage

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 218

HENDRICKS County

File

June 15, 1977
Date of Application

MALE
Medical Examination Report Dated 6/7/77
Name of Physician Paul D. Reynolds M.D.

FEMALE
Medical Examination Report Dated 6/7/77
Name of Physician Paul D. Reynolds, M.D.

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

MALE APPLICANT

Name: First Donald Middle Robert Last Sullivan

Date of Birth: Month Oct Day 25 Year 1935

Place of Birth (State or foreign country) Greenwood, Johnson, Ind

Residence Address: Street or R. R. 904 Berg Drive City Plainfield County Hend State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Johnson Co Jan 17, 1977

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

Usual Occupation Eli Lilly + Co.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Cert # 41064
☐ Other (Specify) Bureau Vital Statistics

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

Name	Age	Address
Linda Lee Sullivan	17	Franklin Ind
David Robert "	15	" "
Scott "	13	" "

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Elza E. Sullivan
    Residence of father (if deceased so state) deceased.
    Occupation of father Borden Milk Co Race of father W
    Birthplace of father (State or foreign country) Louisville, Ky.
12. Full maiden name of mother Prudy B. Wilson
    Residence of mother (if deceased so state) Greenwood Ind
    Occupation of mother Housework Race of mother W.
    Birthplace of mother (State or foreign country) Louisville, Ky.

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

Signed Donald R Sullivan
New Address 463 Peterson Dr. Franklin Ind
Subscribed and sworn to before me this 15 day of June, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month July Day 25 Year 1938

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

Residence Address: Street or R. R. 463 Peterson Dr. City Franklin County Johnson State Ind.

Maiden Name if Different Mary Louise Stark

Previous Marital Status: Never Married ☐ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Johnson Jan. 1977

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

Usual Occupation Bank Teller

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Johnson Co.
☐ Other (Specify) Cert. #153

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Claudius Stark
   Residence of father (if deceased so state) Franklin, Ind.
   Occupation of father Plant Mgr. Race of father W.
   Birthplace of father (State or foreign country) Whiteland, Ind.
8. Full maiden name of mother Martha Alma Henderson
   Residence of mother (if deceased so state) Franklin Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Burgoonville Ind

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

Signed Mary L Sullivan
New Address .....
Subscribed and sworn to before me this 15 day of June, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 (Judge Vincin Hellon) and filed in C. Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3-day waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 15 day of June, 19 77, authorizing the joining together as husband and wife Donald Robert Sullivan and Mary L Sullivan

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

I, John C Maurer hereby certify that on the 15 day of June, at Danville, County of Hendricks, one thousand nine hundred and 77 County, State of Indiana, State of Indiana, Groom Donald R Sullivan of Hendricks County, State of Indiana, and, Bride Mary L Sullivan of Johnson 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 15 day of June, 19 77. Signed John C Maurer
Official Designation Judge, Hendricks Co. Ct.

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of June, 19 77
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. 219

File

June 17 1977
Date of Application

MALE
Medical Examination Report Dated Exemption filed 6-17-77

Name of Physician

FEMALE
Medical Examination Report Dated Exemption filed 6-17-77

Name of Physician

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

MALE APPLICANT

Name: First Richard Middle Russell Last Berman

Date of Birth: Month August Day 24 Year 1957

Place of Birth (State or foreign country) Palo Alto California

Residence Address: Street or R. R. Box 4646 City Berkeley County Calif State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify) # 4300 2932

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

    Name Age Address

    .....

    .....

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Jack Donald Berman
    Residence of father (if deceased so state) California
    Occupation of father Consultant Race of father White
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Katherine Susan Jane
    Residence of mother (if deceased so state) Deceased
    Occupation of mother ..... Race of mother White
    Birthplace of mother (State or foreign country) Missouri

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

Signed Richard Russell Berman

New Address P.O. Box 4646 Berkeley, CA 94704

Subscribed and sworn to before me this 17 day of June, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Lysnellen Middle Rose Last White

Date of Birth: Month May Day 4 Year 1959

Place of Birth (State or foreign country) Kokomo Wisconsin

Residence Address: Street or R. R. R.R.#6 Box 179 City Danville County Ind. State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify) # 148-59-5795

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

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

Signed Lysnellen Rose White

New Address PO. Box 4646 Berkeley, Ca. 947

Subscribed and sworn to before me this 17 day of June, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 19 77, *authorizing the joining together as husband and wife* Richard Russell Berman *and* Lysnellen Rose White

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

I, Dr. Joseph D. Stumpf *hereby certify that on the* 25 *day of* June, *one thousand nine hundred and* 77 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Richard Russell Berman *of* Alameda *County, State of* California *and, Bride* Lysnellen Rose White *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 25 *day of* June, 19 77.

Signed Dr. Joseph D. Stumpf

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* June, 19 77.

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. 220
File 38
6-17-77 Date of Application

MALE
Medical Examination Report Dated 6-15-77
Name of Physician James Black

FEMALE
Medical Examination Report Dated 6-15-77
Name of Physician James Black

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

MALE APPLICANT

Name: First Charles Middle Walker Last Ruhmann
Date of Birth: Month June Day 16 Year 1954
Place of Birth (State or foreign country) Hopkins, Minn.
Residence Address: Street or R. R. 549 Nelson Dr. 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 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 James Allen Ruhmann
    Residence of father (if deceased so state) 549 Nelson Dr. Brownsburg
    Occupation of father Insurance Race of father W
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Nancy Ann Hanby
    Residence of mother (if deceased so state) 549 Nelson Dr. Brownsburg
    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 Charles Walker Ruhmann
New Address 6342 Hollister, Apt 1920, Indianapolis

Subscribed and sworn to before me this 17 day of June, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Vicki Middle Ellen Last Royer
Date of Birth: Month June Day 25 Year 1956
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 112 W. Tilden City Brownsburg County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) School Record

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Robert Otto Royer
   Residence of father (if deceased so state) 112 W. Tilden, Brownsburg
   Occupation of father Mechanical Cont. Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Jacquelyn Rheadawn Roby
   Residence of mother (if deceased so state) 112 W. Tilden, Brownsburg
   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 Vicki Ellen Royer
New Address 6342 Hollister, Apt 1920, Indianapolis

Subscribed and sworn to before me this 17 day of June, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 22 *day of* June, 19 77, *authorizing the joining together as husband and wife* Charles Walker Ruhmann *and* Vicki Ellen Royer.

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

I, Michael T. Gaultha *hereby certify that on the* 26 *day of* June, 19 77 *at* Indianapolis, *County of* MARION *one thousand nine hundred and* 77, *State of Indiana, Groom* Charles Walker Ruhmann *of* Hendricks *County, State of* Indiana, *and, Bride* Vicki Ellen Royer *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 26 day of June, 19 77. Signed Rev. Michael T. Gaultha
Official Designation Campus Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* July, 19 77
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. 221
File 38
6-20-77
Date of Application

MALE
Medical Examination Report Dated 6-9-77
Name of Physician

FEMALE
Medical Examination Report Dated 6-9-77
Name of Physician

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

MALE APPLICANT

Name: First George, Middle Lowell, Last Burger
Date of Birth: Month Sept., Day 14, Year 1943
Place of Birth (State or foreign country): Tuscola, Illinois
Residence Address: Street or R. R. 201 W. Main, City Pittsboro, County, State In.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: TWA
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: Lowell Burger
    Residence of father (if deceased so state): 201 W. Main Pittsboro, Ind. Deceased
    Occupation of father: Race of father W
    Birthplace of father (State or foreign country): Illinois
12. Full maiden name of mother: Nina Louise Hericke
    Residence of mother (if deceased so state): 201 W. Main Pittsboro, Ind.
    Occupation of mother: Homemaker Race of mother W
    Birthplace of mother (State or foreign country): Illinois

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

Signed X George Lowell Burger
New Address 2036 County Junction Rdpk. In.

Subscribed and sworn to before me this 20 day of June, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Lee, Last McComas
Date of Birth: Month November, Day 22, Year 1957
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: Street or R. R. 972 Santa Maria Dr., City Greenwood, 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: AAL
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: Alton B. McComas
   Residence of father (if deceased so state): 972 Santa Maria Dr. Greenwood, In.
   Occupation of father: Salesman - FF Ind. Race of father W
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Henrietta E. Schiller
   Residence of mother (if deceased so state): Same
   Occupation of mother: Homemaker 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 X Julie Lee McComas
New Address 2036 County Junction Rdpk. In.

Subscribed and sworn to before me this 20 day of June, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 24 *day of* June, 19 77, *authorizing the joining together as husband and wife* George Lowell Burger *and* Julie Lee Mc Comas

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

I, Thomas A. Going, hereby certify that on the 25 day of June, one thousand nine hundred and 77, at Indianapolis, County of Marion, State of Indiana, Groom George Lowell Burger of Marion County, State of Indiana, and, Bride Julie Lee Mc Comas of Johnson County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 25 *day of* June, 19 77.

Signed Thomas A. Going
Official Designation Pastor, St. Peter Lutheran Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* July, 19 77.

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. 222
File 38
6-21-77 Date of Application

MALE
Medical Examination Report Dated
Name of Physician

FEMALE
Medical Examination Report Dated
Name of Physician

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

MALE APPLICANT

Name: First Greg Middle — Last Chastain
Date of Birth: Month July Day 1 Year 1957
Place of Birth (State or foreign country): Fitchburg Mass.
Residence Address: Street or R. R. 72 Riviera Dr. 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: Carpenter
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # Fitchburg, Mass.

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

Name	Age	Address

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

11. Full name of father: Rolland Dean Chastain
    Residence of father (if deceased so state): 72 Riviera Dr. Plainfield, In.
    Occupation of father: Public Service Race of father: W
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Shirley Jean Brumley
    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 Gregory A. Chastain
New Address 222 N. INDIANA, PLNFD IN.

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 Jessica Middle — Last Brewster
Date of Birth: Month June Day 23 Year 1958
Place of Birth (State or foreign country): Glasgow Kentucky
Residence Address: Street or R. R. R 2 Box 281 City Indianapolis 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: Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Voter Reg. 14316

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: J. A. Brewster
   Residence of father (if deceased so state): R2 Box 281 Indianapolis, In
   Occupation of father: Allisons Race of father: W
   Birthplace of father (State or foreign country): Kentucky
8. Full maiden name of mother: Margaret Mary Vouchene
   Residence of mother (if deceased so state): Same
   Occupation of mother: Ind National Bank 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 Jessica D Brewster
New Address 222 N Indiana Plainfield

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, 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* June, 19 77, *authorizing the joining together as husband and wife* Greg Chastain *and* Jessica Brewster.

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

I, Ted Rigdon, Sr. *hereby certify that on the* 16 *day of* July, 19 77, *at* Mooresville, *County of* Morgan, *State of* Indiana, *one thousand nine hundred and* 77 *of* Hendricks *County, State of* Indiana, *State of Indiana, Groom* Gregory A. Chastain *of* Hendricks *County, State of* Indiana, *and, Bride* Jessica D. Brewster *of* Hendricks *County, State of* Indiana, *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 16 *day of* July, 19 77. *Signed* Ted Rigdon, Sr.
Official Designation Minister, 19 77

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* July, 19 77
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. 225
File 38
6-21-77
Date of Application

MALE
Medical Examination Report Dated 6-18-77
Name of Physician K. Donald Shellhouse

FEMALE
Medical Examination Report Dated 6-18-77
Name of Physician K. Donald Shellhouse

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 L. Last Wilson
Date of Birth: Month October Day 26 Year 1953
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 286 Vine St. City Plainfield County Hen. State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☑ Other ☐ (specify).....
Usual Occupation Printer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #113-53-297066

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address
(b) Are you supporting or contributing to their 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 Stanley Wilson
Residence of father (if deceased so state) 282 N. Vine St. Plainfield
Occupation of father Truckdriver Race of father Negro
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Anna Louise Porter
Residence of mother (if deceased so state) 282 N. Vine St. Plainfield
Occupation of mother Housewife Race of mother Negro
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 Stephen L. Wilson
New Address 4540 Pinehollow Ct. Indpls.
Subscribed and sworn to before me this 21 day of June, 19 77
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Irma Middle R. Last Watkins
Date of Birth: Month March Day 10 Year 1956
Place of Birth (State or foreign country) Madison, Tennessee
Residence Address: Street or R. R. 286 Vine St. City Plainfield County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☑ Other ☐ (specify).....
Usual Occupation Clerk's Steno.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Madison Sanitarium + 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 Sherman Rubin Watkins
Residence of father (if deceased so state) 286 Vine St. Plainfield, Ind
Occupation of father Health Inspector Race of father Negro
Birthplace of father (State or foreign country) Tennessee
8. Full maiden name of mother Mary Elizabeth Price
Residence of mother (if deceased so state) 286 Vine St. Plainfield, Ind.
Occupation of mother housewife Race of mother Negro
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 X Irma R. Watkins
New Address 4540 Pinehollow Ct., Indpls, Ind
Subscribed and sworn to before me this 21 day of June, 19 77
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Circuit Court *of Indiana dated the* 22nd *day of* June, 19 77, *authorizing the joining together as husband and wife* Stephen L. Wilson *and* Irma R. Watkins

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

I, Rev. Harris T. Travis *hereby certify that on the* 25 *day of* June, *one thousand nine hundred and* 77 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Stephen L. Wilson *of* Hendricks *County, State of* Indiana *and, Bride* Irma R. Watkins *of* ~~Hendirkcs~~ *County, State of* Indiana *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 25 *day of* June, 19 77

Signed Harris T. Travis
Official Designation Reverend

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* June, 19 77

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. 226
File 38
6-22-77
Date of Application

MALE
Medical Examination Report Dated 6-20-77
Name of Physician Edward E. Gregg, M.D.

FEMALE
Medical Examination Report Dated 6-22-77
Name of Physician Joseph C. Perkins M.D.

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

MALE APPLICANT

Name: First Jerry Middle J. Last Elliott
Date of Birth: Month August Day 20 Year 1958
Place of Birth (State or foreign country) Montgomery Co., Indiana
Residence Address: Street or R. R. RR 1 City Ladoga County Mon. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Farmer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 2511

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Jerry Leighton Elliott
    Residence of father (if deceased so state) 141 N. Belmont, Indpls. Ind
    Occupation of father Crane Operator Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Betty Jeanne Carpenter
    Residence of mother (if deceased so state) RR 1 Colfax, Indiana
    Occupation of mother Waitress 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 Jerry J Elliott
New Address 141 N Belmont St

Subscribed and sworn to before me this 22 day of June, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Vicki Middle A. Last Boller
Date of Birth: Month November Day 1 Year 1956
Place of Birth (State or foreign country) Putnam Co., Indiana
Residence Address: Street or R. R. RR 1 Box 226 City North Salem County Mon. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Walter Lee Boller
   Residence of father (if deceased so state) RR 1 Box 226, North Salem, Ind.
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Doris Kathleen Falconbury
   Residence of mother (if deceased so state) RR 1 Box 226, North Salem, Ind.
   Occupation of mother Farmer 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 Vicki Boller
New Address R.R. # 1 Box North Salem Ind.

Subscribed and sworn to before me this 22 day of June, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 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 22 day of June, 19 77, authorizing the joining together as husband and wife Jerry J Elliott and Vicki A Boller.

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

I, John C. Maurer hereby certify that on the 22 day of June, one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom Jerry J Elliott of Hendricks County, State of Indiana, and, Bride Vickie A Boller of Hendricks County, State of ..... were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 22 day of June, 19 77. Signed John C. Maurer
Official Designation Judge, Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of June, 19 77.
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. 227
File 38
6-22-77
Date of Application

MALE
Medical Examination Report Dated 6-17-77
Name of Physician Carl L. Steinbeiss

FEMALE
Medical Examination Report Dated 6-17-77
Name of Physician Carl L. Steinbeiss

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

MALE APPLICANT

Name: First Lane Middle Craig Last Evans
Date of Birth: Month November Day 12 Year 1948
Place of Birth (State or foreign country) Robinson Crawford Co. Illinois
Residence Address: Street or R. R. 6820 Caribe Mall City Indianapolis County In State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Millions
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 176

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

Name	Age	Address
Laura D. Evans	10	604 Shady Lane Apts.
Stacy L. Evans	7	604 Shady Lane Apts.

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

11. Full name of father Norman O. Evans
    Residence of father (if deceased so state) Greensboro N. Carolina
    Occupation of father Standard Oil Race of father W
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Thelma M. Parks
    Residence of mother (if deceased so state) 5238 Singleton Indianapolis, In.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Illinois

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

Signed Lane C. Evans
New Address 401 N. Jefferson, Danville, Ind.

Subscribed and sworn to before me this 22 day of June, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Marcella Middle Eve Last Vandagrifft
Date of Birth: Month November Day 4 Year 1948
Place of Birth (State or foreign country) Canby Morgan Co. In.
Residence Address: Street or R. R. 401 N. Jefferson City Danville County In State
Maiden Name if Different Steinbrook
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 Post Office
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-48-0825 458

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 M. Steinbrook
   Residence of father (if deceased so state) 2432 Asbury Indianapolis, In.
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Oklahoma
8. Full maiden name of mother Anna M. Tapp
   Residence of mother (if deceased so state) Deceased
   Occupation of mother ..... Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed Marcella E. Vandagrifft
New Address 401 N. Jefferson, Danville, Ind.

Subscribed and sworn to before me this 22 day of June, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* June, 19 77, *authorizing the joining together as husband and wife* Lane Craig Evans *and* Marcella Eve Vandagrifft
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ernest Schnippel *hereby certify that on the* 1st *day of* July, *one thousand nine hundred and* 77 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Lane Craig Evans *of* Hendricks *County, State of* Indiana *and, Bride* Marcella Eve Vandagrifft *of* Hendricks *County, State of* Indiana, *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 1st. *day of* July, 19 77.

Signed Ernest Schnippel
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* July, 19 77.
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. 228
File 38
6-23-77
Date of Application

MALE
Medical Examination Report Dated 6-16-77
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 6-16-77
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 Edward Middle Lawrence Last Pierle, Jr.
Date of Birth: Month April Day 5 Year 1959
Place of Birth (State or foreign country) Beech Grove, Indiana
Residence Address: Street or R. R. 328 Grant St. 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 Manager of Steak-N-Shake
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #807

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Lawrence Pierle
    Residence of father (if deceased so state) 328 Grant St. Brownsburg
    Occupation of father Water Pollution Control Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Hazel Patrick
    Residence of mother (if deceased so state) 328 Grant St. Brownsburg.
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

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

Signed x Edward L. Pierle Jr.
New Address 120 Williams dr. Apt. B
Subscribed and sworn to before me this 23 day of June, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Kimberly Middle Kay Last Allen
Date of Birth: Month February Day 10 Year 1959
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 405 Murphy Ln. City Brownsburg County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Beautician
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #59-013104

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Albert Allen
   Residence of father (if deceased so state) 405 Murphy Ln. Brownsburg
   Occupation of father Electrician Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Janet Lee Wellman
   Residence of mother (if deceased so state) 405 Murphy Ln. Brownsburg.
   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 Kimberly Kay Allen
New Address 120 Williams dr. Apt B
Subscribed and sworn to before me this 23 day of June, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 June, 1977, authorizing the joining together as husband and wife Edward Lawrence Pierle Jr. and Kimberly Kay Allen

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

I, Rev. Charles Noll hereby certify that on the 1st day of July, 1977, at Brownsburg, County of Hendricks, State of Indiana, one thousand nine hundred and 77 Groom Edward Lawrence Pierle Jr. of Hendricks County, State of Indiana, and, Bride Kimberly Kay Allen of Hendricks County, State of Indiana, 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 June, 1977. Signed Rev. Charles Noll
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of July, 1977
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. 229

File

June 24 1977
Date of Application

MALE
Medical Examination Report Dated 6-24-77
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 6-24-77
Name of Physician David M. Hadley

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

MALE APPLICANT

Name: First Gary Middle D. Last Gray

Date of Birth: Month July Day 27 Year 1953

Place of Birth (State or foreign country): Dolphin Marion Co. Ind.

Residence Address: Street or R. R. 223 Raines Apt 4 City Plainfield 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: Office Manager

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

☐ Other (Specify) Birth Grove, In. St. Francis

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Maurice Edwin Gray
    Residence of father (if deceased so state) Plainfield Ind.
    Occupation of father Self Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Joan Edwards
    Residence of mother (if deceased so state) Plainfield Ind.
    Occupation of mother Widow Race of mother White
    Birthplace of mother (State or foreign country) Owen County

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Gary D Gray
New Address 223 RAINES #4 PLAINFIELD

Subscribed and sworn to before me this 24 day of June, 19 77
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Sharon Middle Sue Last Ray

Date of Birth: Month June Day 23 Year 1950

Place of Birth (State or foreign country) Dell City Ind.

Residence Address: Street or R. R. 223 Raines, Apt. 4 City Plfd. County State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1971 - Marion Co.

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

Usual Occupation: Secretary

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

☐ Other (Specify) # 113-50-0412 57

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Jordan Xavier Ray
   Residence of father (if deceased so state) Plainfield Ind.
   Occupation of father Ind. Youth Center Race of father White
   Birthplace of father (State or foreign country) Perry County
8. Full maiden name of mother Nettie Joan Sweet
   Residence of mother (if deceased so state) Plainfield Ind.
   Occupation of mother Homemaker Race of mother White
   Birthplace of mother (State or foreign country) Perry County

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Sharon Sue Ray
New Address 223 Raines #4, Plainfield In.

Subscribed and sworn to before me this 24 day of June, 19 77
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 1st *day of* July, 19 77, *authorizing the joining together as husband and wife* Gary D. Gray *and* Sharon Sue Ray

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

I, James D. Wilson *hereby certify that on the* 7 *day of* July, *one thousand nine hundred and* 77 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Gary David Gray *of* Hendricks *County, State of* Indiana, *and, Bride* Sharon Sue Ray *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 7th *day of* July, 19 77.

Signed James D Wilson
Official Designation Minister (Soc. of Friends)

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* July, 19 77.

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. 230
File 38
6-24-77 Date of Application

MALE
Medical Examination Report Dated 6-12-77
Name of Physician O. N. Scudder

FEMALE
Medical Examination Report Dated 6-12-77
Name of Physician O. 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 Robert Middle W. Last Rose
Date of Birth: Month Sept. Day 28 Year 1957
Place of Birth (State or foreign country) Evansville In.
Residence Address: Street or R. R. 522 Enderly Apt 3 City Brownsburg 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 American Water Treatment
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Voter Reg. 12467

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Rose
    Residence of father (if deceased so state) 10530 Wrenton Indianapolis, In.
    Occupation of father Indiana Bell Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Wynona Nichols
    Residence of mother (if deceased so state) Same
    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 Robert W Rose
New Address 522 ENDERLY BROWNSBURG
Subscribed and sworn to before me this 24 day of June, 1977.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Dawn Middle M. Last Sharpe
Date of Birth: Month April Day 27 Year 1959
Place of Birth (State or foreign country) Cincinnati Ohio
Residence Address: Street or R. R. 522 Enderly Apt 3 City Brownsburg County — State In.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father James Henry Sharpe
   Residence of father (if deceased so state) RR 2 Bx 168F Brownsburg, In.
   Occupation of father American Water Treatment Race of father W
   Birthplace of father (State or foreign country) Mo.
8. Full maiden name of mother Barbara Jean McKeague
   Residence of mother (if deceased so state) 26 Clark Reading, Ohio
   Occupation of mother General Electric Race of mother W
   Birthplace of mother (State or foreign country) Massachusetts

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

Signed X Dawn M Sharpe
New Address 522 Enderly Brownsburg
Subscribed and sworn to before me this 24 day of June, 1977.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 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 24 day of June, 19 77, authorizing the joining together as husband and wife Robert W Rose and Dawn M Sharpe

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

I, John C Maurer hereby certify that on the 25 day of June one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom Robert W Rose of Hendricks County, State of Indiana, and, Bride Dawn M Sharpe of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 24 day of June, 19 77. Signed John C Maurer
Official Designation Judge, Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of June, 19 77
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. 231

File

June 28 1977
Date of Application

MALE
Medical Examination Report Dated 5-31-77
Name of Physician Irving Cohen M.D.

FEMALE
Medical Examination Report Dated 5-31-77
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 Alan Middle J. Last Hobbs

Date of Birth: Month Dec Day 5 Year 1946

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

Residence Address: Street or R. R. 5113 Fairway Dr. City Plfd. County State In.

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1976

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

Usual Occupation Air Traffic Controller

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

☐ Other (Specify) # 10764

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

Name	Age	Address
Jacqueline	1	R# 2 Shelburn, In.

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

11. Full name of father Robert M. Hobbs
Residence of father (if deceased so state) 5113 Fairway Dr. Plfd.
Occupation of father Nursery Race of father
Birthplace of father (State or foreign country) Indianapolis, In.
12. Full maiden name of mother Jesse Rye Sims
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 Alan J. Hobbs
New Address 7537 C Bentley Dr. Indpls, In
Subscribed and sworn to before me this 28 day of June, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Betty Middle June Last Karr

Date of Birth: Month Sept Day 30 Year 1952

Place of Birth (State or foreign country) Manila

Residence Address: Street or R. R. 451 Brokenbow #1604 City Indpls. 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 Air Traffic

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

☐ Other (Specify) Reg # 2268

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Ralph D. Karr
Residence of father (if deceased so state) P.O. Box 386 Hong Kong
Occupation of father Army Corp. Race of father
Birthplace of father (State or foreign country) Wichita Falls Texas
8. Full maiden name of mother Z. Inez Cooper
Residence of mother (if deceased so state) 451 Brokenbow #1604 Indpls
Occupation of mother Cashier Race of mother
Birthplace of mother (State or foreign country) Coffee County, Tenn.

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

Signed Betty J. Karr
New Address 7537-C BENTLEY DR. INDPLS, IN
Subscribed and sworn to before me this 28 day of June, 19 77.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 6 *day of* July, 19 77, *authorizing the joining together as husband and wife* Alan J. Hobbs *and* Betty June Karr

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

I, John C. Mowrer *hereby certify that on the* 22nd *day of* August, *one thousand nine hundred and* 77 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Alan J. Hobbs *of* Hendricks *County, State of* Indiana *and, Bride* Betty Jane Karr *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 22 *day of* August, 19 77.

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

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* August, 19 77.

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. 232
File 38
6-28-77 Date of Application

MALE
Medical Examination Report Dated 6-26-77
Name of Physician David E. Haggard

FEMALE
Medical Examination Report Dated 6-26-77
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 Brian Middle Lee Last Conwell

Date of Birth: Month October Day 14 Year 1955

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

Residence Address: Street or R. R. 245 N. Vine City Plainfield 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 Mark Conwell
    Residence of father (if deceased so state) 641 Simmons Plainfield, In.
    Occupation of father Carpenter Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Gladys M. Hardin
    Residence of mother (if deceased so state) Same
    Occupation of mother Self-employed 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 Brian Lee Conwell
New Address 245 N Vine Plainfield In
Subscribed and sworn to before me this 28 day of June, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Jennifer Middle Ann Last Terry

Date of Birth: Month April Day 21 Year 1957

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

Residence Address: Street or R. R. 860 Broadway City Plainfield 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 Secretary

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father William A. Terry
   Residence of father (if deceased so state) 860 Broadway Plainfield, In.
   Occupation of father Banker Race of father
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Shirley A. Lowe
   Residence of mother (if deceased so state) Same
   Occupation of mother Airport 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 Jennifer Ann Terry
New Address 860 Broadway, Plainfield, In
Subscribed and sworn to before me this 28 day of June, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 7th day of July, 19 77, authorizing the joining together as husband and wife Brian Lee Conwell and Jenifer Ann Terry.

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

I, James D. Wilson hereby certify that on the 30 day of July, one thousand nine hundred and 77 at Plainfield, County of Hendricks, State of Indiana, Groom Brian Lee Conwell of Hendricks County, State of Indiana, and, Bride Jennifer Ann Terry of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of.....County.

Dated this 30 day of July, 19 77. Signed James D. Wilson
Official Designation Minister (Soc. of Friends)

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of August, 19 77.
Signed Glen M Harvey Clerk
.....Circuit Court

436

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 233

File

June 29, 1977
Date of Application

MALE
Medical Examination Report Dated 6-23-77
Name of Physician A. H. Scudder MD

FEMALE
Medical Examination Report Dated 6-23-77
Name of Physician A. H. Scudder MD

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

MALE APPLICANT

Name: First Charles Middle Franklin Last Cooley

Date of Birth: Month October Day 15 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R. R. 1 City Kingsgate 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 Farming

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 Martin Luther Cooley
    Residence of father (if deceased so state) R. 1, Kingsgate, Ind
    Occupation of father Farming Race of father white
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Zilva Jane Geiger
    Residence of mother (if deceased so state) R. 1, Kingsgate, Ind
    Occupation of mother Housewife Race of mother white
    Birthplace of mother (State or foreign country) Indiana

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

Signed x Charles Cooley

New Address R R 4 Crawfordsville

Subscribed and sworn to before me this 29 day of June, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month December Day 11 Year 1953

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 325 So. Green Street 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 Key Punch Operator

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

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Donald Raymond Richardson
   Residence of father (if deceased so state) 325 So. Green St, Brownsburg
   Occupation of father School teacher Race of father white
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Clara Jane Gibbs
   Residence of mother (if deceased so state) 325 So. Green St., Brownsburg
   Occupation of mother Housewife Race of mother white
   Birthplace of mother (State or foreign country) Indiana

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

Signed x Cathy M Richardson

New Address Rt. 4 Crawfordsville

Subscribed and sworn to before me this 29 day of June, 1977.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 5 *day of* July, 19 77, *authorizing the joining together as husband and wife* Charles Franklin Cooley *and* Cathy Mae Richardson

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

I, Rev. Charles Noll hereby certify that on the 9 day of July, one thousand nine hundred and 77 at Brownsburg, County of Hendricks State of Indiana, Groom Charles Franklin Cooley of Montgomery County, State of Indiana and, Bride Cathy Mae Richardson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County.

Dated this 5 day of July, 19 77.

Signed Rev. Charles Noll

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* July, 19 77.

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

No. 234

HENDRICKS County

File

June 29 1977
Date of Application

MALE
Medical Examination Report Dated June 29, 1977
Name of Physician R. Stephen Irwin M.D.

FEMALE
Medical Examination Report Dated June 29, 1977
Name of Physician Dr. R. Stephen Irwin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 E Last Hardman Jr.
Date of Birth: Month Jan Day 23 Year 1957
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R. R. RR #1 Box 7A City North Salem County State
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Truck Dock
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) C 189

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Hardman Sr.
    Residence of father (if deceased so state) Same
    Occupation of father Retired Race of father
    Birthplace of father (State or foreign country) Missouri
12. Full maiden name of mother Marilyn Ruth Parker
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother
    Birthplace of mother (State or foreign country) Illinois

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

Signed X Robert E Hardman JR

New Address

Subscribed and sworn to before me this 29 day of June, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Lisa Middle E Last Mc Guiness
Date of Birth: Month May Day 7 Year 1959
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R. R. #1 Box 140 City North County Salem State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation —
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #5595

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Edward Donald Mc Guiness
   Residence of father (if deceased so state) Same
   Occupation of father Machinist Race of father
   Birthplace of father (State or foreign country) Indianapolis, In.
8. Full maiden name of mother Dorothy Ellen Warren
   Residence of mother (if deceased so state) —
   Occupation of mother Allisons 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 X Lisa E Mc Guiness

New Address

Subscribed and sworn to before me this 29 day of June, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Circuit Court of Indiana dated the 29 day of June, 19 77, authorizing the joining together as husband and wife Robert E. Hardman, Jr. and Lisa E. Mc Guiness

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

I, D. Steven Keck hereby certify that on the 29 day of June, 19 77 at Danville, County of Hendricks, State of Indiana, Groom Robert E. Hardman of Hendricks County, State of Indiana, and, Bride Lisa E. Mc Guiness of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 29 day of June, 19 77. Signed D. Steven Keck

Official Designation Judge Pro Tem, Hendricks Co. Court, 19 77.

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of June, 19 77.

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. 235

File

June 29 1977
Date of Application

MALE
Medical Examination Report Dated 6-18-77
Name of Physician Thomas W. Riley

FEMALE
Medical Examination Report Dated 6-18-77
Name of Physician Thomas W. Riley

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

Date of Birth: Month December Day 9 Year 1950

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

Residence Address: Street or R. R. R.R. #2 City Mooresville 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: Electrician Cert # 113.50-222708

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 B. Pruet
    Residence of father (if deceased so state) Mooresville Ind.
    Occupation of father Retired Diesel Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Ruby Louise Yeager
    Residence of mother (if deceased so state) Mooresville Ind.
    Occupation of mother Homemaker Race of mother White
    Birthplace of mother (State or foreign country) Indiana

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

Signed Ronald B. Pruet

New Address 7357 Rockleigh Ave. Indianapolis

Subscribed and sworn to before me this 29 day of June, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Georgia Middle Ann Last Gordon

Date of Birth: Month March Day 13 Year 1952

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

Residence Address: 7357 Rockleigh Ave. Indpls Ind.

Maiden Name if Different Watson

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Morgan Co. 1977

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

Usual Occupation Nurse

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree City of Indpls. Cert # 2404

☑ Other (Specify) Cert. - Birth Reg.

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

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

Signed Georgia Ann Gordon

New Address 7357 Rockleigh Ave. Indpls. Ind.

Subscribed and sworn to before me this 29 day of June, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 6th *day of* July, 19 77, *authorizing the joining together as husband and wife* Ronald B. Pruet *and* Georgia Ann Gordon

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

I, Homer E. Henderson *hereby certify that on the* 9th *day of* July, *one thousand nine hundred and* 77 *at* Mt Tabor Church, Crown Center *County of* Morgan, *State of Indiana, Groom* Ronald B. Pruet *of* Hendricks *County, State of* Indiana, *and, Bride* Georgia Ann Gordon *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 9 *day of* July, 19 77.

Signed Homer E. Henderson

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* July, 19 77.

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. 236

File

July 5, 1977 Date of Application

MALE
Medical Examination Report Dated 6-24-77
Name of Physician Glen A. Baker M.D.

FEMALE
Medical Examination Report Dated 6-24-77
Name of Physician Glen A. Baker M.D.

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

MALE APPLICANT

Name: First Vernon Middle Wayne Last Cummins

Date of Birth: Month 9 Day 14 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 9124 E 32nd Street, City Indianapolis, County , State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Painter

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 Lloyd Vernon Cummins
    Residence of father (If deceased so state) 9124 E. 32nd St. Indpls. Ind.
    Occupation of father Welder Race of father white
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Ethel Corrine Taylor
    Residence of mother (If deceased so state) 9124 E 32nd St. Indpls. Ind.
    Occupation of mother factory 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 Vernon Wayne Cummins

New Address 402 Forest Hills Drive Apt. A Indpls

Subscribed and sworn to before me this 5 day of July, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Penny Middle Ann Last Collins

Date of Birth: Month 10 Day 5 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R. R. 18 Box 343A, City Indianapolis, County , State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Cashier

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

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Bobby Gene Collins
   Residence of father (if deceased so state) R. 18 Box 343A, Indpls. Ind.
   Occupation of father Supervisor Race of father white
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Dana Faye Fields
   Residence of mother (if deceased so state) Kentucky
   Occupation of mother factory 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 Penny Ann Collins

New Address 402 Forest Hills Drive Apt. A Indpls

Subscribed and sworn to before me this 5 day of July, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 12th day of July, 1977, authorizing the joining together as husband and wife Vernon Wayne Cummins and Penny Ann Collins

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

I, Thomas Cains, Jr. hereby certify that on the 16 day of July, one thousand nine hundred and 77, at Indianapolis, County of Marion, State of Indiana, Groom Vernon Wayne Cummins of Marion County, State of Indiana, and, Bride Penny Ann Collins of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 16 day of July, 19 77.

Signed Thomas Cains, Jr.

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of July, 19 77.

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. 237

File

July 5, 1977
Date of Application

MALE
Medical Examination Report Dated 6-29-77

Name of Physician Glen K. Baker

FEMALE
Medical Examination Report Dated 6-29-77

Name of Physician Glen K. Baker

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

MALE APPLICANT

Name: First David Middle Ray Last Downing

Date of Birth: Month 3 Day 1 Year 1953

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. 5 Box 134A City Brownsburg 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 Factory

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 Lee Downing
    Residence of father (if deceased so state) R.5 Box 134A, Brownsburg
    Occupation of father factory Race of father white
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Barbara J.
    Residence of mother (if deceased so state) R.5 Box 134A, Brownsburg
    Occupation of mother Housewife Race of mother white
    Birthplace of mother (State or foreign country) Indiana

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

Signed David R. Downing

New Address 7851 SKYCREST TRAIL

Subscribed and sworn to before me this 5 day of July, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month 10 Day 9 Year 1953

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 7851 Skycrest Trail City Avon County Hdl. State

Maiden Name if Different Rebecca Jean Barton

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 Key Punch Operator

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Donald Lee Barton
   Residence of father (if deceased so state) 717 Maple Lane, Brownsburg
   Occupation of father truck driver Race of father white
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Marietta May Lograsso
   Residence of mother (if deceased so state) 717 Maple Lane, Brownsburg
   Occupation of mother factory 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 J. Eierman

New Address 7851 Skycrest Trail

Subscribed and sworn to before me this 5 day of July, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 9th day of July, 19 77, authorizing the joining together as husband and wife David Ray Downing and Rebecca Jean Eierman

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

I, Joseph D. Wilson hereby certify that on the 9th day of July, one thousand nine hundred and 77, at Brownsburg, County of Hendricks State of Indiana, Groom David Ray Downing of Hendricks County, State of Indiana, and, Bride Rebecca Jean Eierman 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 9th day of July, 19 77.

Signed Joseph D. Wilson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of July, 19 77.

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. 238
File 38
7-6-77 Date of Application

MALE
Medical Examination Report Dated 7-5-77
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 7-5-77
Name of Physician Thomas M. Walker

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

MALE APPLICANT

Name: First Steven Middle J. Last Walls
Date of Birth: Month December Day 15 Year 1955
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: 60 W. Cypress Dr. Danville, In.
(Street or R. R. / City / County / State)
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation machinist
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Eugene Walls
   Residence of father (if deceased so state) Cartersburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Ann Wilson
   Residence of mother (if deceased so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

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

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

Signed X Steven J. Walls
New Address 606 Churchill Dr. Mooresville
Subscribed and sworn to before me this 6 day of July, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Teresa Middle L. Last Woodall
Date of Birth: Month February Day 4 Year 1958
Place of Birth (State or foreign country) Greencastle In.
Residence Address: R#1 Box 332 Monrovia In.
(Street or R. R. / City / County / State)
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Demonestrator
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Richard Woodall
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Madonna Bernadine Goss
   Residence of mother (if deceased so state) Monrovia, Ind.
   Birthplace of mother (State or foreign country) Indiana

Signed X Teresa L. Woodall
New Address Apt 606 Churchill Dr Mooresville
Subscribed and sworn to before me this 6 day of July, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Circuit Court of Indiana dated the 8th day of July, 1977, authorizing the joining together as husband and wife Steven J. Walls and Teresa L. Woodall

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

I, Gerry David Anderson hereby certify that on the 9 day of July, one thousand nine hundred and 77 at 1st Christian Church, Mooresville County of Morgan, State of Indiana, Groom Steven J. Walls of Morgan County, State of Indiana, and, Bride Teresa L. Woodall of Morgan County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Morgan County.

Dated this 9 day of July, 1977. Signed Gerry Anderson
Official Designation Assoc. Minister, Monrovia Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of July, 19 77. 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. 239

File

July 6, 1977
Date of Application

MALE
Medical Examination Report Dated 6-29-77
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 6-29-77
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 Jeffrey Middle Dale Last Kivett

Date of Birth: Month Dec. Day 1 Year 1952

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 City Stilesville. 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 Farm

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

☐ Other (Specify).....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jack Kivett
   Residence of father (if deceased so state) P.O Box 20, Hall. In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Peggy White
   Residence of mother (if deceased so state) Dayne
   Birthplace of mother (State or foreign country) Ind.

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

12. Full maiden name of mother.....

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

Occupation of mother..... Race of mother.....

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

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

Signed Jeffrey Dale Kivett

New Address R R I Stilesville Ind 46180

Subscribed and sworn to before me this 16 day of July, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Joy Middle Lee Last Hubbard

Date of Birth: Month Sept Day 24 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 2 Box 413 City Clayton County State In.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Teacher

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

☐ Other (Specify).....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell Lee Hubbard
   Residence of father (if deceased so state) P.O. Box 222, Stilesville
   Birthplace of father (State or foreign country) In.
9. Full maiden name of mother Betty Clearwater
   Residence of mother (if deceased so state) Rt 2 Box 413. Clayton
   Birthplace of mother (State or foreign country) Ind.

Signed Joy Lee Hubbard

New Address Rural Route One, Stilesville, In. 46180

Subscribed and sworn to before me this 6 day of July, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 12 *day of* July, 1977, *authorizing the joining together as husband and wife* Jeffrey Dale Kivett *and* Joy Lee Hubbard.

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

I, David Lee Farris hereby certify that on the 16 day of July, one thousand nine hundred and 77 at Hall, County of Morgan, State of Indiana, Groom Jeffrey Dale Kivett of Morgan County, State of Indiana, and, Bride Joy Lee Hubbard of Hendricks County, State of Indiana, 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 16 day of July, 19 77.

Signed David Lee Farris

Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of July, 19 77.

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

No. 240

HENDRICKS County

File

July 7 1977
Date of Application

MALE
Medical Examination Report Dated 7-5-77
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 7-5-77
Name of Physician Thomas M. Walker

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

MALE APPLICANT

Name: First Donald Middle E. Last Waggoner
Date of Birth: Month August Day 12 Year 1958
Place of Birth (State or foreign country): Marion Co.
Residence Address: 526 E. Street or R. R. College City Brownsburg County State In
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Mechanic
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 9760

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Franklin Waggoner
   Residence of father (if deceased so state) Brownsburg In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth Elsie Hyten
   Residence of mother (if deceased so state) Brownsburg Ind
   Birthplace of mother (State or foreign country) Indiana
12. Full maiden name of mother
    Residence of mother (if deceased so state)
    Occupation of mother Race of mother
    Birthplace of mother (State or foreign country)

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Donald E Waggoner
New Address Brownsburg

Subscribed and sworn to before me this 7 day of July, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Jennifer Middle Ann Last Burnett
Date of Birth: Month August Day 19 Year 1958
Place of Birth (State or foreign country) Marion Co
Residence Address: R.R #4 Box 212, Street or R. R. Brownsburg City Marion 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) # 10083

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Allen Burnett
   Residence of father (if deceased so state) Brownsburg In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Jean Ruebel
   Residence of mother (if deceased so state) Brownsburg In
   Birthplace of mother (State or foreign country) Indiana

Signed Jennifer Ann Burnett
New Address Brownsburg

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

..... Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ....., 19 77, authorizing the joining together as husband and wife of Indiana dated the 12 day of July and Jennifer Ann Burnett
Donald E. Waggoner,
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George H. Hoog hereby certify that on the 17 day of July, one thousand nine hundred and 77 at Brownsburg, County of Hendricks, State of Indiana, Groom Donald E. Waggoner of Hendricks County, State of Indiana, and, Bride Jennifer Ann Burnett of Hendricks County, State of ..... were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 17 day of July, 19 77. Signed George H. Hoog
Official Designation Pastor, Messiah Lutheran Church

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of July, 19 77
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. 241

File

July 8, 1977
Date of Application

MALE
Medical Examination Report Dated June 21, 1977
Name of Physician David Taggard

FEMALE
Medical Examination Report Dated 6-21-77
Name of Physician David B Taggard

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

MALE APPLICANT

Name: First William, Middle Kelly, Last Carver

Date of Birth: Month 12, Day 31, Year 1929

Place of Birth (State or foreign country) Clarksville, Texas

Residence Address: Street or R. R. RR #1, City Nineveh, County, State In

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Salesman

Date of birth verified by: ☑ Birth Cert. # 47498 ☐ Judicial Decree ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   William B - Alexander
   Stephanie - Bryce & Kristie
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William K. Carver Sr.
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Nancy Bryant
   Residence of mother (if deceased so state) RR #1 Nineveh, In.
   Birthplace of mother (State or foreign country) Tennessee
12. Full maiden name of mother
    Residence of mother (if deceased so state)
    Occupation of mother Race of mother
    Birthplace of mother (State or foreign country)

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

Signed William Carver
New Address RR # Nineveh IND.

Subscribed and sworn to before me this 8th day of July, 19 77.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Kathleen, Middle E., Last Dodds

Date of Birth: Month 5, Day 29, Year 1949

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

Residence Address: Street or R. R. 233 Green St., 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 Teacher

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) 113-49-034547

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Stephen Dodds
   Residence of father (if deceased so state) 233 S. Green St.
   Birthplace of father (State or foreign country) New Hampshire
9. Full maiden name of mother Margret Jane Wiles
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

Signed Kathleen E. Dodds
New Address 233 S. Green St. Brownsburg
Subscribed and sworn to before me this 8th day of July, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 July, 19 77, authorizing the joining together as husband and wife William Kelly Carver and Kathleen E. Dodds

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

I, Robert J. Gilday hereby certify that on the 16 day of July, one thousand nine hundred and 77 at St. Malachy Ch., Brownsburg County of Hendricks, State of Indiana, Groom William K. Carver of Brown County, State of Indiana, and, Bride Kathleen E. Dodds of Hendricks County, State of Indiana, 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 16 day of July, 19 77.

Signed Robert J. Gilday
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of July, 19 77.

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. 242

File

7-8-77 Date of Application

MALE
Medical Examination Report Dated 6-24-77
Name of Physician R. Louis Currey

FEMALE
Medical Examination Report Dated 6-24-77
Name of Physician R. Louis Currey

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

Date of Birth: Month June Day 2 Year 1942

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RT 1 Box 122 City Plainfield County Ha. 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 Chrysler Corp.

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   John Copeland
   Sean "
   Carla "
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell Copeland
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary Pike
   Residence of mother (if deceased so state) Plainfield, Ia.
   Birthplace of mother (State or foreign country) Ind.

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

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

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

Signed John Joseph Copeland

New Address RR 1 Box 69, Clayton, Ind. 46118

Subscribed and sworn to before me this 7 day of July, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month June Day 25 Year 1947

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RT 1 Box 69 City Clayton County Ha. State

Maiden Name if Different Dayhuff

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 Letter Carrier

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Angela Wiley
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John R. Dayduff
   Residence of father (if deceased so state) Fountaintown, Ia.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Dora Riddle
   Residence of mother (if deceased so state) Fountaintown, Ia.
   Birthplace of mother (State or foreign country) Ind.

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

Signed Nancy Josette Wiley

New Address R.R. 1 Box 69, Clayton 7/6/77

Subscribed and sworn to before me this 7 day of July, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE ..... Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 12 day of July, 19 77, authorizing the joining together as husband and wife John Joseph Copeland and Nancy Joseph Wiley

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

I, Marc L. Hays hereby certify that on the 23 day of July, 19 77, at Plainfield, County of Hendricks, one thousand nine hundred and 77, State of Indiana, Groom John J. Copeland of Hendricks County, State of Indiana, and, Bride Nancy Josette Wiley of Hendricks County, State of ..... were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 23 day of July, 19 77. Signed Marc L. Hays

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of July, 19 77

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. 243
File 38
7-11-77
Date of Application

MALE
Medical Examination Report Dated 6-26-77
Name of Physician Paul D. Reynolds

FEMALE
Medical Examination Report Dated 6-26-77
Name of Physician Paul D. Reynolds

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 D. Last Smith
Date of Birth: Month November Day 15 Year 1955
Place of Birth (State or foreign country) Greensburg, Decatur County, Ind.
Residence Address: Street or R. R. R. 2 Box 145 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 Construction
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles C. Smith
   Residence of father (if deceased so state) Rushville, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lila June May
   Residence of mother (if deceased so state) Greensburg, Ind.
   Birthplace of mother (State or foreign country) Indiana

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

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

Signed Robert D. Smith
New Address RR2 Box 145 Indianapolis Ind
Subscribed and sworn to before me this 11 day of July, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Valerie Middle D. Last Donica
Date of Birth: Month April Day 11 Year 1955
Place of Birth (State or foreign country) Greensburg In.
Residence Address: Street or R. R. C-3 Vista Village City Greensburg County In. State
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thurman L. Donica
   Residence of father (if deceased so state) 937 N. Hampton Blvd, Shelbyville,
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Kathryn L. Chadwell
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

Signed Valerie D. Donica
New Address RR2, Box 145, Indpls., In 46231
Subscribed and sworn to before me this 11 day of July, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 15 *day of* July, 19 77., *authorizing the joining together as husband and wife* Robert D. Smith *and* Valerie D. Donica
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Dorothy C. Hinds *hereby certify that on the* 17 *day of* July, *one thousand nine hundred and* 77 *at* Sandusky U. Meth. Ch., *County of* Decatur, *State of Indiana, Groom* Robert D. Smith *of* Hendricks *County, State of* Indiana *and, Bride* Valerie D. Donica *of* Decatur *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*
Dated this 17 *day of* July, 19 77.

Signed Rev. Dorothy C. Hinds
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* July, 19 77.
Signed Glen M. Harvey .....Clerk
.....Circuit Court

Affidavit Signed on Support

447

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 244

File 38

7-11-77 Date of Application

MALE
Medical Examination Report Dated 7-8-77
Name of Physician Wm. Wagner

FEMALE
Medical Examination Report Dated 7-8-77
Name of Physician Wm Wagner

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

Date of Birth: Month March Day 7 Year 1943

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

Residence Address: Street or R. R. 1626 Section City Plainfield County In 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 Cresson Grinder

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service 12-233-43-56

...diagnosed or considered as:

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children. No ☑ Yes ☐
Nancy Ann Barnett
Susan Lynn Barnett
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Barnett
Residence of father (if deceased so state) Cedar Rapids, Iowa
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bessie Lee
Residence of mother (if deceased so state) Bridgeport, In.
Birthplace of mother (State or foreign country) Indiana

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

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

12. Full maiden name of mother .....

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

Occupation of mother ..... Race of mother .....

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

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

Signed X Robert L. Barnett

New Address 1626 Section St Plainfield

Subscribed and sworn to before me this 11 day of July, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month January Day 3 Year 1948

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

Residence Address: Street or R. R. 905 A Edgewood City Clainfield County In State

Maiden Name if Different Kay Caddock

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 Legal Secretary

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
Voter Reg. #10187

...diagnosed or considered as:

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Caddock
Residence of father (if deceased so state) Mooresville, In.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Gayle Smith
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ind.

Signed X Kay C. Barnett

New Address 1626 Section St., Plainfield, Ind.

Subscribed and sworn to before me this 11 day of July, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 15 day of July, 1977, authorizing the joining together as husband and wife Robert L. Barnett and Kay Archer

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

I, John C. Mowrer hereby certify that on the 6th day of August, one thousand nine hundred and 77 at Plainfield, County of Hendricks, State of Indiana, Groom Robert L. Barnett of Hendricks County, State of Indiana, and, Bride Kay Archer of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 6th day of August, 19 77. Signed John C. Mowrer

Official Designation Judge, Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of August, 19 77

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. 345
File Book 38
July 11, 1977
Date of Application

MALE
Medical Examination Report Dated 7-5-77
Name of Physician Irving Cohen M.D.

FEMALE
Medical Examination Report Dated 7-6-77
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 Christopher Middle Wayne Last Partlow
Date of Birth: Month Feb Day 11 Year 1956
Place of Birth (State or foreign country) Beech Grove, Marion Co. Ind
Residence Address: Street or R. R. 4147 East Pts. Rd. City Indianapolis County Hend. State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree #7910
☑ Other (Specify) Voters Registration Affidavit

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Orlie R. Partlow
   Residence of father (if deceased so state) Highlander Dr. Plainfield
   Birthplace of father (State or foreign country) Indianapolis Ind.
9. Full maiden name of mother Marilyn J. Pullman
   Residence of mother (if deceased so state) 1190 N. Meridian Indpls
   Birthplace of mother (State or foreign country) Indianapolis, Ind

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Christopher W Partlow
New Address 4147 East Pts Rd. Indianapolis Ind
Subscribed and sworn to before me this 11 day of July, 19.....
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Sylvia Middle Ruth Last Schinbeckler
Date of Birth: Month March Day 29 Year 1954
Place of Birth (State or foreign country) Indianapolis, Marion Co. Ind.
Residence Address: Street or R. R. 546 Wesner, City Plainfield, County Hendricks, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation School Teacher
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Voters Reg. affidavit #2962

1. Are you now or have you been adjudged, diagnosed or considered as:
   ☐ Other (Specify) No ☐ Yes ☐
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Lee Schinbeckler
   Residence of father (if deceased so state) 546 Wesner, Plainfield
   Birthplace of father (State or foreign country) Columbia City
9. Full maiden name of mother Esther Mc Condon
   Residence of mother (if deceased so state) 546 Wesner, Plainfield
   Birthplace of mother (State or foreign country) Carlisle, Ind.

Subscribed and sworn to before me this 11 day of July, 19.....
Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, 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* 18th *day of* July, 19 77, *authorizing the joining together as husband and wife* Christopher Wayne Partlow *and* Sylvia Ruth Schinbeckler

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

I, R. Kent Allen *hereby certify that on the* 23 *day of* July, *one thousand nine hundred and* 77 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Christopher W. Partlow *of* Marion *County, State of* Indiana, *and, Bride* Sylvia R. Schinbeckler *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 23 *day of* July, 19 77.

Signed R. Kent Allen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* July, 19 77.

Signed Ellen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 246

HENDRICKS County

Remarriage

File

7-12-77 Date of Application

MALE
Medical Examination Report Dated 7-8-77
Name of Physician Norman D. Whitney

FEMALE
Medical Examination Report Dated 7-8-77
Name of Physician Norman D. Whitney

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

MALE APPLICANT

Name: First Charles Middle Junior Last Jackson

Date of Birth: Month Aug. Day 2 Year 1920

Place of Birth (State or foreign country) Illinois

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

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) A351-18-9445

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gus Jackson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Pearl Dalton
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Illinois

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

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

Signed Charles Jackson

New Address 4043 Gateway Court

Subscribed and sworn to before me this 12 day of July, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Guila Middle Pearl Last Jackson

Date of Birth: Month June Day 2 Year 1921

Place of Birth (State or foreign country) Indiana

Residence Address: 4043 Gateway Ct. Street or R. R. City Indianapolis County State In.

Maiden Name if Different Sutherlin

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) A303-26-2225

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Emery K. Sutherlin
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Flossie Cox
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ind.

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

Signed Guila P. Jackson

New Address 4043 Gateway Ct.

Subscribed and sworn to before me this 12 day of July, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 12 day of July, 19 77, authorizing the joining together as husband and wife Charles Junior Jackson and Guila Pearl Jackson

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

I, John C. Maurer hereby certify that on the 12 day of July, one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom Charles Junior Jackson of Hendricks County, State of Indiana, and, Bride Guila Pearl Jackson of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 12 day of July, 19 77. Signed John C. Maurer

Official Designation Judge, Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of July, 19 77. Signed Glen M. Harvey Clerk Circuit Court

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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. 247

File

7-12-77
Date of Application

MALE
Medical Examination Report Dated 7-7-77
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 7-7-77
Name of Physician Walter Mc. Mannis

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

MALE APPLICANT

Name: First Franklin Middle Delano Last Ferree, Jr.

Date of Birth: Month May Day 20 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 880 Broadway N. Dr. City Plainfield County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Franklin Delano Ferree
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Wilma Kay Scroggins
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.
10. Residence of father (if deceased so state)
    Occupation of father ..... Race of father .....
    Birthplace of father (State or foreign country) .....
12. Full maiden name of mother .....
    Residence of mother (if deceased so state) .....
    Occupation of mother ..... Race of mother .....
    Birthplace of mother (State or foreign country) .....

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

Signed Franklin D Ferree Jr.

New Address 5538 Apt D Blue Field Cr.

Subscribed and sworn to before me this 12 day of July, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Mona Middle Frances Last Larrison

Date of Birth: Month Jan Day 30 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 4420 Scott Rd. City Indianapolis County In State

Maiden Name if Different

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marvin L. Larrison
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Roberta C. Worland
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ind.

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

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

Signed Mona F Larrison

New Address 5538 Apt D Blue Nell Cr.

Subscribed and sworn to before me this 12 day of July, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 16 *day of* July, 19 77, *authorizing the joining together as husband and wife* Franklin Delano Ferree, Jr. *and* Mona Frances Larrison

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

I, Paul W. Ragsdale *hereby certify that on the* 16 *day of* July, *one thousand nine hundred and* 77 *at* Center Friends Church, *County of* HENDRICKS, *State of Indiana, Groom* Franklin Delano Ferree, Jr. *of* HENDRICKS *County, State of* Indiana, *and, Bride* Mona Frances Larrison *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 16 *day of* July, 19 77.

Signed Paul W. Ragsdale

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* August, 19 77.

Signed Glen M Harvey *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 248

File

7-12-77 Date of Application

MALE
Medical Examination Report Dated 7-11-77
Name of Physician Lee Kammeyer Md.

FEMALE
Medical Examination Report Dated 7-11-77
Name of Physician Lee Kammeyer Md.

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

MALE APPLICANT

Name: First John Middle A. Last Kirby

Date of Birth: Month June Day 19 Year 1956

Place of Birth (State or foreign country): Indpls Marion Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 6550

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William John Kirby Jr.
   Residence of father (if deceased so state) Marion Co Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lena Marie Gilkes
   Residence of mother (if deceased so state) Marion Co Ind.
   Birthplace of mother (State or foreign country) Kentucky

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

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

Signed John A Kirby
New Address 5316 Tara South Apt H
Subscribed and sworn to before me this 12 day of July, 19 77
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Linda Middle J. Last Rawlings

Date of Birth: Month November Day 22 Year 1957

Place of Birth (State or foreign country): Lebanon Boone Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Warren Gordon Rawlings
   Residence of father (if deceased so state) Lizton Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Elizabeth Leach
   Residence of mother (if deceased so state) Lizton Ind.
   Birthplace of mother (State or foreign country) Indiana

Birthplace of mother (State or foreign country)

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

Signed Linda J. Rawlings
New Address 5316 Tara Ct South apt H
Subscribed and sworn to before me this 12 day of July, 19 77
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 19 day of July, 19 77, authorizing the joining together as husband and wife John A Kirby and Linda J Rawlings

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 23 day of July at Lizton U M Church, County of HENDRICKS, one thousand nine hundred and 77 at Marion County, State of Indiana, State of Indiana, Groom John A Kirby of HENDRICKS County, State of Indiana, and, Bride Linda J Rawlings 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 19 day of July, 19 77. Signed Rev Danny C Byrd
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of July, 19 77
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 249

File

July 15, 1977
Date of Application

MALE
Medical Examination Report Dated 7-11-77
Name of Physician John Ellett M.D.

FEMALE
Medical Examination Report Dated 7-11-77
Name of Physician John Ellett M.D

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

MALE APPLICANT

Name: First James, Middle Kevin, Last Wallace
Date of Birth: Month Jan, Day 8, Year 1955
Place of Birth (State or foreign country) Greencastle, In.
Residence Address: Street or R. R. RR#5 Box 199, City Danville, County, State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 44796 B.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Billie James Wallace
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother MayLyn Alexander
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

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

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

Signed X James Kevin Wallace
New Address RR#5 Box 199 Danville Ind.

Subscribed and sworn to before me this 22 day of July, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Colette, Middle L., Last Lewis
Date of Birth: Month June, Day 6, Year 1957
Place of Birth (State or foreign country) Indianapolis In
Residence Address: Street or R. R. R#2 Box 273, City Danville, County, State In
Maiden Name if Different
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 7020

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Rodney Warren Lewis
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Rosemarie Michine Barett
   Residence of mother (if deceased so state) R#2 Box 273 Danville In.
   Birthplace of mother (State or foreign country) Algiers

County of .....

Signed X Colett Lewis

New Address .....

Subscribed and sworn to before me this 14 day of July, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* July, 19 77, *authorizing the joining together as husband and wife* James Kevin Wallace *and* Colette L. Lewis

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

I, Rev Charles Noll *hereby certify that on the* 23 *day of* July, *one thousand nine hundred and* 77 *at* Brownsburg, *County of* HENDRICKS, *State of Indiana, Groom* James Kevin Wallace *of* HENDRICKS *County, State of* Indiana, *and, Bride* Colette Lydia Lewis *of* HENDRICKS *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 22 *day of* July, 19 77.

Signed Rev Charles Noll
Official Designation Catholic Priest

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

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 250

File

July 15, 1977 Date of Application

MALE
Medical Examination Report Dated 7-5-77
Name of Physician Thomas M. Barker

FEMALE
Medical Examination Report Dated 7-5-77
Name of Physician Thomas M. Barker

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

MALE APPLICANT

Name: First Bruce Middle Timothy Last Carlson

Date of Birth: Month 7 Day 18 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 25 No. Grant, City Brownsburg, County, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Ole Albert Carlson
   Residence of father (if deceased so state) 25 No. Grant St, Brownsburg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jeanne Ann Logdson
   Residence of mother (if deceased so state) 25 No. Grant St, Brownsburg
   Birthplace of mother (State or foreign country) Indiana
10. Residence of father (if deceased so state)
    Occupation of father ... Race of father
    Birthplace of father (State or foreign country)
12. Full maiden name of mother
    Residence of mother (if deceased so state)
    Occupation of mother ... Race of mother
    Birthplace of mother (State or foreign country)

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

Signed Bruce Timothy Carlson

New Address PURDUE UNIVERSITY

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 Robin Middle Rene Last Litchie

Date of Birth: Month 10 Day 22 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 519 No. O'dell, City Brownsburg, County, State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Donald Lee Ritchie
   Residence of father (if deceased so state) 519 No. O'dell, Brownsburg, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Emmajean McCauley
   Residence of mother (if deceased so state) 519 No. O'dell, Brownsburg, Ind
   Birthplace of mother (State or foreign country) Indiana

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

Signed Robin Rene Ritchie

New Address Purdue University

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ... Circuit Court of Indiana dated the 20 day of July, 19 77, authorizing the joining together as husband and wife Bruce Timothy Carlson and Robin Rene Litchie

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

I, Jerry L. Nash hereby certify that on the 23 day of July at Brownsburg, County of Hendricks one thousand nine hundred and 77 State of Indiana, Groom Bruce Timothy Carlson of Hendricks County, State of Indiana, and, Bride Robin Rene Litchie of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ... County.

Dated this 23 day of July, 19 77. Signed Jerry L. Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of July, 19 77

Signed Glen M. Garvey Clerk

... Circuit Court

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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. 251

File

July 18, 1977
Date of Application

MALE
Medical Examination Report Dated 7-14-77
Name of Physician A. N. Scudder M.D

FEMALE
Medical Examination Report Dated 7-14-77
Name of Physician A. N. Scudder, M.D

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

MALE APPLICANT

Name: First Donald, Middle Edward, Last Kenworthy, Jr.

Date of Birth: Month 3, Day 7, Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. 1, City Clayton, County, State Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Edward Kenworthy
   Residence of father (if deceased so state) R. 1, Clayton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Della Hazel Bundy
   Residence of mother (if deceased so state) R. 1 Clayton, Ind.
   Birthplace of mother (State or foreign country) Indiana

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

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

Signed Don E Kenworthy Jr
New Address springhill

Subscribed and sworn to before me this 28 day of July, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Deborah, Middle Ann, Last Dugger

Date of Birth: Month 3, Day 2, Year 1955

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. Spring Hills Apt, City Plainfield, County, State Ind.

Maiden Name if different

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Delbert Lee Dugger
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Elizabeth Ann O'Neil
   Residence of mother (if deceased so state) 7420 Fullen Ln, Indpls. Ind
   Birthplace of mother (State or foreign country) Alabama

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

Signed Deborah A. Dugger
New Address Spring Hill apts. Plainfield

Subscribed and sworn to before me this 18 day of July, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 25 day of July, 19 77 authorizing the joining together as husband and wife Donald Edward Kenworthy and Deborah Ann Dugger
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Ollie G. Wilson hereby certify that on the 30 day of July, one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom Donald Edward Kenworthy of Hendricks County, State of Indiana, and, Bride Deborah Ann Dugger of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 30 day of July, 19 77.

Signed Rev. Ollie G. Wilson
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of August, 19 77.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 252

_____ County

File

July 18, 1977
Date of Application

MALE
Medical Examination Report Dated July 18, 1977
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated July 18, 1977
Name of Physician Thomas M. Walker

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

MALE APPLICANT

Name: First Glenn Middle Addison Last Priddy

Date of Birth: Month June Day 27 Year 1956

Place of Birth (State or foreign country) Winston Salem N.C.

Residence Address: Street or R. R. RR#1 Box 93A City Brownsburg County Hendricks State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Pass Port F1465180

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Eugene Addison Priddy
   Residence of father (if deceased so state) New Jersey
   Birthplace of father (State or foreign country) Winston Salem NC.
9. Full maiden name of mother Morris-Dean Tucker
   Residence of mother (if deceased so state) New Jersey
   Birthplace of mother (State or foreign country) North Carolina

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

Signed Glenn Addison Priddy
New Address Winston-Salem, N.C.

Subscribed and sworn to before me this 18 day of July, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Eunice Middle Faith Last Dark

Date of Birth: Month February Day 3 Year 1952

Place of Birth (State or foreign country) Paris France

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

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Vernon Dark
   Residence of father (if deceased so state) Iowa
   Birthplace of father (State or foreign country) Nebraska
9. Full maiden name of mother Faith Elizabeth Wildman
   Residence of mother (if deceased so state) Iowa
   Birthplace of mother (State or foreign country) Minnesota

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

Signed Eunice Faith Dark
New Address Winston-Salem, N.C.

Subscribed and sworn to before me this 18 day of July, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27 day of July, 19 77, authorizing the joining together as husband and wife Glenn Addison Priddy and Eunice Faith Dark

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

I, Rev. Donald Tyler hereby certify that on the 30 day of July, 19 77, at Brownsburg, County of HENDRICKS, State of Indiana, Groom Glenn Addison Priddy of Morris County, State of New Jersey, and, Bride Eunice Faith Dark of Forsyth County, State of N. Carolina, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of July, 19 77.

Signed Rev. Donald Tyler

Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of August, 19 77

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 253

File

_____ County

July 18 1977
Date of Application

MALE
Medical Examination Report Dated 7-11-77
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 7-11-77
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 James Middle Randal Last Weddle

Date of Birth: Month Jan Day 8 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 9504 Harmony Dr. City Indpls. County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald J. Weddle
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Pauline Maiden Name Unknown
   Residence of mother (if deceased so state) deceased
   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 James Weddle
New Address 7504 Harmony DR

Subscribed and sworn to before me this 18 day of July, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Gina Middle Sue Last Mason

Date of Birth: Month June Day 29 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 2 Box 102 City Indpls. County Hend. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hubert Mason
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Catherine G. Meier
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

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

Signed x Gina Mason
New Address 9504 Harmony Dr.

Subscribed and sworn to before me this 18 day of July, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 23 *day of* July, 19 77, *authorizing the joining together as husband and wife* James Randal Weddle *and* Gina Sue Mason

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

I, C. Glen Burnside *hereby certify that on the* 23 *day of* July, *one thousand nine hundred and* 77 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* James Randal Weddle *of* Hendricks *County, State of* Indiana *and, Bride* Gina Sue Mason *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 23 *day of* July, 19 77.

Signed Charles G. Burnside
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* August, 19 77.

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

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 254

File

Hendricks County

July 19 1977
Date of Application

MALE
Medical Examination Report Dated 7-13-77
Name of Physician Michael L Neely

FEMALE
Medical Examination Report Dated 7-13-77
Name of Physician Michael L Neely

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

MALE APPLICANT

Name: First Mark Middle L. Last Nichols

Date of Birth: Month January Day 19 Year 1957

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

Residence Address: Street or R. R. 59 N. Rd. 300E City Danville County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Voter's Reg. #14183

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jerry Lee Nichols
   Residence of father (if deceased so state) R#2 Box 128 Coatesville
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Martha Ellen Church
   Residence of mother (if deceased so state) Same
   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 Mark L Nichols

New Address # 59 N. Rd 300 E.

Subscribed and sworn to before me this 19 day of July, 1977.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Peggy Middle S. Last Lester

Date of Birth: Month June Day 21 Year 1958

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

Residence Address: Street or R. R. RR#2 Box 253 City Danville County Hendricks State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Voter's Reg. # 12463

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Douglas Lester
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Mollie Collins
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Virginia

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

Signed Peggy S Lester

New Address 5 9 N RD 300 E

Subscribed and sworn to before me this 19 day of July, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 25 day of July, 19 77, authorizing the joining together as husband and wife Mark L Nichols and Peggy S Lester,

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

I, C Raymond Rissler hereby certify that on the 30 day of July, one thousand nine hundred and 77, at Danville R2 (New Winchester), County of HENDRICKS, State of Indiana, Groom Mark L Nichols of HENDRICKS County, State of Indiana, and, Bride Peggy S Lester of HENDRICKS County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of July, 19 77.

Signed C Raymond Rissler

Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of August, 19 77.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 255

File _____

July 20, 1977
Date of Application

MALE
Medical Examination Report Dated 7-19-77
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 7-19-77
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 Robert Middle _____ Last Elick

Date of Birth: Month February Day 26 Year 1929

Place of Birth (State or foreign country) Newmanstown Pa.

Residence Address: Street or R. R. 102 N. Rainbow Blvd. City Delphi County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1975 - West (picture)

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License # 0081415

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Elick
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Russia
9. Full maiden name of mother Anna Wenchs
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Rumania

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Robert Elick
New Address 107 N. Rainbow Blvd Delphi Ind. 46234

Subscribed and sworn to before me this 20 day of July, 19 77

Glen M. Varney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Date of Birth: Month July Day 5 Year 1939

Place of Birth (State or foreign country) Woodstock Ky.

Residence Address: Street or R. R. 102 Rainbow Blvd. City Delphi County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1977 - Florida (picture)

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Licnse # 823402

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Billy De Wayne Richards
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Alexander Dewey
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Sally Jane Abbott
   Residence of mother (if deceased so state) Indiana, Bloomingto.
   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 Dorothy F. Burnam
New Address 102 N. Rainbow Blvd Delphi Ind. 462

Subscribed and sworn to before me this 20 day of July, 19 77

Glen M. Varney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* July, 19 77, *authorizing the joining together as husband and wife* .....*and*.....

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

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

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

Signed.....

Official Designation.....

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

Signed.....*Clerk*

HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 256

File

_____ County

July 21, 1977
Date of Application

MALE
Medical Examination Report Dated 7-19-77
Name of Physician Glenn W. Baker MD

FEMALE
Medical Examination Report Dated 7-19-77
Name of Physician Thomas Walker

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

MALE APPLICANT

Name: First Francis Middle M. Last Barton

Date of Birth: Month October Day 1 Year 1909

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

Residence Address: Street or R. R. 8824 W. Southern Ave. City Indpls County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Homer Barton
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Fay Hilliard Tomlinson
   Residence of mother (if deceased so state) deceased
   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 Francis M. Barton

New Address Indianapolis, Ind.

Subscribed and sworn to before me this 21 day of July, 19 77

Glen M. Harvey Clerk HENDRICK Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Iris Middle V. Last Swartout

Date of Birth: Month July Day 15 Year 1925

Place of Birth (State or foreign country) Iowa

Residence Address: Street or R. R. 528 Sunnybrook Dr. City Brownsburg County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jennings Bryan Coleman
   Residence of father (if deceased so state) Iowa
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Bertha Woodruff
   Residence of mother (if deceased so state) Iowa
   Birthplace of mother (State or foreign country) Illinois

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

Signed Iris V. Swartout

New Address Indianapolis, Ind.

Subscribed and sworn to before me this 21 day of July, 19 77

Glen M. Harvey Clerk HENDRICK Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 25 day of July, 19 77, authorizing the joining together as husband and wife Francis M. Barton and Iris V. Swartout

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

I, Rev. G. Philip Isgrigg hereby certify that on the 26 day of July, one thousand nine hundred and 77 at Indianapolis, County of Marion, State of Indiana, Groom Francis M. Barton of Marion County, State of Indiana, and, Bride Iris V. Swartout of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25 day of July, 19 77. Signed G. Philip Isgrigg

Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of July, 19 77

Signed Glen M Harvey Clerk

HENDRICK Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 257

File _____

July 21, 1977
Date of Application

MALE
Medical Examination Report Dated 7-21-77
Name of Physician Joseph C. Kerlin M.D.

FEMALE
Medical Examination Report Dated 7-21-77
Name of Physician Joseph C. Kerlin, 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 Laurence Middle Cameron Last Manifold

Date of Birth: Month Feb Day 8 Year 1955

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

Residence Address: Street or R. R. 4635 West Sycamore Rd. City Kokomo County ~~Howard~~ State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) U.S. Passport E 101 7457

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Owen Avery Manifold
   Residence of father (if deceased so state) 4635 W. Sycamore Rd. Kokomo Ind.
   Birthplace of father (State or foreign country) Ingalls, Ind.
9. Full maiden name of mother Rosemary M. Cox
   Residence of mother (if deceased so state) 4635 W. Sycamore Rd. Kokomo Ind.
   Birthplace of mother (State or foreign country) S. Kirby, Ind.

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

Signed Laurence Cameron Manifold

New Address _____

Subscribed and sworn to before me this 21 day of July, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Sue Last Bonham

Date of Birth: Month May Day 26 Year 1955

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

Residence Address: Street or R. R. 751 W. Mill St. City Danville County Hendricks State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Vital Statistics - Issue #5296

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Earl Lawrence Bonham
   Residence of father (if deceased so state) 751 W. Mill St. Danville
   Birthplace of father (State or foreign country) Columbus, Ohio
9. Full maiden name of mother Carol Marie Moy
   Residence of mother (if deceased so state) 751 W. Mill St. Danville
   Birthplace of mother (State or foreign country) Princeton, Illinois

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

Signed Rebecca Sue Bonham

New Address _____

Subscribed and sworn to before me this 21 day of July, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 25 *day of* July, 19 77, *authorizing the joining together as husband and wife* Laurence Cameron Manifold *and* Rebecca Sue Bonham

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

I, Owen A. Manifold *hereby certify that on the* 13 *day of* August, *one thousand nine hundred and* 77 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Laurence Cameron Manifold *of* Howard *County, State of* Indiana *and, Bride* Rebecca Sue Bonham *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 13 *day of* August, 19 77.

Signed Owen A. Manifold

Official Designation U. Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* Aug., 19 77.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 258

File

Hendricks County

July 22 1977
Date of Application

MALE
Medical Examination Report Dated 7-18-77
Name of Physician Elmer L. Koch md.

FEMALE
Medical Examination Report Dated 7-18-77
Name of Physician Elmer L. Koch md.

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

MALE APPLICANT

Name: First Ralph Middle R. Last Hatfield Jr.
Date of Birth: Month November Day 6 Year 1957
Place of Birth (State or foreign country): Detroit Mich.
Residence Address: Street or R. R. 337 Ellis City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) # 49224

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph R Hatfield
   Residence of father (if deceased so state) Detroit Mich.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Louise James
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Ralph R Hatfield Jr.
New Address 540 Spruce Plainfield
Subscribed and sworn to before me this 22 day of July, 19 77
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Lou Middle Etta Last Cummings
Date of Birth: Month February Day 28 Year 1958
Place of Birth (State or foreign country): Indianapolis Marion Ind.
Residence Address: Street or R. R. 540 Spruce City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Thomas Grant Cummings
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Lou Walton
   Residence of mother (if deceased so state) Plainfield Ind.
   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 Lou Etta Cummings
New Address 540 Spruce, Plainfield
Subscribed and sworn to before me this 22 day of July, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* July, 19 77, *authorizing the joining together as husband and wife* Ralph R Hatfield, Jr. *and* Lou Etta Cummings

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

I, Marc S. Gaps *hereby certify that on the* 29 *day of* July, *at* Plainfield, *County of* HENDRICKS, *one thousand nine hundred and* 77, *State of Indiana, Groom* Ralph R Hatfield, Jr. *of* HENDRICKS *County, State of* Indiana, *and, Bride* Lou Etta Cummings *of* HENDRICKS *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 29 *day of* July, 19 77. *Signed* Marc S. Gaps
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* August, 19 77. *Signed* Glen M. Harvey *Clerk* HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 259

File

_____ County

July 22, 1977
Date of Application

MALE
Medical Examination Report Dated 7-14-77
Name of Physician John A. Galloway

FEMALE
Medical Examination Report Dated 7-11-77
Name of Physician Elmer L. Tock

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

MALE APPLICANT

Name: First Samuel Middle M Last Wentworth

Date of Birth: Month September Day 20 Year 1943

Place of Birth (State or foreign country): Champaign City Illinois County State

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

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Morris Wentworth
   Residence of father (if deceased so state) Bloomington Ind.
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Ruth Phoebe Jones
   Residence of mother (if deceased so state) Bloomington, Ind.
   Birthplace of mother (State or foreign country) Landsdowne, PA.

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

Signed Samuel M. Wentworth
New Address 414 E. Broadway
Subscribed and sworn to before me this 22 day of July, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Sondra Middle J. Last Dowden

Date of Birth: Month June Day 22 Year 1938

Place of Birth (State or foreign country): Greene Co. Ind.

Residence Address: 55 Sill St. Street or R. R. City Manilla County Ind. State

Previous Marital Status: Never Married ☐ OR

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

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Oral Denver Callahan
   Residence of father (if deceased so state) Brazil Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Opal Marie Graves
   Residence of mother (if deceased so state) Brazil Ind.
   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 Sondra J. Dowden
New Address 414 E. Broadway
Subscribed and sworn to before me this 22 day of July, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 5th *day of* August, 19 77, *authorizing the joining together as husband and wife* Samuel M. Wentworth *and* Sondra J. Dowden

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

I, William H. Fretz *hereby certify that on the* 28th *day of* August, *one thousand nine hundred and* 77 *at* Bloomington, *County of* Monroe, *State of Indiana, Groom* Samuel M. Wentworth *of* Hendricks *County, State of* Indiana *and, Bride* Sondra J. Dowden *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28th *day of* August, 19 77.

Signed William H. Fretz
Official Designation Clerk, Bloomington Monthly Meeting, Pilgrim's Society o

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* august, 19 77.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 260

File 38

Hendricks County

7-22-77 Date of Application

MALE
Medical Examination Report Dated 7-20-77
Name of Physician E. Kourany

FEMALE
Medical Examination Report Dated 7-20-77
Name of Physician E. Kourany

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

MALE APPLICANT

Name: First Leo Middle J. Last Flannelly

Date of Birth: Month December Day 14 Year 1952

Place of Birth (State or foreign country) Mt. Vernon New York

Residence Address: Street or R. R. R3 Shoreland Apts. #18 City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leo L. Flannelly
   Residence of father (if deceased so state) Mountain View Rd. Putnamville, New York
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother Margaret Johnson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Leo J Flannelly

New Address RR#3 Shoreland Apts #18, Plainfield Indiana

Subscribed and sworn to before me this 22 day of July, 19 77.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Anne Middle M. Last Dellinger

Date of Birth: Month July Day 22 Year 1953

Place of Birth (State or foreign country) Lakewood Ohio

Residence Address: Street or R. R. RT, Box 418 City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ordie Dennis Dellinger
   Residence of father (if deceased so state) RT Box 418, Plainfield, In.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Mary Hennessy
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X Anne M Dellinger

New Address RR#3 Shoreland Apts #18 Plainfield

Subscribed and sworn to before me this 22 day of July, 19 77

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26 day of July, 19 77, authorizing the joining together as husband and wife Leo J. Flannelly and Anne M. Dellinger

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

I, Rev. John Flannelly hereby certify that on the 6th day of August, one thousand nine hundred and 77 at Plainfield, Hendricks County, State of Indiana, State of Indiana, Groom Leo J. Flannelly of Hendricks County, State of Indiana, and, Bride Anne M. Dellinger of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26th day of July, 19 77. Signed Rev. John Flannelly

Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of August, 19 77

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 361
File Book 38
July 22, 1977
Date of Application

MALE
Medical Examination Report Dated 7-21-77
Name of Physician E. Kourany M.D.

FEMALE
Medical Examination Report Dated 7-21-77
Name of Physician E. Kourany M.D.

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

MALE APPLICANT

Name: First Clark Middle Henry Last Depew

Date of Birth: Month July Day 24 Year 1951

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

Residence Address: Street or R. R. 11080 W. Wash. St. City Indianapolis County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ Marion Co. 1973

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Voter's Registration # 14008

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   None
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Henry Depew
   Residence of father (if deceased so state) Morgan Co., Ind.
   Birthplace of father (State or foreign country) Kingsford, Tenn.
9. Full maiden name of mother Frances K. Jones
   Residence of mother (if deceased so state) Morgan Co.
   Birthplace of mother (State or foreign country) Kingsford Tenn

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

Signed Clark Henry Depew
New Address 11080 W. Wash St. Indianapolis. Lot 39

Subscribed and sworn to before me this 22 day of July, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Marlena Middle Faye Last (Green) Newcomb

Date of Birth: Month April Day 21 Year 1955

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

Residence Address: Street or R. R. 11080 W. Wash. St. City Indianapolis County Hend. Co. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Morgan Co. - 7/15/77

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Vital Statistics - Local 3959

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   None
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Owen Newcomb
   Residence of father (if deceased so state) Beech Grove, Ind.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Nancy Irene Hunt
   Residence of mother (if deceased so state) Mooresville, Ind.
   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 Marlena Faye Newcomb
New Address 11080 W Wash St. Indianapolis

Subscribed and sworn to before me this 22 day of July, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. (Richard J. Gloores Judge)

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* July, 19 77, *authorizing the joining together as husband and wife* Clark Henry Depew *and* Marlena Faye Newcomb

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

I, A. Joe Stevenson hereby certify that on the 22 day of July, one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom Clark Henry Depew of Hendricks County, State of Indiana, and, Bride Marlena Faye Newcomb of Hendricks County, State of Indiana, were by me united 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 July, 19 77.

Signed A. Joe Stevenson
Official Designation Judge, Circ Tempore

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* July, 19 77.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 262

File

_____ County

July 25, 1977
Date of Application

MALE
Medical Examination Report Dated 7-18-77
Name of Physician Thomas Walker M.D.

FEMALE
Medical Examination Report Dated 7-18-77
Name of Physician Thomas Walker M.D.

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

MALE APPLICANT

Name: First Joseph Middle L. Last Unthank

Date of Birth: Month March Day 12 Year 1954

Place of Birth (State or foreign country) Darke Co. Ohio

Residence Address: Street or R. R. 10240 Wanessa Dr. City Indpls. County _____ State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Ralph Unthank
   Residence of father (if deceased so state) R #1 West Manchester Ohio
   Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Delores Arlene Slade
   Residence of mother (if deceased so state) R #1 West Manchester Ohio
   Birthplace of mother (State or foreign country) Ohio

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

Signed x Joseph L. Unthank
New Address 10240 Wanessa Dr., Indpls.

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

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

FEMALE APPLICANT

Name: First Joyce Middle E. Last Nicely

Date of Birth: Month 1 Day 25 Year 1953

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

Residence Address: Street or R. R. R #3 Box 367 City Plainfield County _____ State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Edwin Nicely
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Boone Co. Ind.
9. Full maiden name of mother Noami Josephine Sinders
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Brazil, In.

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

Signed x Joyce Nicely
New Address R 10240 Wanessa Dr Indpls.

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

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 29 day of July, 1977, authorizing the joining together as husband and wife Joseph L. Unthank and Joyce E. Nicely

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Rev. Donald Tyler hereby certify that on the 30 day of July, one thousand nine hundred and 77 at Bethesda Baptist Ch., Brownsburg County of Hendricks, State of Indiana, Groom Joseph L. Unthank of Hendricks County, State of Indiana, and, Bride Joyce E. Nicely of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 30 day of July, 1977. Signed Rev. Donald Tyler
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of August, 1977. Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 263
File Book 38
July 25, 1977
Date of Application

MALE
Medical Examination Report Dated 7-20-77
Name of Physician Alfred S. Moore

FEMALE
Medical Examination Report Dated July 13, 1977
Name of Physician George O. Avery M.D.

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

MALE APPLICANT

Name: First Donald Middle Robert Last Masterson
Date of Birth: Month 5 Day 29 Year 1957
Place of Birth (State or foreign country) New York
Residence Address: Street or R. R. 51 Canisius Ct. City Buffalo County State N.Y.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Armed Forces Identification Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Daniel Robert Masterson
   Residence of father (if deceased so state) 51 Canisius Ct. Depew, N.Y.
   Birthplace of father (State or foreign country) Buffalo, N.Y.
9. Full maiden name of mother Dorothy E. Steigline
   Residence of mother (if deceased so state) 51 Canisius Ct. Depew, N.Y.
   Birthplace of mother (State or foreign country) Buffalo, N.Y.

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

Signed Donald Masterson
New Address #25 Berliner Str. Ansbach, Germany
Subscribed and sworn to before me this 1 day of Aug, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Vickie Middle Dianne Last Stephens
Date of Birth: Month Feb Day 2 Year 1958
Place of Birth (State or foreign country) Indianapolis, Marion Co. Ind.
Residence Address: Street or R. R. R#1 Box 538, City Plainfield, County Hendricks, State Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ Marion Co. Sup. Ct. Cause No. 3177-561
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Certificate # 113-58-01360

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Nope

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bobby D. Stephens
   Residence of father (if deceased so state) Rt 1 Box 538, Plainfield Ind.
   Birthplace of father (State or foreign country) Jabez, Ky.
9. Full maiden name of mother Mildred M. Gaddberry
   Residence of mother (if deceased so state) Rt 1 Box 538, Plainfield
   Birthplace of mother (State or foreign country) Jabez, Ky.

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

Signed Vickie D. Stephens
New Address 25 Berliner Str Ansbach Germany
Subscribed and sworn to before me this 25 day of July, 19 77
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 1st *day of* August, 19 77, *authorizing the joining together as husband and wife* Donald Robert Masterson *and* Vickie Dianne Stephens

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

I, John C. Maurer *hereby certify that on the* 1st *day of* August, *one thousand nine hundred and* 77 *at* Danville, *County of* HENDRICKS, *State of Indiana, Groom* Donald Robert Masterson *of* Erie *County, State of* New York *and, Bride* Vickie Dianne Stephens *of* HENDRICKS *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* August, 19 77.

Signed John C. Maurer
Official Designation Judge, Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* August, 19 77.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 264

File

_____ County

July 25 1977
Date of Application

MALE
Medical Examination Report Dated July 7, 1977
Name of Physician Dr. Kathleen Oldham

FEMALE
Medical Examination Report Dated July 7, 1977
Name of Physician Dr. Kathleen Oldham

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Nelson Last Eiler

Date of Birth: Month Aug Day 7 Year 1951

Place of Birth (State or foreign country) Para, Ill.

Residence Address: Street or R. R. Smith's Trailer Pk. City Sandoval, County, State Ill.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License #E460-45745-1224

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William T. Eiler
   Residence of father (if deceased so state) 102 Sherman St. Para, Ill.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Lois E. Terry
   Residence of mother (if deceased so state) 102 Sherman St. Para, Ill.
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X James Nelson Eiler

New Address Smith's Mobile Park #6 Sandoval, Ill.

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 Barbra Middle Jayne Last Brumley

Date of Birth: Month March Day 30 Year 1956

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. Bx 144 Rt #3 City Brownsburg, County, State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) ____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Phillip K. Brumley
   Residence of father (if deceased so state) R. #3 Box 144 Brownsburg
   Birthplace of father (State or foreign country) Speedway, In.
9. Full maiden name of mother Ravilla June Henderson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Marshall, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Barbra Brumley

New Address Smith's Mobile Park #6 Sandoval, Ill.

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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ____ of Indiana dated the 29th day of July, 19 77, authorizing the joining together as husband and wife James Nelson Eiler and Barbara Jayne Brumley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash hereby certify that on the 6 day of August, at Brownsburg, County of Hendricks, one thousand nine hundred and 77 of Marion County, State of Indiana, State of Indiana, Groom James Nelson Eiler of HENDRICKS County, State of Indiana, and, Bride Barbara Jayne Brumley of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6 day of August, 19 77. Signed Jerry R. Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of Aug., 19 77

Signed Glenn M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 265

File

_____ County

July 25, 1977
Date of Application

MALE
Medical Examination Report Dated 7-11-77
Name of Physician M. D. Scamahorn

FEMALE
Medical Examination Report Dated 7-11-77
Name of Physician M. D. 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 Gene Middle Edward Last Jarrett

Date of Birth: Month June Day 29 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 1 Box 119 City Lyon County _____ State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Garrett
   Residence of father (if deceased so state) Lyon, Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Vera Hadley
   Residence of mother (if deceased so state) Lyon, Ind.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gene Garrett

New Address R.R. 1 Box 110 Lyon, Ind 46149

Subscribed and sworn to before me this 25 day of July, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Paula Middle Joann Last Robinson

Date of Birth: Month Feb. Day 8 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 1 Box 110 City Lyon County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wayne Robinson
   Residence of father (if deceased so state) North Salem
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Bonnie Heagy
   Residence of mother (if deceased so state) North Salem
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paula Robinson

New Address R.R. 1 Box 110 Lyon, Ind.

Subscribed and sworn to before me this 25 day of July, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, 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* 29 *day of* July, 19 77, *authorizing the joining together as husband and wife* Gene Edward Jarrett *and* Paula Joann Robinson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Bob D. Braziel *hereby certify that on the* 5 *day of* August, *one thousand nine hundred and* 77 *at* New Brunswick, *County of* Boone, *State of Indiana, Groom* Gene Edward Jarrett *of* HENDRICKS *County, State of* Indiana *and, Bride* Paula Joan Robinson *of* HENDRICKS *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5 *day of* August, 19 77.

Signed Bob D. Braziel

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* August, 19 77.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 266

File

Hendricks County

July 26 1977
Date of Application

MALE
Medical Examination Report Dated 7-4-77
Name of Physician David B. Hayward

FEMALE
Medical Examination Report Dated 7-11-77
Name of Physician David B. Hayward

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First George Middle W. Last Davis Jr.

Date of Birth: Month July Day 7 Year 1946

Place of Birth (State or foreign country) Bennington Switzerland Co. Ind.

Residence Address: Street or R. R. 833 Birch Ave. City Dolphs County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1977 Davidson Co. Tenn.

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Tiffany Ann Davis
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George W. Davis
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wilma Helen Davis
   Residence of mother (if deceased so state) deceased
   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 George W. Davis Jr.

New Address Mooresville, Ind.

Subscribed and sworn to before me this 26 day of July, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Debra Middle Sue Last Nester

Date of Birth: Month June Day 28 Year 1954

Place of Birth (State or foreign country) Marion Co. Ind.

Residence Address: Street or R. R. RR#2 Box 632 City Dolphs County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ernest Clinton Nester
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Mary Helen Lumpkin
   Residence of mother (if deceased so state) Hendricks Co.
   Birthplace of mother (State or foreign country) Clayton, Ga.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debra Sue Nester

New Address Mooresville, Indiana

Subscribed and sworn to before me this 26 day of July, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ....., 19 77, authorizing the joining together as husband and wife of Indiana dated the 30th day of July and George W. Davis, Jr. Debra Sue Nester

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William L. Fisher hereby certify that on the 12 day of August, at Indianapolis, County of Marion, one thousand nine hundred and 77 State of Indiana, Groom George W. Davis, Jr. of Hendricks County, State of Indiana, and, Bride Debra Sue Nester of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of August, 19 77. Signed William L. Fisher

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of August, 19 77.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 267
File 38
4-27-76
Date of Application

MALE
Medical Examination Report Dated 7-27-77
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 7-26-77
Name of Physician Thomas C. Dascoli

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First: William Middle: E. Last: Southard III
Date of Birth: Month: August Day: 19 Year: 1953
Place of Birth (State or foreign country): Michigan City Indiana
Residence Address: Street or R. R.: 268 Gibson City: Danville County: In. State:

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Draft Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: William E. Southard II.
   Residence of father (if deceased so state): 204 Robin Trail, Michigan City, In.
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Melissa Jane Luecht
   Residence of mother (if deceased so state): Same
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed: x William E. Southard III
New Address: 2217 W. Bethel Ave #102 MUNCIE, IN 47304
Subscribed and sworn to before me this 27 day of July, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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: Cecilia Middle: L. Last: Love
Date of Birth: Month: August Day: 14 Year: 1953
Place of Birth (State or foreign country): Camp Roberts California
Residence Address: Street or R. R.: 440 N. Winona City: Indianapolis County: In. State:

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Driver's License with Picture E 275 371

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Kenneth E. Love
   Residence of father (if deceased so state): 1720 Terrace Dr. Belmont, Cal.
   Birthplace of father (State or foreign country): California
9. Full maiden name of mother: Corinne Idyle Carnell
   Residence of mother (if deceased so state): Same
   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: X Cecilia L. Love
New Address: 2217 W. Bethel Ave. #102 Muncie, Ind. 47304
Subscribed and sworn to before me this 27 day of July, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 1 *day of* August, 19 77, *authorizing the joining together as husband and wife* William E. Southard III *and* Cecilia L. Love
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Dr. David L. Thomas *hereby certify that on the* 6 *day of* August, *one thousand nine hundred and* 77 *at* Michigan City, *County of* LaPorte, *State of Indiana, Groom* William Southard *of* Marion *County, State of* Indiana *and, Bride* Cecilia L. Love *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 6 *day of* August, 19 77.

Signed Rev. Dr. David L. Thomas
Official Designation Clergy

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* August, 19 77.
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 268

File

Hendricks County

Date of Application

MALE
Medical Examination Report Dated 7-18-77
Name of Physician Herbert N. Hill

FEMALE
Medical Examination Report Dated 7-18-77
Name of Physician Herbert N. Hill

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Lewis Last Lamer

Date of Birth: Month October Day 12 Year 1935

Place of Birth (State or foreign country): Carbondale Illinois

Residence Address: Street or R. R. 211 Cam Rd. City Indianapolis County In. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Army Separation

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Elizabeth Ann Lamer
   Angela Sue Lamer
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lewis Robert Lamer
   Residence of father (if deceased so state) Humboldt, Tenn.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Lucille Hadfield
   Residence of mother (if deceased so state) Same
   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 x Richard L. Lamer
New Address RR #1 Box 345 Clayton, Ind

Subscribed and sworn to before me this 27 day of July, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Donna Middle Kay Last Richardson

Date of Birth: Month October Day 1 Year 1946

Place of Birth (State or foreign country): Indianapolis Ind.

Residence Address: Street or R. R. RR #1 Box 345 City Clayton County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Floyd Dennis
   Residence of father (if deceased so state) 220 Cornell Dr. Indianapolis, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Jesse E. Sharer
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Colorado

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Donna Kay Richardson
New Address RR 1, Box 345 Clayton, Ind.

Subscribed and sworn to before me this 27 day of July, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....and filed

.....County.....Court by written order issued.....

in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3rd *day of* August, 19 77, *authorizing the joining together as husband and wife* Richard Lewis Lamer *and* Donna Kay Richardson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Willard B. Williams *hereby certify that on the* 6th *day of* August, 19 77, *at* Mooresville, *County of* Morgan, *State of Indiana, one thousand nine hundred and* 77 *at* Hamilton *County, State of* Indiana, *State of Indiana, Groom* Richard Lewis Lamer *of* Hendricks *County, State of* Indiana, *and, Bride* Donna Kay Richardson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 6th *day of* August, 19 77. *Signed* Willard B. Williams

Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* August, 19 77.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 269

File

_____ County

Date of Application

MALE
Medical Examination Report Dated 7-20-77
Name of Physician M. D. Scamahorn

FEMALE
Medical Examination Report Dated 7-20-77
Name of Physician M. D. 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 Dennis Middle J. Last Thompson

Date of Birth: Month February Day 26 Year 1957

Place of Birth (State or foreign country): Indianapolis In.

Residence Address: Street or R. R. 9880 W. 10th City Indianapolis County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John F. Thompson
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bonnie L. Pearson
   Residence of mother (if deceased so state) 6836 Dunley Indianapolis, In.
   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 Dennis J. Thompson
New Address 9880 W 10th Indpls.

Subscribed and sworn to before me this 28 day of July, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

FEMALE APPLICANT

Name: First Peggy Middle S. Last Roberts

Date of Birth: Month August Day 14 Year 1957

Place of Birth (State or foreign country): Lebanon Indiana

Residence Address: Street or R. R. RR 3 Box 71 City Plainfield County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Roberts
   Residence of father (if deceased so state) RR3, Box 71 Plainfield, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie Land
   Residence of mother (if deceased so state) Same
   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 Peggy S. Roberts
New Address 9880 W. 10th Indpls.

Subscribed and sworn to before me this 28 day of July, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 2 *day of* Aug., 19 77, *authorizing the joining together as husband and wife* Dennis A. Thompson *and* Peggy S. Roberts

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R. Kent Allen, *hereby certify that on the* 6 *day of* August, *one thousand nine hundred and* 77 *at* Plainfield, *County of* HENDRICKS, *State of Indiana, Groom* Dennis A. Thompson *of* HENDRICKS *County, State of* Indiana, *and, Bride* Peggy S. Roberts *of* HENDRICKS *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 6 *day of* August, 19 77.

Signed R. Kent Allen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* August, 19 77.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 270

File

Hendricks County

July 27, 1977
Date of Application

MALE
Medical Examination Report Dated 7-21-77
Name of Physician Elmer Koch

FEMALE
Medical Examination Report Dated 7-21-77
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 Michael Middle Anthony Last Reinhardt

Date of Birth: Month June Day 13 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 20 Elm Dr. City Plainfield County Hen. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Reinhardt
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Betty Brill
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mike Reinhardt
New Address Avon Ave Plainfield
Subscribed and sworn to before me this 28 day of July, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Robert D Reinhardt Father
Signed Betty J Reinhardt Mother
Subscribed and sworn to before me this 28 day of July, 1977.
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Mary Middle Annette Last Lee

Date of Birth: Month Jan Day 26 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1011 Gary Dr. City Plainfield County Hen. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Lee
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary F. Calbert
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Lee
New Address Avon Ave, Plainfield
Subscribed and sworn to before me this 28 day of July, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Charles H. Lee Father
Signed Mary F. Lee Mother
Subscribed and sworn to before me this 28 day of July, 1977.
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 Circuit Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... on the 28 day of July, 1977, authorizing the joining together as husband and wife of Indiana dated the ..... Michael Anthony Reinhardt and Mary Annette Lee

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edison C White hereby certify that on the 31 day of July, 1977, at Plainfield, HENDRICKS County, State of Indiana, one thousand nine hundred and 77 Richard Anthony Reinhardt of HENDRICKS County, State of Indiana, State of Indiana, Groom, and, Bride Mary Annette Lee of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of July, 1977.

Signed Edison C White
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 8 day of August, 1977.
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 271

File _____

July 28 1977
Date of Application

MALE
Medical Examination Report Dated 7-25-77
Name of Physician John Ellett M.D

FEMALE
Medical Examination Report Dated 7-25-77
Name of Physician John C Ellett, Jr M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Brice Last Ellett

Date of Birth: Month Feb Day 27 Year 1958

Place of Birth (State or foreign country) Greencastle, In

Residence Address: Street or R. R. Box 42 City Coatesville County _____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Oral Brice Ellett
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elsie Garnett Robinson
   Residence of mother (if deceased so state) Same
   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 Brice Ellett
New Address RR#2 Box 71 Coatesville

Subscribed and sworn to before me this 28 day of July, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Paula Middle Sue Last English

Date of Birth: Month Oct Day 24 Year 1957

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. R#3 City Clayton County _____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Willard Leon English
   Residence of father (if deceased so state) P.O. Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Sue Reeves
   Residence of mother (if deceased so state) R#3 Clayton
   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 Paula Sue English
New Address RR#2 Box 71 Coatesville

Subscribed and sworn to before me this 28 day of July, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 1st *day of* Aug., 19 77, *authorizing the joining together as husband and wife* James Brice Ellett *and* Paula Sue English

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Frank Bunn *hereby certify that on the* 6 *day of* August, *one thousand nine hundred and* 77 *at* Coatesville, *County of* HENDRICKS, *State of Indiana, Groom* James B. Ellett *of* HENDRICKS *County, State of* Indiana *and, Bride* Paula Sue English *of* HENDRICKS *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* August, 19 77.

Signed Frank Bunn
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of August, 19 77.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 272

File

7-28-77
Date of Application

Hendricks County

MALE
Medical Examination Report Dated 7-26-77
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 7-26-77
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle Earl Last Page

Date of Birth: Month June Day 27 Year 1950

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 2023 Auburn City Speedway County — State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald W. Page
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Lula Mae Headley
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles Earl Page

New Address 416 Trevor Brownsburg

Subscribed and sworn to before me this 28 day of July, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Dana Middle Charlene Last Reed

Date of Birth: Month May Day 8 Year 1952

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 416 Trevor City Brownsburg County — State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Reed
   Residence of father (if deceased so state) Rt 1 Box 177, Pittsboro
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara Williams
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dana Charlene Reed

New Address 416 Trevor Brownsburg

Subscribed and sworn to before me this 28 day of July, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 1 day of August, 19 77, authorizing the joining together as husband and wife Charles Earl Page and Dana Charlene Reed

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Donald Tyler hereby certify that on the 13 day of August, one thousand nine hundred and 77 at Brownsburg, County of Hendricks, State of Indiana, Groom Charles Earl Page of Marion County, State of Indiana and, Bride Dana Charlene Reed of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13 day of August, 19 77. Signed Rev. Donald Tyler

Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of August, 19 77

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 273

File _____

July 29, 1977
Date of Application

MALE
Medical Examination Report Dated 7-25-77
Name of Physician C. Kourany M.D.

FEMALE
Medical Examination Report Dated 7-25-77
Name of Physician C Kourany MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle H. Last Stiles

Date of Birth: Month 12 Day 25 Year 1953

Place of Birth (State or foreign country) Martinsville In

Residence Address: Street or R.R. 18 Terry Drive City Plainfield County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Hubert H. Stiles
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother A. Frances Cox
   Residence of mother (if deceased so state) 1954-21 Ave. Vero Beach Fla.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael H. Stiles

New Address 2324 1st Plainfield In.

Subscribed and sworn to before me this 29 day of July, 1977.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Sheryl Middle L. Last Van Hook

Date of Birth: Month 10 Day 29 Year 1954

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 2324 First St. City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Max E. Van Hook
   Residence of father (if deceased so state) R #2 Box 168 Camby, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara D. White
   Residence of mother (if deceased so state) R #2 Box 174 V Camby, In.
   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 Sheryl Van Hook

New Address 2324 1st Plainfield, In

Subscribed and sworn to before me this 29 day of July, 1977.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 5th day of August, 1977, authorizing the joining together as husband and wife Michael H. Stiles and Sheryl L. Van Hook

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gaul E. Keller hereby certify that on the 6 day of August, one thousand nine hundred and 77 at Mooresville, County of Morgan, State of Indiana, Groom Michael H. Stiles of Hendricks County, State of Indiana, and, Bride Sheryl L. Van Hook of Morgan County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6 day of August, 19 77.

Signed Gaul E. Keller

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of August, 19 77.

Signed Glenn M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 274

_____ County

File July 29 1977
Date of Application

MALE
Medical Examination Report Dated 7-25-77
Name of Physician Elmer Koch

FEMALE
Medical Examination Report Dated 7-25-77
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 Perry Middle Mikel Last Smith

Date of Birth: Month Sept Day 16 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 277 W. Broadway City Danville County Hendricks State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Henry L. Smith
   Residence of father (if deceased so state) Danville, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Virginia Trent
   Residence of mother (if deceased so state) Danville, In.
   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 Perry Smith

New Address _____

Subscribed and sworn to before me this 29 day of July, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Louise Middle Arlene Last Eck

Date of Birth: Month 4 Day 25 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 4097 So. Keener St. City Indianapolis County ____ State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Baptismal Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Harold Eck, Sr.
   Residence of father (if deceased so state) 162 N. Rd. 300 E. Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Kay Keithly
   Residence of mother (if deceased so state) 162 N. Rd 300 E. Danville, Ind.
   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 Louise Arlene Eck

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 HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* _____ *Circuit Court of Indiana dated the* ____ *day of* _____, *19*____, *authorizing the joining together as husband and wife* _____ *and* _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, _____ *hereby certify that on the* ____ *day of* _____, *at* _____, *County of* _____, *State of* _____, *one thousand nine hundred and* ____ *of* _____ *County, State of* _____, *State of Indiana, Groom* _____ *and, Bride* _____ *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this ____ *day of* _____, *19*____. *Signed* _____

Official Designation _____

Filed and recorded in accordance with the laws of the State of Indiana this ____ *day of* _____, *19*____. *Clerk*

Signed _____ HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 275

File 38

_____ County

8-1-77
Date of Application

MALE
Medical Examination Report Dated 7-28-77
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 7-29-77
Name of Physician Glenn W. Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Jon Last Tinkler

Date of Birth: Month December Day 27 Year 1954

Place of Birth (State or foreign country): Allen County Hospital, Kansas

Residence Address: Street or R. R. RR 2 POB 131 City Joplin County _____ State Missouri

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marcell Bernard Tinkler
   Residence of father (if deceased so state) 415 N. 11th St. Humboldt, KA
   Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Anna Mae Nickey
   Residence of mother (if deceased so state) 415 N. 11th St. Humboldt, KA
   Birthplace of mother (State or foreign country) Colorado

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael Jon Tinkler
New Address R2 Box 151 Joplin, Mo.

Subscribed and sworn to before me this 1 day of August, 19 77

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Lynn Last Davis

Date of Birth: Month June Day 22 Year 1958

Place of Birth (State or foreign country): Marion, Indiana

Residence Address: Street or R. R. 29 N. Jefferson City Brownsburg County _____ State Indiana

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Raymond David Davis
   Residence of father (if deceased so state) 2628 Dearwood Dr. Fortwayne, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Ann Duckemiller
   Residence of mother (if deceased so state) 29 N. Jefferson, Brownsburg Ind
   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 Debra Lynn Davis
New Address R2 Box 151 Joplin, MO

Subscribed and sworn to before me this 1 day of August, 19 77

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 5 *day of* Aug, 19 77, *authorizing the joining together as husband and wife* Michael Jon Tinkler *and* Debra Lynn Davis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David N Camp hereby certify that on the 21 day of August, one thousand nine hundred and 77 at Brownsburg, County of Hendricks, State of Indiana, Groom Michael Jon Tinkler of Allen County, State of Kansas and, Bride Debra Lynn Davis of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 day of August, 19 77.

Signed David N. Camp
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* August, 19 77.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 276

HENDRICKS County

File

August 1, 1977 Date of Application

MALE
Medical Examination Report Dated 7-26-77
Name of Physician David M Wadley

FEMALE
Medical Examination Report Dated 7-26-77
Name of Physician David M Wadley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Monty Middle C. Last Grover

Date of Birth: Month March Day 10 Year 1950

Place of Birth (State or foreign country): Portland City Ind.

Residence Address: Street or R. R. 226 Krueger #10 City Plainfield County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Voters Reg. # 120

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Calvin Grover
   Residence of father (if deceased so state) West Point Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Billie Lou Berry
   Residence of mother (if deceased so state) Montpelier Ind.
   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 Monty C. Grover

New Address 890 RIDGEWOOD DR APT 202C PLAINFIELD IN 46168

Subscribed and sworn to before me this 1st day of August, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Susie Middle Marie Last Burchyett

Date of Birth: Month September Day 10, Year 1954

Place of Birth (State or foreign country): Edwards Illinois

Residence Address: 226 Krueger #3 City Plainfield County State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Voters Reg # 11976

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Clifford Burchyatt
   Residence of father (if deceased so state) Champaign, Ill.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Erling Dickson
   Residence of mother (if deceased so state) Champaign Ill.
   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 Susy Burchyett

New Address 890 Ridgewood Dr. Apt 202C Pfld.

Subscribed and sworn to before me this 1st day of August, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 5 day of August, 1977, authorizing the joining together as husband and wife Monty C. Grover and Susie Marie Burchyette

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Cliff Burchyette hereby certify that on the 6 day of August one thousand nine hundred and 77 at Plainfield, County of Hendricks, State of Indiana, Groom Monty C. Grover of Hendricks County, State of Indiana, and, Bride Susie Marie Burchyette of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 6 day of August, 1977. Signed Cliff Burchyette

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of August, 1977.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 277
File 38
8-1-77
Date of Application

MALE
Medical Examination Report Dated 8-1-77
Name of Physician Michael Nuley

FEMALE
Medical Examination Report Dated 8-1-77
Name of Physician Michael Nuley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ricky, Middle Ray, Last Palmore
Date of Birth: Month June, Day 14, Year 1954
Place of Birth (State or foreign country): Chillicothe, Ohio
Residence Address: Street or R. R. 4928 Andrew Dr., City Columbus, County, State Ohio

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Albert Palmore
   Residence of father (if deceased so state) Ward St Columbus, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Margie Bell Hatfield
   Residence of mother (if deceased so state) Andrew Dr. Columbus, Ohio
   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 Ricky Ray Palmore
New Address 4928 Andrew Rd

Subscribed and sworn to before me this 1 day of Aug, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Sue, Middle L, Last Stover
Date of Birth: Month August, Day 7, Year 1955
Place of Birth (State or foreign country): Columbus, Ohio
Residence Address: Street or R. R. 4928 Andrew Dr, City Columbus, County, State Ohio

Previous Marital Status: Never Married ☐ OR ☑
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gaul D. Stover
   Residence of father (if deceased so state) Crest Dr. Reynoldsburg, Ohio
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Patricia Ann Scholl
   Residence of mother (if deceased so state) Same
   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 Sue Stover
New Address 4928 Andrew Rd.

Subscribed and sworn to before me this 1st day of Aug, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 and filed in Clerks Ofc. authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of Aug, 1977, authorizing the joining together as husband and wife Ricky Ray Palmore and Sue L Stover

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Maurer hereby certify that on the 1st day of Aug, one thousand nine hundred and 77 at Danville, County of HENDRICKS, State of Indiana, Groom Ricky Ray Palmore of Franklin County, State of Ohio and, Bride Sue L. Stover of Franklin County, State of Ohio, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of August, 1977.

Signed John C. Maurer
Official Designation Judge, Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of August, 1977.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 278
File 38
8-2-77
Date of Application

MALE
Medical Examination Report Dated 7-26-77
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 7-26-77
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 Thomas Middle Edward Last Singleton
Date of Birth: Month July Day 16 Year 1952
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 6117 Clarks Creek City Indianapolis County In. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Johnie Singleton
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Georgia Ellen Bishop
   Residence of mother (if deceased so state) Clainfield, Indiana
   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 Thomas E. Singleton
New Address 9913 Medallion Dr. Apt 13, Idpls

Subscribed and sworn to before me this 2 day of Aug., 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Christine Middle Ilene Last Smith
Date of Birth: Month May Day 30 Year 1958
Place of Birth (State or foreign country) Detroit Michigan
Residence Address: Street or R. R. 625 Brookside Lane City Clainfield County In. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wm. Herbert Smith
   Residence of father (if deceased so state) Same Clainfield, Ind.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Shirley Joy Olswede
   Residence of mother (if deceased so state) Same Clainfield, Ind.
   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 X Christine I Smith
New Address 9913 Medallion Dr. Apt 13, Idpls

Subscribed and sworn to before me this 2 day of Aug., 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 6 *day of* August, 19 77, *authorizing the joining together as husband and wife* Thomas Edward Singleton *and* Christine Ilene Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 6th *day of* August, 19 77, *at* Danville, *County of* Hendricks, *State of* Indiana, *one thousand nine hundred and* 77, *Groom* Thomas Edward Singleton *of* Hendricks *County, State of* Indiana, *and, Bride* Christine Ilene 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 6th *day of* August, 19 77. *Signed* John C. Mowrer

Official Designation Judge, Hendricks County Court

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* August, 19 77. *Signed* Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 279

File _____

8-2-77
Date of Application

MALE
Medical Examination Report Dated 7-4-77
Name of Physician Rene Jacobs

FEMALE
Medical Examination Report Dated 7-4-77
Name of Physician Rene Jacobs

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Scott Middle Martin Last Jacobs

Date of Birth: Month Aug. Day 28 Year 1959

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. P.O. Box 274 City Coatesville County _____ State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father René Jacobs
   Residence of father (if deceased so state) Fontana Calif
   Birthplace of father (State or foreign country) Phillippines
9. Full maiden name of mother Carol A. Hartman
   Residence of mother (if deceased so state) Fontana, Calif
   Birthplace of mother (State or foreign country) Penn

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Scott M. Jacobs
New Address PO Box 5 Coatesville IN

Subscribed and sworn to before me this 2 day of Aug, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Shannon Middle Anne Last Curtis

Date of Birth: Month July Day 31 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 5 City Coatesville County _____ State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jimmie Curtis
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind
9. Full maiden name of mother Alice L. Duncan
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Shannon Curtis
New Address P.O Box 5 Coatesville In

Subscribed and sworn to before me this 2 day of Aug, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Aug 2 3 days waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2 *day of* Aug, 19 77, *authorizing the joining together as husband and wife* Scott Martin Jacobs *and* Shannon Anne Curtis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev B. Kent Duke *hereby certify that on the* 2 *day of* August, *one thousand nine hundred and* 77 *at* Coatesville, *County of* Hendricks, *State of Indiana, Groom* Scott Martin Jacobs *of* Hendricks *County, State of* Indiana *and, Bride* Shannon Anne Curtis *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 2nd *day of* August, 19 77.

Signed Rev. B. Kent Duke
Official Designation Pastor, Stilesville Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* August, 19 77.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 279

File _____

8-2-77
Date of Application

MALE
Medical Examination Report Dated 7-4-77
Name of Physician Rene Jacobs

FEMALE
Medical Examination Report Dated 7-4-77
Name of Physician Rene Jacobs

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Scott Middle Martin Last Jacobs

Date of Birth: Month Aug. Day 28 Year 1959

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. P. O. Box 274 City Coatesville County _____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent childre
   If answer is "y
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8. Full name of fat
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County of

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CONSENT OF PA

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FEMALE APPLICANT

Name: First Shannon Middle Anne Last Curtis

Date of Birth: Month July Day 31 Year 1961

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P. O. Box 5 City Coatesville County _____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above

STATE OF INDIANA

COUNTY OF PUTNAM

We the undersigned parents of Scott Jacobs age 17

hereby consent to the marriage of our son to Shannon Curtis.

Ray Jacobs, M.D.

Carol A James

Subscribed and sworn to before , me a N otary Public this
5th day of July, 1977

Evelyn Spencer
Notary Public

My comm expires:

EVELYN SPENCER
Notary Public, Putnam County, Indiana
My Commission Expires Aug. 2, 1977

I, James D. Curtis and Alice S. Curtis, hereby give my consent for my daughter, Shannon Anne Curtis to marry Scott Martin Jacobs.

James D Curtis Alice S. Curtis

Subscribed and sworn to before me this August 1st day of Aug. 1977

Carol Stafford
Notary Public

Comm. Expires 8-3-1980

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 280

Hendricks County

File 8-2-77 Date of Application

MALE
Medical Examination Report Dated 7-31-77
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 7-31-77
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 Roger Middle Lee Last Veenstra

Date of Birth: Month 3 Day 17 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 6 Michael Dr. City Plainfield County State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Rebecca Ann Veenstra
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Roland Snyder
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country)
9. Full maiden name of mother Judith Veenstra
   Residence of mother (if deceased so state) Lake Village, Indiana
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Roger L. Veenstra
New Address 23 A. Michael Dr. Plfd Ind.

Subscribed and sworn to before me this 2 day of August, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Jacqueline Middle Lee Last Kidd

Date of Birth: Month 3 Day 17 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 23 A Michael Dr. City Plainfield County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   David Alan Kidd
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Earl Raymond Hamilton
   Residence of father (if deceased so state) 6 Michael Dr, Plainfield
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Doris Jean Wyatt
   Residence of mother (if deceased so state) 6 Michael Dr. Plainfield
   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 Jacqueline Lee Kidd
New Address 23 A Michael Dr Plfd Ind

Subscribed and sworn to before me this 2 day of August, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 6 *day of* August, 19 77, *authorizing the joining together as husband and wife* Roger Lee Veenstra *and* Jacqueline Lee Kidd

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William L. Fisher *hereby certify that on the* 6th *day of* August, *one thousand nine hundred and* 77 *at* Indianapolis, *County of* Marion, *State of* Indiana, *Groom* Roger Lee Veenstra *of* Hendricks *County, State of* Indiana, *and, Bride* Jacqueline Lee Kidd *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 6th *day of* August, 19 77.

Signed William L. Fisher
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* October, 19 77

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Remarriage

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 281
File 38
8-2-77
Date of Application

MALE
Medical Examination Report Dated 8-1-77
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated 8-1-77
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 David Middle J. Last Day

Date of Birth: Month March Day 17 Year 1928

Place of Birth (State or foreign country): Nashville Ind.

Residence Address: Street or R. R. RR 2 Box 79 City Martinsville County _____ State In

Previous Marital Status: Never Married ☐ OR 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Allison's I. D. 312-26-1306

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kevin Dewey Day (father has custody)
   Tom. Danny Day
   Alva Burl Day
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alva Burl Day
   Residence of father (if deceased so state) RR2 Martinsville, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Frances Marie Davis
   Residence of mother (if deceased so state) Deceased
   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 X David E Day

New Address 1098 Lasburg Rd Mooresville,

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 Pauline Middle _____ Last Day

Date of Birth: Month April Day 17 Year 192

Place of Birth (State or foreign country): Weston Monroe Co. Ind.

Residence Address: Street or R. R. 1098 Lasburg Rd City Mooresville, Ind. County _____ State _____

Previous Marital Status: Never Married ☐ OR _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License # 3308-26-4368

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cevis Galden
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Daisy Ann Abner
   Residence of mother (if deceased so state) Deceased
   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 Pauline Day

New Address 1098 Lasburg R d Mooresville 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 Hendricks County Superior Court by written order issued 3 Day Waiver and filed in Clerks Ofc authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2 *day of* August, 19 77, *authorizing the joining together as husband and wife* _____ *and* _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, _____ *hereby certify that on the* _____ *day of* _____, *one thousand nine hundred and* _____ *at* _____, *County of* _____, *State of Indiana, Groom* _____ *of* _____ *County, State of* _____ *and, Bride* _____ *of* _____ *County, State of* _____, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this _____ *day of* _____, *19*____.

Signed _____

Official Designation _____

Filed and recorded in accordance with the laws of the State of Indiana this _____ *day of* _____, *19*____.

Signed _____ *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 282

_____ County

File

Aug 3, 1977
Date of Application

MALE
Medical Examination Report Dated July 31, 1977
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated July 31, 1977
Name of Physician David M. Hadley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle _____ Last Searcy

Date of Birth: Month Jan Day 5 Year 1955

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 8818 Hyland Rd West. City Indpls. County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate #125 ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Orval Searcy
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Estel Mae Lees
   Residence of mother (if deceased so state) Same
   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 Richard Searcy

New Address 2040 Brandywine Ct Indpls Ind 46241

Subscribed and sworn to before me this 3rd day of Aug, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Maurita Middle J Last Jackson

Date of Birth: Month 11 Day 16 Year 1956

Place of Birth (State or foreign country) Norfolk Va.

Residence Address: Street or R. R. R#1 Box 462 City Plainfield County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Maurice Gene Jackson
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anita Lucille Davis
   Residence of mother (if deceased so state) Same
   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 Maurita Jackson

New Address 2540 Brandywine Ct Indpls Ind 46241

Subscribed and sworn to before me this 3rd day of Aug, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 9 day of August, 1977, authorizing the joining together as husband and wife Richard Searcy and Maurita J Jackson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Michael P Lynch hereby certify that on the 2 day of September, 1977, at Indianapolis, County of Marion, State of Indiana, one thousand nine hundred and 77 Richard Searcy of Marion County, State of Indiana, Groom, and Maurita Jean Jackson of Hendricks County, State of Indiana, Bride, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of Sept., 1977. Signed Rev Michael P Lynch

Official Designation ministers

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Sept., 1977. Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 283

File

_____ County

August 3 1977
Date of Application

MALE
Medical Examination Report Dated 8-8-77
Name of Physician James Black

FEMALE
Medical Examination Report Dated 8-2-77
Name of Physician Alexa Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donny Middle Mack Last Germain

Date of Birth: Month 9 Day 5 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R. R. 3 Box 126 City Danville County _____ State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Mackever Germain
   Residence of father (if deceased so state) R. 3 Box 126, Danville, Ind.
   Birthplace of father (State or foreign country) Montana
9. Full maiden name of mother Opal Jan Hodgkin
   Residence of mother (if deceased so state) R. 3 Box 126, Danville, Ind.
   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 Donny M Germain

New Address Ft. Gordon, Georgia

Subscribed and sworn to before me this 8 day of August, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Melisa Middle Aylene Last Walls

Date of Birth: Month May Day 10 Year 1959

Place of Birth (State or foreign country) Crawfordsville Ind.

Residence Address: Street or R. R. R.R. #1 Box 165 City Ellettsville County _____ State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marion Robert Walls
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Louise Aylene Martin
   Residence of mother (if deceased so state) deceased
   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 Melisa Aylene Walls

New Address Ft. Gordon, Georgia

Subscribed and sworn to before me this 3rd day of August, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 8 *day of* August, 19 77, *authorizing the joining together as husband and wife* Donny Mack Germain *and* Melisa Aylene Walls

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David L Wigington hereby certify that on the 9 day of August, one thousand nine hundred and 77 at Crawfordsville, County of Montgomery State of Indiana, Groom Donny Mack Germain of Hendricks County, State of Indiana and, Bride Melisa Aylene Walls of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9 day of August, 19 77.

Signed Rev. David L Wigington

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of August, 19 77.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 284

File

County

8-4-77
Date of Application

MALE
Medical Examination Report Dated 8-1-77
Name of Physician Carl L Skinlein

FEMALE
Medical Examination Report Dated 7-25-77
Name of Physician Leo Kannen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Thomas Last Eubank

Date of Birth: Month 3 Day 5 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R. 2 Box 85, City Danville, County, State Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Jean Eubank
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Beverly Jean Sears
   Residence of mother (if deceased so state) R 2 Box 85, Danville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard Eubank

New Address RR1 Box 534 Clayton

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 Sharon Middle Denise Last Turner

Date of Birth: Month 5 Day 23 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R. 2 Box 67, City Danville, County, State Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Chester Turner
   Residence of father (if deceased so state) R. 2 Box 67. Danville, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Dorothy Mae Foster
   Residence of mother (if deceased so state) R 2 Box 67. Danville, Ind.
   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 Sharon Denise Turner

New Address RR 1, Box 534 Clayton, 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* HENDRICKS *Circuit Court of Indiana dated the* 9 *day of* Aug., 19 77, *authorizing the joining together as husband and wife* Richard Thomas Eubank *and* Sharon Denise Turner

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, C. Raymond Pressler hereby certify that on the 13 day of August, at Danville, County of Hendricks, one thousand nine hundred and 77 State of Indiana, Groom Richard Thomas Eubank of Hendricks County, State of Indiana, and, Bride Sharon Denise 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 HENDRICKS County.

Dated this 13 day of August, 19 77. Signed C. Raymond Pressler

Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of August, 19 77

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

488

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 285
File 38
8-4-77
Date of Application

MALE
Medical Examination Report Dated 8-2-77
Name of Physician Glenn C. Lord

FEMALE
Medical Examination Report Dated 8-2-77
Name of Physician Glenn C. Lord

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 E., Last Lane

Date of Birth: Month October, Day 5, Year 1950

Place of Birth (State or foreign country) Martinsville, In.

Residence Address: Street or R. R. 1925 Highesagle Trail, City Speedway, County, State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Draft Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Noel E. Lane
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lucy Vonetta Hall
   Residence of mother (if deceased so state) 1612 Franklin Dr. Clainfield, In.
   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 Ronald E Lane

New Address 1925 High Eagle Trail Speedway, In

Subscribed and sworn to before me this 4 day of Aug., 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Joan, Last Wolfe

Date of Birth: Month December, Day 18, Year 1951

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. R#1 Box 409, City Clainfield, County, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clarence Wolfe
   Residence of father (if deceased so state) R1 Box 409, Clainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Blair
   Residence of mother (if deceased so state) Same
   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 Susan J. Wolfe

New Address 1925 High Eagle Trail, Speedway

Subscribed and sworn to before me this 4 day of Aug., 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 8th *day of* August, 19 77, *authorizing the joining together as husband and wife* Ronald E. Lane *and* Susan Joan Wolfe.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. James Painting *hereby certify that on the* 27 *day of* August, *one thousand nine hundred and* 77 *at* Clainfield, *County of* Hendricks, *State of Indiana, Groom* Ronald E. Lane *of* Marion *County, State of* Indiana, *and, Bride* Susan Joan 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 27 *day of* August, 19 77.

Signed Rev. James Painting

Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* September, 19 77.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 286

File

Hendricks County

8-4-77 Date of Application

MALE
Medical Examination Report Dated 7-26-77
Name of Physician Paul Stanley Lewis

FEMALE
Medical Examination Report Dated 7-26-77
Name of Physician Paul Stanley Lewis

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle Lee Last Norton

Date of Birth: Month 12 Day 7 Year 1941

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 139 No. Center St. City Plainfield County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Jennifer Lee Norton
   Patricia Ann Norton
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Orville Norton
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Mary Frances Prater
   Residence of mother (if deceased so state) West Newton, In
   Birthplace of mother (State or foreign country) Arkansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald Lee Norton

New Address 139 N. Center Plainfield

Subscribed and sworn to before me this 4 day of August, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Ronda Middle Jean Last Anweiler

Date of Birth: Month 5 Day 17 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 139 No. Center St. City Plainfield County State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver's License with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ronald Dale Schultz
   Residence of father (if deceased so state) 3734 Northwestern, Indpls
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Lee Patton
   Residence of mother (if deceased so state) 7484 Rockley Dr., Indpls
   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 Ronda J. Anweiler

New Address 139 N. Center St. Plainfield

Subscribed and sworn to before me this 4 day of August, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 4 *day of* August, 19 77, *authorizing the joining together as husband and wife and.....*

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I,.....hereby certify that on the.....day of....., at.....County, State of.....one thousand nine hundred and.....of.....County, State of....., State of Indiana, Groom.....and, Bride.....of.....were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this.....day of....., 19.....

Signed.....

Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this.....day of....., 19.....

Signed.....Clerk

HENDRICKS *Circuit Court*

490

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 287

File _____

8-5-1977
Date of Application

MALE
Medical Examination Report Dated 8-3-1977
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 8-3-77
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 Russell Middle Joseph Last Bogard

Date of Birth: Month 11 Day 3 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R. R. 18 Box 132, City Indianapolis, County _____, State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Wayne Bogard
   Residence of father (if deceased so state) R. R. 18 Box 132, Idpls
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Lucille Schell
   Residence of mother (if deceased so state) R. R. 18 Box 132, Idpls
   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 Russell Joseph Bogard
New Address Rural Route 8 Plainfield

Subscribed and sworn to before me this 5 day of Aug, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Kim Middle Lea Last Coons

Date of Birth: Month Sept Day 25 Year 1950

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 6 Dogwood Dr. City Brownsburg, County _____, State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James A. Coons
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Bertha Tusk
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Penn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kim Lea Coons
New Address Rural Route 8 Plainfield

Subscribed and sworn to before me this 5 day of Aug, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 12 *day of* Aug, 19 77, *authorizing the joining together as husband and wife* Russell Joseph Bogard *and* Kim Lea Coons

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward Curtice *hereby certify that on the* 27th *day of* August, *one thousand nine hundred and* 77 *at* Avon, *County of* Hendricks, *State of Indiana, Groom* Russell Joseph Bogard *of* Hendricks *County, State of* Indiana *and, Bride* Kim Lea Coons *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 30 *day of* August, 19 77.

Signed Edward Curtice

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* August, 19 77.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 288

File

Aug 5 1977
Date of Application

County

MALE
Medical Examination Report Dated July 25, 1977
Name of Physician M. O. Seamahorn

FEMALE
Medical Examination Report Dated July 25, 1977
Name of Physician M. O. Seamahorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle D Last Headrick

Date of Birth: Month 12 Day 25 Year 1955

Place of Birth (State or foreign country): Indianapolis In

Residence Address: Street or R. R. 401 W. Main St. City Liston County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert C. Headrick
   Residence of father (if deceased so state) 401 W. Main Liston
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Elanor C Simms
   Residence of mother (if deceased so state) 401 W. Main Liston
   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 x Michael D. Headrick
New Address 401 W. Main St. Liston, Ind.

Subscribed and sworn to before me this 5 day of Aug, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Donita Middle Last Kelly

Date of Birth: Month May Day 24 Year 1953

Place of Birth (State or foreign country): Crawfordsville In

Residence Address: Street or R. R. 401 West Main St. City Liston County State

Previous Marital Status: Never Married ☐ OR 1 time

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1977-Hendricks

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herbert Goode
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Lou Lonicker
   Residence of mother (if deceased so state) 519 S. Tibbs, Indpls In
   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 x Donita Kelly
New Address 401 W. Main St. Liston, Ind.

Subscribed and sworn to before me this 5 day of Aug, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed ..... County ..... Court by written order issued ..... in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9 day of Aug, 19 77, authorizing the joining together as husband and wife Michael D. Headrick and Donita Kelly

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Ollie G. Wilson hereby certify that on the 12 day of August, one thousand nine hundred and 77 at Liston, County of Hendricks, State of Indiana, Groom, Michael D. Headrich of Hendricks, County, State of Indiana, and, Bride, Donita M. Kelly of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of August, 19 77. Signed Rev. Ollie G. Wilson

Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of August, 19 77

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By Indiana State Board of Health under Authority Chap. 126, Ind. Acts 1905 (Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 289

File

_____ County

8-5-77 Date of Application

MALE
Medical Examination Report Dated 8-3-77
Name of Physician Irving Coben

FEMALE
Medical Examination Report Dated 8-3-77
Name of Physician Irving Coben

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Samuel; Middle Robert; Last Stader

Date of Birth: Month 2; Day 23; Year 1954

Place of Birth (State or foreign country): Montana

Residence Address: Street or R. R. 317 N. Center St; City Plainfield; County; State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Robert Vernon Stader
   Residence of father (if deceased so state): R. 4 Box 116, Pendleton, Ind.
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Ina Dean Epperson
   Residence of mother (if deceased so state): R. 4 Box 116, Pendleton, Ind.
   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 Samuel R. Stader

New Address 317 N Center St. Plainfield, In

Subscribed and sworn to before me this 5 day of August, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Ruth; Last Burks

Date of Birth: Month 9; Day 14; Year 1955

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. R. 1 Box 212; City Cloverdale; County; State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Donald Frederick Burks
   Residence of father (if deceased so state).....
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Joyce Louise Stebbins
   Residence of mother (if deceased so state): R. 1 Box 212, Cloverdale
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna R. Burks

New Address 317 N. Center St. Plainfield Ind

Subscribed and sworn to before me this 5 day of August, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 9th day of August, 19 77 authorizing the joining together as husband and wife Samuel Robert Stader and Donna Ruth Burks

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Ralph G. Wade hereby certify that on the 19th day of August, one thousand nine hundred and 77 at Friendswood, County of Marion, State of Indiana, Groom Samuel Robert Stader of Hendricks County, State of Indiana, and, Bride Donna Ruth Burks of Morgan County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19 day of August, 19 77.

Signed Rev. Ralph G. Wade

Official Designation Pastor, Friendswood Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of August, 19 77.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 290

File

8-5-77
Date of Application

County

MALE
Medical Examination Report Dated 7-31-77
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 7-31-77
Name of Physician David M. Hadley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gillian Middle Arthur Last Tomlinson

Date of Birth: Month 5 Day 13 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Box 67 City Carthersburg County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Howard Tomlenson
   Residence of father (if deceased so state) Box 67 Cartersburg, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Ruth Dinsmore
   Residence of mother (if deceased so state) Box 67 Cartersburg, In
   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 X Bill Tomlinson
New Address Plainfield

Subscribed and sworn to before me this 5 day of Aug, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Martha Middle Lynn Last Henshilwood

Date of Birth: Month 11 Day 13 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 334 Kain City Plainfield County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alfred James Henshilwood
   Residence of father (if deceased so state) 334 Kain, Plainfield
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Laura Marie Richards
   Residence of mother (if deceased so state) 334 Kain, Plainfield
   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 Martha L Henshilwood
New Address Plainfield

Subscribed and sworn to before me this 5 day of Aug, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed ..... County ..... Court by written order issued ..... in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 10th day of Aug, 19 77, authorizing the joining together as husband and wife William Arthur Tomlinson and Martha Lynn Henshilwood

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Willias Fisher hereby certify that on the 13 day of August, one thousand nine hundred and 77 at Indianapolis, County of Marion, State of Indiana, Groom William Arthur Tomlinson of Hendricks County, State of Indiaa, and, Bride Martha Lynn Henshilwood of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 13 day of August, 19 77 Signed William Fisher

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of August, 19 77

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 291
File 38
8-8-77
Date of Application

MALE
Medical Examination Report Dated 7-25-77
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 7-25-77
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Darrell, Middle W., Last Cole, Jr.
Date of Birth: Month August, Day 1, Year 1956
Place of Birth (State or foreign country): Jacksonville, North Carolina
Residence Address: Street or R. R. 420 Dan Jone Rd., City Plainfield, County, State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Darrell W. Cole.
   Residence of father (if deceased so state) R2, Box 85, Indpls. In.
   Birthplace of father (State or foreign country) California
9. Full maiden name of mother Patricia Lee Hammond
   Residence of mother (if deceased so state) Same
   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 Darrell W Cole Jr.
New Address 420 Dan Jones Rd
Subscribed and sworn to before me this 8 day of Aug., 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 M., Last Corcoran
Date of Birth: Month March, Day 30, Year 1955
Place of Birth (State or foreign country): Indianapolis In.
Residence Address: Street or R. R. 420 Dan Jones Rd., City Plainfield, County, State In
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph Thomas Corcoran, Sr.
   Residence of father (if deceased so state) 528 Brookside Lane Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Christine Owens
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Deborah M. Corcoran
New Address 420 Dan Jones Road.
Subscribed and sworn to before me this 8 day of Aug., 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 12 *day of* August, 19 77, *authorizing the joining together as husband and wife* Darrell W Cole, Jr. *and* Deborah M. Corcoran

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Darrell W. Cole, Sr. *hereby certify that on the* 13 *day of* August, *one thousand nine hundred and* 77 *at* Maple Grove Baptist Church Indianapolis, R2, Box 79 *County of* Hendricks, *State of Indiana, Groom* Darrell W. Cole, Jr. *of* Hendricks *County, State of* Indiana, *and, Bride* Deborah M. Corcoran *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12 *day of* August, 19 77.

Signed Darrell W. Cole, Sr.
Official Designation Pastor, Maple Grove Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* August, 19 77.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 292
File 38
8-8-77
Date of Application

Hendricks County

MALE
Medical Examination Report Dated 8-3-77
Name of Physician David B. Haggard M.D.

FEMALE
Medical Examination Report Dated 8-3-77
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 Larry Middle David Last Johnson

Date of Birth: Month Jan. Day 21 Year 1957

Place of Birth (State or foreign country): Indianapolis Marion Co. Ind.

Residence Address: 215 West St. Plainfield Hendricks Ind.
Street or R. R. City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree #57-013207

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Audrey W. Johnson.
   Residence of father (if deceased so state) 215 West St. Plainfield
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Sue Schweier
   Residence of mother (if deceased so state) 215 West St. Plainfield
   Birthplace of mother (State or foreign country) Danville, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry David Johnson
New Address 115 N. East St. apt. 3. Plainfield Ind.

Subscribed and sworn to before me this 8 day of Aug., 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Lynn Last Faulkenberg

Date of Birth: Month Oct. Day 12 Year 1959

Place of Birth (State or foreign country): St. Vincent's Hosp. Indianapolis Marion Ind.

Residence Address: 11 Elm St. Plainfield Hendricks Ind.
Street or R. R. City County State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree - Local 12750

☒ Other (Specify) Vital statistics Hosp. Record

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Emmit Gorde Faulkenberg
   Residence of father (if deceased so state) 11 Elm Dr. Plainfield
   Birthplace of father (State or foreign country) Uniontown, Perry, Ind.
9. Full maiden name of mother Janice Sue Rickelman
   Residence of mother (if deceased so state) 11 Elm Dr. Plainfield.
   Birthplace of mother (State or foreign country)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Constance Lynn Faulkenberg
New Address 115 N. East St apt. 3. Plainfield
Subscribed and sworn to before me this 8 day of August, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Emmit D Faulkenberg Father

Signed Janice S. Faulkenberg Mother

Subscribed and sworn to before me this 8 day of Aug., 1977.
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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* August, 19 77, *authorizing the joining together as husband and wife* Larry David Johnson *and* Constance Lynn Faulkenberg

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Richard Zore *hereby certify that on the* 13 *day of* August, *one thousand nine hundred and* 77 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Larry David Johnson *of* Hendricks *County, State of* Indiana, *and, Bride* Constance Lynn Faulkenberg *of* Hendricks *County, State of* HENDRICKS, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12 *day of* August, 19 77. *Signed* Rev. Richard Zore

Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* August, 19 77

Glen M. Harvey Clerk

HENDRICKS Circuit Court

496

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 293

File

Aug. 8 1977
Date of Application

_____ County

MALE
Medical Examination Report Dated 8-4-77
Name of Physician Edward Serrano

FEMALE
Medical Examination Report Dated Aug 4 1977
Name of Physician Edward Serrano

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bruce Middle Alan Last Troyer

Date of Birth: Month Jan Day 16 Year 1945

Place of Birth (State or foreign country) Marion, In.

Residence Address: Street or R. R. 615 Sunrise Dr. City Pfld. County In. State

Previous Marital Status: Never Married ☐ OR 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1977- Marion

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's License #I305-46-9751

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bryon LeRoy Troyer
   Residence of father (if deceased so state) Ft Myers. Fla.
   Birthplace of father (State or foreign country) Wabash Co. Ind.
9. Full maiden name of mother Ina Wilma Holland
   Residence of mother (if deceased so state) R#2 Greentown, In.
   Birthplace of mother (State or foreign country) Chicago, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Bruce Alan Troyer
New Address 615 Sunrise Dr. Plainfield Indiana 46168

Subscribed and sworn to before me this 8 day of Aug, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Karin Middle E Last Collard

Date of Birth: Month June Day 13 Year 1940

Place of Birth (State or foreign country) Germany

Residence Address: Street or R. R. 615 Sunrise Dr. City Pfld. County In. State

Previous Marital Status: Never Married ☐ OR 1 time

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1975- Marion Co.

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Naturalization #8859008

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Antsiak
   Residence of father (if deceased so state) Berlin Germany
   Birthplace of father (State or foreign country) Germany
9. Full maiden name of mother Margarete Dankemeier
   Residence of mother (if deceased so state) 1 Berlin 13 Wakrendorffstr 3b
   Birthplace of mother (State or foreign country) Berlin Germany

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Karin E. Collard
New Address 615 Sunrise Dr. Plainfield Ind

Subscribed and sworn to before me this 8th day of Aug, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 16 *day of* August, 19 77, *authorizing the joining together as husband and wife* Bruce Alan Troyer *and* Karin E. Collard

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ernest Schnizzel *hereby certify that on the* 19th *day of* August, *one thousand nine hundred and* 77 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Bruce Alan Troyer *of* Hendricks *County, State of* Indiana *and, Bride* Karin E. Collard *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19 *day of* August, 19 77

Signed Ernest Schnizzel

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* August, 19 77

Signed Glen M Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 294

File

Hendricks County

Date of Application

MALE
Medical Examination Report Dated 7-31-77
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 7-31-77
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 Gregory Middle Lee Last Phillips

Date of Birth: Month 5 Day 27 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R. R. 2 City Brownsburg County Hendricks State Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Raymond Lee Phillips
   Residence of father (if deceased so state) R. R. 2 Brownsburg, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ruth Joan Phipps
   Residence of mother (if deceased so state) R. R. 2 Brownsburg, Ind.
   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 L. Phillips

New Address 2213 B Greentree St.

Subscribed and sworn to before me this 8 day of August, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Sherri Middle Lynn Last Hott

Date of Birth: Month 12 Day 29 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 112 Lincoln Ave City Brownsburg County Hendricks State Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Leon Hall
   Residence of father (if deceased so state) 112 Lincoln Ave, Brownsburg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Eileen Terrell
   Residence of mother (if deceased so state) 112 Lincoln Ave, Brownsburg
   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 Sherri L. Hott

New Address 2213 B Greentree ST

Subscribed and sworn to before me this 8 day of August, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 12 day of August, 1977, authorizing the joining together as husband and wife Gregory Lee Phillips and Sherri Lynn Hott

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Steven W. Janett hereby certify that on the 13 day of August, one thousand nine hundred and 77, at Brownsburg, County of Hendricks, State of Indiana, Groom Gregory Lee Phillips of Hendricks County, State of Indiana, and, Bride Sherri Lynn Hott of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13 day of August, 1977. Signed Steven W. Janett

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of August, 1977. Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

498

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 295

File 38

_____ County

Date of Application

MALE
Medical Examination Report Dated 7-27-77
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 7-27-77
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Rodney Middle _____ Last Weaver II

Date of Birth: Month February Day 5 Year 1945

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. R2 Box 376 City Clayton County _____ State In.

Previous Marital Status: Never Married ☐ OR 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Susan Denette Weaver
   Ryan Jay Weaver
   (Father has custody)
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Rodney James Weaver
   Residence of father (if deceased so state) R 2 Clayton, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elinora Brewer
   Residence of mother (if deceased so state) Same
   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 Rodney James Weaver II

New Address R#2 Box 376 CLAYTON, IN

Subscribed and sworn to before me this 8 day of Aug., 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 _____ Last Long

Date of Birth: Month May 31st Day _____ Year 1939

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. R2 Box 376 City Clayton County _____ State In.

Previous Marital Status: Never Married ☐ OR 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Cynthia Sue Long — David Bruce Long
   Geo. Wm. Long — Nancy Ann Long
   Stephen Vernon Long
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell C. Lovick
   Residence of father (if deceased so state) 5109 W. 11th Speedway, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Eleanor Graybill
   Residence of mother (if deceased so state) Stone Lake, Wisconsin
   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 Sandra D. Long

New Address R.R.#2 Box 376 Clayton Ind.

Subscribed and sworn to before me this 8 day of Aug., 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 12 *day of* August, 1977, *authorizing the joining together as husband and wife* Rodney Weaver II *and* Sandra Long.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 16 *day of* August, *one thousand nine hundred and* 77 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Rodney Weaver II *of* Hendricks *County, State of* Indiana, *and, Bride* Sandra Long *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16 *day of* August, 19 77.

Signed John C. Mowrer

Official Designation Judge, Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* August, 19 77.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 296
File 38
8-9-77 Date of Application

Support Aff. in file

_____ County

MALE
Medical Examination Report Dated 8-9-77
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 8-9-77
Name of Physician Eric D. Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Alan Middle J. Last Wells
Date of Birth: Month July Day 9 Year 1951
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. _____ City Cartersburg County _____ State In.
Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Armed Forces I. D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   michael Alan Wells
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Eugene Wells
   Residence of father (if deceased so state) Cartersburg, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Ann Wilson
   Residence of mother (if deceased so state) 60 W. Curpuka Danville, In.
   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 Alan J. Walls
New Address 2633 Post St. Jacksonville Fla. 32204
Subscribed and sworn to before me this 9 day of Aug., 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

FEMALE APPLICANT

Name: First Deborah Middle L Last Connor
Date of Birth: Month July Day 7 Year 1956
Place of Birth (State or foreign country) Gastonia North Carolina
Residence Address: Street or R. R. 8245 Colville Rd. City Jacksonville, Fla. County _____ State _____
Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Florida I. D. Card 0258928

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth Wilkie Connor
   8245 Colville Rd. Residence of father (if deceased so state) Marietta, Fla.
   Birthplace of father (State or foreign country) N. Carolina
9. Full maiden name of mother Imagene Ward
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Georgia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Deborah L Connas
New Address 2633 Post St. Jax. Fla. 32204
Subscribed and sworn to before me this 9 day of Aug. 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 13th day of August, 19 77, authorizing the joining together as husband and wife Alan J. Walls and Deborah L. Connor

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Anthony C. Guido hereby certify that on the 13 day of August one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom Alan J. Walls of Hendricks County, State of Florida, and, Bride Deborah L. Connor of Davul County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 13 day of August, 19 77. Signed Anthony C. Guido
Official Designation Judge, Pro Tempore

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of _____, 19 77. Signed HENDRICKS Clerk
_____ Circuit Court

500

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 297

File _____

Aug. 9 1977
Date of Application

MALE
Medical Examination Report Dated 8-8-77
Name of Physician Carl L. Hendricks

FEMALE
Medical Examination Report Dated 8-8-77
Name of Physician Carl L. Hendricks

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Harold Middle E. Last Keller

Date of Birth: Month May Day 20 Year 1917

Place of Birth (State or foreign country): Jasonville Ind

Residence Address: Street or R. R. R.R. # 1 Box 210 City Brownsburg County In State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1963 Marion Cty.

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cecil Arloft Keller
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Jasonville Ind.
9. Full maiden name of mother Sarah Edna Pool
   Residence of mother (if deceased so state) Jasonville, Ind.
   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 Harold E. Keller

New Address RR 1 Box 210 Brownsburg Ind.

Subscribed and sworn to before me this 9 day of August, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Jane Middle F. Last Walker

Date of Birth: Month February Day 11 Year 1934

Place of Birth (State or foreign country): Flint Michigan

Residence Address: Street or R. R. R.R. # 1 Box 284 City Brownsburg County Ind. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1974 - West. City

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Voters Reg. # 13758

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bruce Lawrence Hagemann
   Residence of father (if deceased so state) Flint Michigan
   Birthplace of father (State or foreign country) Detroit, Mich.
9. Full maiden name of mother Ruby Faye Easley
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Flint, Mich.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jane F. Walker

New Address RR 1 Box 210 Brownsburg Ind

Subscribed and sworn to before me this 9 day of August, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 13 *day of* August, *19* 77, *authorizing the joining together as husband and wife* Harold E. Keller *and* Jane F. Walker

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James A. Jones *hereby certify that on the* 13 *day of* August, *one thousand nine hundred and* 77 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Harold E. Keller *of* Hendricks *County, State of* Indiana *and, Bride* Jane F. Walker *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 13 *day of* August, *19* 77.

Signed James A. Jones

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* August, *19* 77.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 298

File

Hendricks County

Aug 9 1977
Date of Application

MALE
Medical Examination Report Dated 8-1-77
Name of Physician James D. Black

FEMALE
Medical Examination Report Dated 7-12-77
Name of Physician Robert R. Kupecky

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin Middle Lee Last Stauch

Date of Birth: Month January Day 28 Year 1956

Place of Birth (State or foreign country): Tipton Ind.

Residence Address: Street or R. R. R.R 2 Box 397 City Plainfield County State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jacque L. Stauch
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara A. Merritt
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Kevin Lee Stauch
New Address RR2 Box 397 Plainfield Ind.

Subscribed and sworn to before me this 9 day of August, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Diana Middle Marie Last Shaner

Date of Birth: Month August Day 2 Year 1957

Place of Birth (State or foreign country) Indianapolis Marion Ind.

Residence Address: Street or R. R. 5539 Rue Royale # D City Tipton County State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Eugene Shaner
   Residence of father (if deceased so state) Muncie
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sally Mae Jordan
   Residence of mother (if deceased so state) deceased
   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 Diana Marie Shaner
New Address RR#2 Box 397 Plainfield Ind.

Subscribed and sworn to before me this 9 day of August, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of Aug., 19 77, authorizing the joining together as husband and wife Kevin Lee Stauch and Diana Marie Shaner

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Charles Noll hereby certify that on the 13 day of August, one thousand nine hundred and 77 at Brownsburg, County of Hendricks, State of Indiana, Groom Kevin Lee Stauch of Hendricks County, State of Indiana, and, Bride Diana Marie Shaner of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of August, 19 77

Signed Rev. Charles Noll
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of August, 19 77

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 299

File _____

Aug 11, 1977
Date of Application

MALE
Medical Examination Report Dated Aug 8, 1977
Name of Physician Kenneth L. Gray M.D.

FEMALE
Medical Examination Report Dated Aug 8, 1977
Name of Physician Kenneth L. Gray, 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 Garry Middle Robert Last Morgan

Date of Birth: Month July Day 15 Year 1955

Place of Birth (State or foreign country) Lebanon In.

Residence Address: Street or R. R. R#1 Box 184 City Pittsboro County _____ State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License #312-60-3881

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Robert Morgan
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Billie Jo Coshow
   Residence of mother (if deceased so state) Same
   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 Garry Robert Morgan
New Address 40 Smith St.

Subscribed and sworn to before me this 11 day of August, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Linda Middle Sue Last Maze

Date of Birth: Month 8 Day 11 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 6450 Columbine City Indianapolis County _____ State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elmer D. Maze
   Residence of father (if deceased so state) 6450 Columbine, Idpls, Ind
   Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Mayme Ruth Wallace
   Residence of mother (if deceased so state) 6450 Columbine, Idpls. Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda Sue Maze
New Address 40 Smith Street

Subscribed and sworn to before me this 19 day of Aug, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 19 *day of* August, 1977, *authorizing the joining together as husband and wife* Garry Robert Morgan *and* Linda Sue Maze.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Andrew P. Crawley *hereby certify that on the* 27 *day of* August, *one thousand nine hundred and* 77 *at* Speedway, *County of* Marion, *State of Indiana, Groom* Garry Robert Morgan *of* Hendricks *County, State of* Indiana *and, Bride* Linda Sue Maze *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 27 *day of* August, 19 77.

Signed Andrew P. Crawley
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 *day of* August, 19 77.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 300

File

_____ County

Aug 11 1977
Date of Application

MALE
Medical Examination Report Dated July 28, 1977
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated 7-28-77
Name of Physician L. H. Ellis 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 A. Last Conn

Date of Birth: Month 9 Day 14 Year 1956

Place of Birth (State or foreign country): Chicago Ill

Residence Address: Street or R. R. 410 N. Lincoln City Ln Arlington Heights County State Ill

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Illinois Dept of Law Enforcement #552510

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Claude A. Conn
   Residence of father (if deceased so state) 410 N. Lincoln Ln Arlington Heights, Ill
   Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother Dolores L. Krell
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x David A. Conn
New Address 800 W. Rand apt C401 Arlington Heights Ill

Subscribed and sworn to before me this 11 day of August, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 C. Last Pennington

Date of Birth: Month 8 Day 10 Year 1958

Place of Birth (State or foreign country): Lebanon In.

Residence Address: Street or R. R. RR #1 Box 165 City Lizton County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Alvin Pennington
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Vrena Clements
   Residence of mother (if deceased so state) Same
   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 Janice C. Pennington
New Address 800 W. Rand Apt C401 Arlington Heights Ill

Subscribed and sworn to before me this 11 day of Aug, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 15th day of August, 19 77, authorizing the joining together as husband and wife David A. Conn and Janice C. Pennington

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Charles Noll hereby certify that on the 20 day of August, one thousand nine hundred and 77 at Brownsburg, County of Hendricks, State of Indiana, Groom David A. Conn of Cook County, State of Illinois, and, Bride Janice Carol Pennington of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of August, 19 77.

Signed Rev. Charles Noll
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of August, 19 77.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

504

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

Hendricks County

No. 301
File 38
8-11-77
Date of Application

MALE
Medical Examination Report Dated 8-5-77
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 8-5-77
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 Jerry Middle Edward Last Strahm
Date of Birth: Month May Day 20 Year 1952
Place of Birth (State or foreign country) Decatur, Indiana
Residence Address: Street or R. R. RR 2 Box 566 City Indpls, County Hen. State Ind.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) #241

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Edward
   Residence of father (if deceased so state) RR 1 Decatur Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jean Eileen Oliver
   Residence of mother (if deceased so state) RR 1 Decatur, Indiana
   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 Jerry Edward Strahm
New Address RR #3 Box 566 Indpls Ind 46231

Subscribed and sworn to before me this 11 day of August, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Kathy Middle Lyn Last Bradley
Date of Birth: Month Feb. Day 18 Year 1956
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. RR 2 Box 471, City Indpls, County Hen., State Ind.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) # 1567

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Baker Bradley
   Residence of father (if deceased so state) RR 2 Box 471, Indpls, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joy Ann Bradley
   Residence of mother (if deceased so state) RR 2 Box 471, Indpls, Ind.
   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 Kathy Lyn Bradley
New Address R R 2 Box 566 Indpls, Ind.

Subscribed and sworn to before me this 11 day of August, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 15 *day of* August, 19 77, *authorizing the joining together as husband and wife* Terry Edward Strahm *and* Kathy Lynn Bradley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Howard W Beer *hereby certify that on the* 20 *day of* August, *one thousand nine hundred and* 77 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Terry Edward Strahm *of* Hendricks *County, State of* Indiana *and, Bride* Kathy Lynn Bradley *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 20 *day of* August, 19 77.

Signed Howard W. Beer
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 25 *day of* August, 19 77.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

505

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 302

HENDRICKS County

File

August 11, 1977 Date of Application

MALE
Medical Examination Report Dated 8-1-77
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 8-1-77
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Allen Middle Scott Last Hood

Date of Birth: Month April Day 17 Year 1954

Place of Birth (State or foreign country) Marion Co. Ind

Residence Address: Street or R. R. 506 Enderly Apt. 6 City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Scott Hood
   Residence of father (if deceased so state) Pennsylvania
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Pearl Imogene Johnson
   Residence of mother (if deceased so state) Indianapolis Ind.
   Birthplace of mother (State or foreign country) Anderson, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Allen Scott Hood

New Address 506 Enderly Apt 6. Brownsburg Ind

Subscribed and sworn to before me this 11 day of August, 19 77

Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, 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 Kay Last Jarrett

Date of Birth: Month March Day 22 Year 1949

Place of Birth (State or foreign country) Indianapolis Marion Co. Ind.

Residence Address: Street or R. R. 538 Enderly, Apt. 8 City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Sept. 1977

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) School Record

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Fletcher Clyde Ford
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Danville, Ind.
9. Full maiden name of mother Bessie Juanita Townsend
   Residence of mother (if deceased so state) Danville, Ind.
   Birthplace of mother (State or foreign country) Lebanon, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janice K. Jarrett

New Address 506 Enderly Brownsburg Ind

Subscribed and sworn to before me this 11 day of August, 19 77

Ellen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, 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 16 day of August, 19 77, authorizing the joining together as husband and wife Allen Scott Hood and Janice Kay Jarrett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Norman L Weaver hereby certify that on the 20 day of August, one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom Allen Scott Hood of Hendricks County, State of Indiana, and, Bride Janice Kay Jarrett of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 day of August, 19 77. Signed Norman L Weaver

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of August, 19 77

Signed Ellen M Harvey Clerk

HENDRICKS Circuit Court

506

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 303

File

_____ County

8-12-77
Date of Application

MALE
Medical Examination Report Dated 8-9-77
Name of Physician Glen Baker

FEMALE
Medical Examination Report Dated 8-9-77
Name of Physician Glen Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle L. Last Jones

Date of Birth: Month 11 Day 12 Year 1929

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R. R. 5 Box 124 City Danville County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Honorable Discharge

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ivan Hamilton Jones
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Myrtle Elva Fiscus
   Residence of mother (if deceased so state) deceased
   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 Jones

New Address 235 N. Adams Brownsburg Ind.

Subscribed and sworn to before me this 12 day of August, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Kathleen Middle Ann Last Morgan

Date of Birth: Month 4 Day 27 Year 1947

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 235 No. Adams City Brownsburg County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Retirement Plan Papers

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Forrest Grove Hoft
   Residence of father (if deceased so state) 3535 Pine Crest Rd, Indpls
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Rosemire Newkirk
   Residence of mother (if deceased so state) 3535 Pine Crest Rd, Indpls
   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 Kathleen A Morgan

New Address 235 N Adams

Subscribed and sworn to before me this 12 day of August, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 19 *day of* August, 1977, *authorizing the joining together as husband and wife* William L. Jones *and* Kathleen Ann Morgan

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William Charles McGraw *hereby certify that on the* 27 *day of* August, *one thousand nine hundred and* 77 *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* William Lawrence Jones *of* Hendricks *County, State of* Indiana *and, Bride* Kathleen Ann Morgan *of* Hendricks *County, State of* Indiana, *were by me united 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, 19 77.

Signed William Charles McGraw, Minister

Official Designation Pittsboro Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* August, 19 77.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

507

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 304

File 38

8-12-77
Date of Application

_____ County

MALE
Medical Examination Report Dated 8-3-77

Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 8-4-77

Name of Physician Eric D. Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Daniel Middle G. Last Gotts

Date of Birth: Month October Day 11 Year 1955

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. General Delivery, City Point Lookout, County _____ State Missouri

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Draft Status Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wm. Eugene Gotts, Sr.
   Residence of father (if deceased so state) 280 E. Main Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Naomi Ruth Williams
   Residence of mother (if deceased so state) Same
   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 Daniel G. Potts

New Address Box 97 Point Lookout, Mo.

Subscribed and sworn to before me this 12 day of Aug., 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Gwendolyn Middle L. Last Rowe

Date of Birth: Month May Day 23 Year 1947

Place of Birth (State or foreign country) Kennett Missouri

Residence Address: Street or R. R. General Delivery, City Point Lookout, County _____ State Missouri

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License # R158494982301362

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Freleu Junior Rowe
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Eradean Smith
   Residence of mother (if deceased so state) Doniphan, Missouri
   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 X Gwendolyn L. Rowe

New Address Box 97 Pt. Lookout, Mo.

Subscribed and sworn to before me this 12 day of Aug, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 12 day of August, 19 77, authorizing the joining together as husband and wife of Daniel G. Gotts and Gwendolyn L. Rowe

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, W. E. Gotts hereby certify that on the 13 day of August, one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom Daniel G. Gotts of Hendricks County, State of Indiana, and, Bride Gwendolyn L. Rowe of Ripley County, State of Missouri, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of August, 19 77. Signed W. E. Gotts

Official Designation Minister Evangelical Fellowship

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of August, 19 77.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

508

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 305

File

Aug. 15, 1977
Date of Application

_____ County

MALE
Medical Examination Report Dated 8-10-77
Name of Physician Lorin Martin

FEMALE
Medical Examination Report Dated 8-10-77
Name of Physician Lorin Martin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Dwain Last Smith

Date of Birth: Month Aug. Day 14 Year 1954

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 521 Beachway Dr. City Indpls. County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Smith
   Residence of father (if deceased so state) Tipton, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Roberta Zimmerman
   Residence of mother (if deceased so state) Tipton, In.
   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 ☒ Michael D. Smith
New Address RR #1 Box Trafalgar

Subscribed and sworn to before me this 15 day of Aug., 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Catherine Middle Ruth Last Luther

Date of Birth: Month July Day 8 Year 1953

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. RT 2 Box 58 City Indpls County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Clifford Luther
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Virginia Mullen
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Catherine R. Luther
New Address RR #1 Box Trafalgar

Subscribed and sworn to before me this 15 day of Aug., 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 19th *day of* August, 19 77, *authorizing the joining together as husband and wife* Michael Dwain Smith *and* Catherine Ruth Luther

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Lu Duane Mangold *hereby certify that on the* 20 *day of* August, *one thousand nine hundred and* 77 *at* Ben Davis, *County of* Marion, *State of Indiana, Groom* Michael Dwain Smith *of* Marion *County, State of* Indiana *and, Bride* Catherine Ruth Luther *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 20 *day of* August, 19 77.

Signed Lu Duane Mangold
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* Aigust, 19 77.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 306

File

_____ County

August 15, 1977
Date of Application

MALE
Medical Examination Report Dated 8-11-77
Name of Physician A. N. Sendler MD

FEMALE
Medical Examination Report Dated 8-11-77
Name of Physician A. N. Sendler MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle A. Last Ruhmann II

Date of Birth: Month May Day 11 Year 1952

Place of Birth (State or foreign country) Minneapolis Minn.

Residence Address: Street or R. R. RR # 2 Box 35A City Brownsburg County Hen State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Alan Ruhmann
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mary Ann Hasley
   Residence of mother (if deceased so state) Brownsburg Ind.
   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 A. Ruhmann II

New Address RR 2 Box 35A Brownsburg

Subscribed and sworn to before me this 15 day of August, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Jody Middle L. Last Hanson

Date of Birth: Month November Day 22 Year 1956

Place of Birth (State or foreign country) Minneapolis Minn.

Residence Address: Street or R. R. RR # 2 Box 35A City Brownsburg County Hen State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Sonja Rudolph Hanson
   Residence of father (if deceased so state) Minneapolis Minn.
   Birthplace of father (State or foreign country) South Dakota
9. Full maiden name of mother Jo Anne Elizabeth Moss
   Residence of mother (if deceased so state) Minneapolis Minn.
   Birthplace of mother (State or foreign country) Minnesota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this Application is true and correct.

Signed Jody L. Hanson

New Address RR 2 Box 35A

Subscribed and sworn to before me this 15 day of August, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....of Indiana dated the 9th day of August, 19 77, authorizing the joining together as husband and wife James A. Ruhmann II and Jody L. Hanson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, L. Wayne Smith hereby certify that on the 20th day of August, one thousand nine hundred and 77 at Rensselaer, County of Jasper, State of Indiana, Groom James A. Ruhmann II of Hendricks County, State of Indiana, and, Bride Jody L. Hanson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20th day of Aufust, 19 77. Signed L. Wayne Smith

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of August, 19 77

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 307

File

_____ County

Aug. 15, 1977
Date of Application

MALE
Medical Examination Report Dated 8-2-77

Name of Physician Wm. B. Kriel

FEMALE
Medical Examination Report Dated 8-2-77

Name of Physician Wm. B. Kriel

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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: Shields

Date of Birth — Month: July | Day: 2 | Year: 1958

Place of Birth (State or foreign country): Ind.

Residence Address — Street or R. R.: 84 N. Rd 500 E. | City: Danville | County: In. | State:

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☑
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Robert L Shields
   Residence of father (if deceased so state): Same
   Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Martha Jane Stewart
   Residence of mother (if deceased so state): deceased
   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 L. Shields

New Address: 5642 W. 44th St. Indpls.

Subscribed and sworn to before me this 15 day of Aug, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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: Frances | Last: Wells

Date of Birth — Month: July | Day: 10 | Year: 1958

Place of Birth (State or foreign country): Ind.

Residence Address — Street or R. R.: 1430 S. Muckley | City: Indpls | County: | State: In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Arthur F. Wells
   Residence of father (if deceased so state): Same
   Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Marianne O'Leary
   Residence of mother (if deceased so state): Same
   Birthplace of mother (State or foreign country): Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Mary Frances Wells

New Address: 5642 W. 44th St., Indpls

Subscribed and sworn to before me this 15 day of Aug, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 19 *day of* August, 1977, *authorizing the joining together as husband and wife* Ronald Lee Shields *and* Mary Frances Wells

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. John P. Elford hereby certify that on the 20 day of August, one thousand nine hundred and 77 at Indianapolis, County of Marion, State of Indiana, Groom Ronald Lee Shields of Hendricks County, State of Indiana, and, Bride Mary Frences Wells of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20 day of August, 19 77.

Signed Rev. John P. Elford

Official Designation Pastor, St. Joseph's Church

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of August, 19 77.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 308
File 38
8-15-77
Date of Application

MALE
Medical Examination Report Dated 8-15-77
Name of Physician Michael Neeley

FEMALE
Medical Examination Report Dated 8-15-77
Name of Physician Michael Neeley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 J. Last Birchler
Date of Birth: Month May Day 24 Year 1958
Place of Birth (State or foreign country): Tell City Co. Perry Ind
Residence Address: Street or R. R. 8 Todd Terrace City Danville County In. State

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ronald Birchler
   Residence of father (if deceased so state) 8 Todd Terrace Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Turley
   Residence of mother (if deceased so state) Same
   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 X Ronald J. Birchler
New Address 1201 W. Allen St. Bloomington In.

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 Patti Middle E. Last Purdy
Date of Birth: Month August Day 26 Year 1958
Place of Birth (State or foreign country): Indianapolis In.
Residence Address: Street or R. R. 908 Lincoln City Danville County In. State

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John L. Purdy
   Residence of father (if deceased so state) 908 Lincoln Danville, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia A. Jones
   Residence of mother (if deceased so state) Same
   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 Patti E. Purdy
New Address 1201 W. Allen St. Bloomington In.

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* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* August, 19 77, *authorizing the joining together as husband and wife* Ronald J. Birchler *and* Patti E. Purdy

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. George W. Coffin *hereby certify that on the* 20 *day of* August, *one thousand nine hundred and* 77, *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Ronald J. Birchler *of* Hendricks *County, State of* Indiana, *and, Bride* Patti E. Purdy *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 20 *day of* August, 19 77. *Signed* Rev. George W. Coffin
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* August, 19 77.
Signed Glenn M. Harsley *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 309

File

August 16, 1977
Date of Application

_____ County

MALE
Medical Examination Report Dated 8-10-77
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8-10-77
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 Richard Middle A. Last Fairfield

Date of Birth: Month August Day 17 Year 1955

Place of Birth (State or foreign country) Orlando Orange Florida

Residence Address: Street or R. R. 325 Valley Dr. City Plainfield County _____ State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Allen Fairfield
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rose Ellen Allen Chasi
   Residence of mother (if deceased so state) Plainfield Ind
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard A. Fairfield
New Address 75 Kohn Rd. Monrsville
Subscribed and sworn to before me this 16 day of August, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Lisa Middle Dawn Last Baker

Date of Birth: Month April Day 19 Year 1958

Place of Birth (State or foreign country) Linton Greene Ind

Residence Address: Street or R. R. 1420 Pierce Dr. City Plainfield County _____ State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Kent Baker
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Greene Co. Ind.
9. Full maiden name of mother Virginia Sue Donahue
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Greene Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lisa Dawn Baker
New Address 75 Kohn Rd. Monrsville
Subscribed and sworn to before me this 16 day of August, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 20th *day of* August, 19 77, *authorizing the joining together as husband and wife* Richard A. Fairfield *and* Lisa Dawn 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* 20 *day of* August, *one thousand nine hundred and* 77 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Richard A. Fairfield *of* Hendricks *County, State of* Indiana *and, Bride* Lisa Dawn 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* HENDRICKS *County.*

Dated this 20 *day of* August, 19 77

Signed R. Kent Allen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* August, 19 77.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 310

Hendricks County

File

8-17-77 Date of Application

MALE
Medical Examination Report Dated 8-15-77
Name of Physician M. Harvey Himelstein

FEMALE
Medical Examination Report Dated 8-15-77
Name of Physician M. Harvey Himelstein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kenneth Middle Jay Last May

Date of Birth: Month Feb. Day 21 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 5301 S. Whitehorse Rd. City Speedway County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Wray
   Residence of father (if deceased so state) Windsor, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nancy Fisher
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Kenneth J. May
New Address 5301 B White Horse Rd.

Subscribed and sworn to before me this 17 day of Aug., 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Vicki Middle Lynn Last Barnhart

Date of Birth: Month July Day 12 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 421 Murphy Dr. City Brownsburg County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald T. Barnhart
   Residence of father (if deceased so state) Dolphs, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Judith Ritter
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Vicki L. Barnhart
New Address 5301 B White Horse Rd

Subscribed and sworn to before me this 17 day of Aug, 19 77

.....Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....and filed

.....County.....Court by written order issued.....

in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....HENDRICKS.....Circuit Court of Indiana dated the 22 day of August, 19 77, authorizing the joining together as husband and wife Kenneth Jay May and Vicki Lynn Barnhart

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. W. Robert Fair hereby certify that on the 27 day of August, at Brownsburg, County of Hendirkcs, one thousand nine hundred and 77 State of Indiana, Groom Kenneth Jay May of Marion County, State of Indiana, and, Bride Vicki Lynn Barnhart of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22nd day of August, 19 77 Signed Rev. W. Robert Fair

Official Designation United Methodist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of September, 19 77

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

514

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 311

File _____

Aug. 17 1977
Date of Application

MALE
Medical Examination Report Dated 8-16-77
Name of Physician Joseph Kerlin M.D.

FEMALE
Medical Examination Report Dated 8-17-77
Name of Physician Joseph Kerlin 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 fal[illegible]tatement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle R. Last Henson

Date of Birth: Month May Day 10 Year 1960

Place of Birth (State or foreign country): Methodist Hosp. Marion Ind.
Residence Address: Street or R. R. 1180 Lincoln St. City Alexandria County [illegible] State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) #0164177 Indiana License with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James M. Henson
   Residence of father (if deceased so state) Indianapolis, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Margarette A. Thomas
   Residence of mother (if deceased so state) Indianapolis Ind.
   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 James R Henson
New Address 1180 Lincoln St
Subscribed and sworn to before me this 17 day of August, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Patty Middle Mae Last Stogsdill

Date of Birth: Month July Day 1 Year 1959

Place of Birth (State or foreign country): Lebanon Boone Ind.
Residence Address: Street or R. R. 1180 Lincoln City Alexandria County [illegible] State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers license with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kirshel Stogsdill
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Somerset Ky.
9. Full maiden name of mother Audrey Mae Burdine
   Residence of mother (if deceased so state) Denver Ind.
   Birthplace of mother (State or foreign country) London Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patty Mae Stogsdill
New Address 1180 Lincoln Street
Subscribed and sworn to before me this 17 day of August, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 30th day of Aug., 19 77, authorizing the joining together as husband and wife James R. Henson and Patty Mae Stogsdill
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Ralph E. Wade hereby certify that on the 27 day of September, one thousand nine hundred and 77 at Camby, County of Morgan, State of Indiana, Groom James Ricky Henson of Marion County, State of Indiana, and, Bride Patty Mae Stogsdill of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 27 day of October, 19 77.

Signed Rev. Ralph E. Wade
Official Designation Pastor, Fryendswood Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of October, 19 77.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

514

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 311

File _____

Aug. 17 1977
Date of Application

MALE
Medical Examination Report Dated 8-16-77
Name of Physician Joseph Kerlin M.D.

FEMALE
Medical Examination Report Dated 8-17-77
Name of Physician Joseph Kerlin M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle R. Last Henson

Date of Birth: Month May Day 10 Year 1960

Place of Birth (State or foreign country) Methodist Hosp. Marion Ind.

Residence Address: Street or R. R. 1185 Lincoln Ln. City Greenwood County _____ State Ind.

Previous Marital Status: Never Married ☐ OR ☑

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) #0164197 Drivers License with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "y
   compliance w
8. Full name
   Residence
   Birthplace
9. Full maid
   Residence
   Birthplace
   State of Ind
   County of....

Subscribed a

CONSENT
We, the par
signs, state

State of Ind
County of....

Subscribed a

COMPLE
in....

of Indian
Be it furt
I, ...
one thous
State of Indiana, Groom James Ricky Henson of Marion County, State of Indiana
and, Bride Patty Mae Stogsdill of Marion County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 27 day of October, 19 77.

Signed Rev. Ralph E. Wade
Official Designation Pastor, Bryandswood Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of October, 19 77.
Signed Ellen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Patty Middle Mae Last Stogsdill

Date of Birth: Month July Day 1 Year 1959

Place of Birth (State or foreign country) Lebanon Boone Ind.

Residence Address: Street or R. R. 1180 Lincoln City Greenwood County _____ State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers license with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

signs, state facts which render the consent of the other parent unnecessary....

signs, state facts which render the consent of the other parent unnecessary....

I, James M Henson, hereby give my consent for
my Son, James R. Henson to
marry Pattie J Stogsdill.

James M. Henson

Subscribed and sworn to before me this 29 day of Aug 1977

Notary Public

EXSPIRES 11-29-79

I, Marguarette Henson, hereby give my consent for
my Son, Rickey Henson to
marry Patti Stogsdill.

Marguarette Henson

Subscribed and sworn to before me this 17 day of Aug 1977

11-29-79
Notary Public

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 312

File

Hendricks County

Aug. 17 1977
Date of Application

MALE
Medical Examination Report Dated 8-13-77
Name of Physician Elmer L. Keck Md.

FEMALE
Medical Examination Report Dated 8-13-77
Name of Physician Elmer L. Keck, 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 Mark Middle Kevin Last Gardner

Date of Birth: Month May Day 16 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR#1 Box 37 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Ray Gardner
   Residence of father (if deceased so state) Indianapolis Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Mae Persinger
   Residence of mother (if deceased so state) Indianapolis, Ind.
   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 Mark Kevin Gardner

New Address RR#1 Box 37 Clayton Ind.

Subscribed and sworn to before me this 17 day of August, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Lana Middle Jo Last Anderson

Date of Birth: Month June Day 5 Year 1957

Place of Birth (State or foreign country) Indianapolis Marion Ind.

Residence Address: Street or R. R. RR#1 Box 19 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John E. Anderson
   Residence of father (if deceased so state) Clayton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary A. Anderson
   Residence of mother (if deceased so state) Clayton, Ind.
   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 Lana Jo Anderson

New Address RR 1 Box 37 Clayton, Indiana

Subscribed and sworn to before me this 17 day of August, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... , 19 77, authorizing the joining together as husband and wife of Indiana dated the 22 day of August and Lana Jo Anderson Mark Kevin Gardner

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Paul Taylor hereby certify that on the 27 day of August, County of Hendricks at Clayton County, State of Indiana one thousand nine hundred and 77 Mark Kevin Gardner of Hendricks County, State of Indiana, Groom and, Bride Lana Jo Anderson of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 27 day of August, 19 77. Signed Paul Taylor

Official Designation Minister, Fillmore U. M. Church

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Sept, 19 77

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 313

File

_____ County

Aug. 18, 1977
Date of Application

MALE
Medical Examination Report Dated July 22, 1977
Name of Physician Robert K. Sterling

FEMALE
Medical Examination Report Dated July 22, 1977
Name of Physician Robert K. Sterling

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle E. Last Archer

Date of Birth: Month December Day 22 Year 1954

Place of Birth (State or foreign country): Indianapolis Marion Ind

Residence Address: 138 Spring St. Plainfield Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 13971

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Cecil Archer
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Charlotte Lu Bee Bauer
   Residence of mother (if deceased so state) Indianapolis Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Thomas E. Archer
New Address 928 Walton Dr. Plainfield
Subscribed and sworn to before me this 18 day of August, 19 77
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Cheri Middle A. Last Dean

Date of Birth: Month November Day 8 Year 1960

Place of Birth (State or foreign country): Indianapolis Marion Ind.

Residence Address: 928 Walton Dr Plainfield Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 113-60-09813 8

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John R. Dean
   Residence of father (if deceased so state) Plainfield, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Peggy L. Friel
   Residence of mother (if deceased so state) Plainfield Ind.
   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 Cheri A. Dean
New Address 928 Walton Dr. Plainfield
Subscribed and sworn to before me this 18 day of August, 19 77
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, 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 age and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 18 *day of* August, 19 77, *authorizing the joining together as husband and wife* Thomas A. Archer *and* Cheri A. Dean

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Sara E. Horad *hereby certify that on the* 19 *day of* August, *one thousand nine hundred and* 77 *at* Mooresville, *County of* Morgan, *State of Indiana, Groom* Thomas E. Archer *of* Hendricks *County, State of* Indiana *and, Bride* Cheri A. Dean *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19 *day of* August, 19 77.

Signed Sara E. Horad

Official Designation Town Judge

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* August, 19 77

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 313

File _____

Aug 18, 1977
Date of Application

MALE
Medical Examination Report Dated July 22, 1977
Name of Physician Robert K. Sterling

FEMALE
Medical Examination Report Dated July 22, 1977
Name of Physician Robert K. Sterling

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle E. Last Archer

Date of Birth: Month December Day 22 Year 1954

Place of Birth (State or foreign country) Indianapolis Marion Ind

Residence Address: Street or R. R. 138 Spring St. City Plainfield County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 13971

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Archer
   Residence of father (if deceased so state) Clayton Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carlotta La Rue Bauer
   Residence of mother (if deceased so state) Indianapolis Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas E. Archer
New Address 928 Walton Dr Plainfield
Subscribed and sworn to before me this 18 day of August, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Cheri Middle A. Last Dean

Date of Birth: Month November Day 8 Year 1960

Place of Birth (State or foreign country) Indianapolis Marion Ind

Residence Address: Street or R. R. 928 Walton Dr City Plainfield County Hendricks State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 113-60-098138

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John R. Dean
   Residence of father (if deceased so state) Plainfield Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Peggy L. Fruel
   Residence of mother (if deceased so state) Plainfield Ind.
   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 Cheri A. Dean
New Address 928 Walton Dr. Plainfield
Subscribed and sworn to before me this 18 day of August, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana :SS
County of Hendricks

I, PEGGY W. DEAN, hereby give my consent for my daughter, Cheri Annette Dean to marry Thomas Carl Archer.

Peggy Lou Dean

subscribed and sworn to before me this 17 day of Aug. 19 77

My comm. exp. 7-11-78

Frances L. Drake
Notary Public

...PARENT OR GUARDIAN

...age. If only one parent
...cessary.....
.....
.....
.....Father
.....Mother
....., 19.....
.....Clerk

...named parties, the
...and age and filed

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 18 *day of* August, 19 77, *authorizing the joining together as husband and wife* Thomas A. Archer *and* Cheri A. Dean

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Sara E. Horad *hereby certify that on the* 19 *day of* August, *one thousand nine hundred and* 77 *at* Mooresville, *County of* Morgan, *State of Indiana, Groom* Thomas E. Archer *of* Hendricks *County, State of* Indiana *and, Bride* Cheri A. Dean *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICK *County.*

Dated this 19 *day of* August, 19 77.

Signed Sara E. Horad
Official Designation Town Judge

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* August, 19 77

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 314

File

Hendricks County

Aug. 18, 1977
Date of Application

MALE
Medical Examination Report Dated 8-13-77
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 8-15-77
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 Lee Last Dick

Date of Birth: Month J. Day 7 Year 1952

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 204 W. North. City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Orrin Earl Dick
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara Haley
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David L. Dick
New Address 204 W. North St. Plfd.

Subscribed and sworn to before me this 18 day of Aug. 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Ann Last Bryant

Date of Birth: Month April Day 4 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 837 Walton. City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph Ly Bryant
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Martha V. Niedenbergur
   Residence of mother (if deceased so state) Same
   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 Debra Ann Bryant
New Address 204 W. North St Plfd

Subscribed and sworn to before me this 18 day of Aug. 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... and filed ..... County ..... Court by written order issued ..... in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of August, 19 77, authorizing the joining together as husband and wife David Lee Dick and Debra Ann Bryant

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald F. McMahan hereby certify that on the 27 day of August, one thousand nine hundred and 77 at Plainfield, County of Hendricks, State of Indiana, Groom David Lee Dick of Hendricks County, State of Indiana, and, Bride Debra Ann Bryant of Hendricks County, State of Indiana, were by me united 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, 19 77. Signed Donald F. McMahan, DD

Official Designation United Methodist Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of August, 19 77.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 315

File

_____ County

August 19 1977
Date of Application

MALE
Medical Examination Report Dated 8-15-77
Name of Physician Edward Dykstra MD.

FEMALE
Medical Examination Report Dated 8-15-77
Name of Physician Edward Dykstra, MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Wayne Last Stafford

Date of Birth: Month August Day 12 Year 1958

Place of Birth (State or foreign country) Dayton Ohio

Residence Address: 10158 Allisonville Rd. Indianapolis In.
Street or R. R. City County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Stafford
   Residence of father (if deceased so state) Indianapolis Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Bettie Hart
   Residence of mother (if deceased so state) Indianapolis Ind.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael Wayne Stafford

New Address USMC

Subscribed and sworn to before me this 19 day of August, 19 77

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Kelly Middle Lynn Last Martin

Date of Birth: Month January Day 14 Year 1959

Place of Birth (State or foreign country) Lebanon Boone Ind.

Residence Address: RR#1 Box 53 Danville Ind.
Street or R. R. City County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Frederick Martin
   Residence of father (if deceased so state) Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra Kay Harvey
   Residence of mother (if deceased so state) Indiana (Danville)
   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 Kelly Lynn Martin

New Address RR 1 Box 53 Danville, In.

Subscribed and sworn to before me this 19 day of August, 19 77

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Warner and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* August, 19 77, *authorizing the joining together as husband and wife* Michael Wayne Stafford *and* Kelly Lynn Martin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Mark F. & Elaine R. Fulp *hereby certify that on the* 20 *day of* August, *one thousand nine hundred and* 77 *at* Avon Christian Church, *County of* Hendricks, *State of Indiana, Groom* Michael Wayne Stafford *of* Marion *County, State of* Indiana *and, Bride* Kelly Lynn Martin *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 20 *day of* August, 19 77.

Signed Mark F. Fulp & Elaine R. Fulp

Official Designation Associate Ministers

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* August, 19 77.

Signed Glen M Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 316
File 38
8-23-77
Date of Application

MALE
Medical Examination Report Dated Aug. 16, 1977
Name of Physician G. M. Sinkovic

FEMALE
Medical Examination Report Dated 8-16-77
Name of Physician G. M. Sinkovic

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joseph Middle E. Last Bumgarner

Date of Birth: Month May Day 24 Year 1950

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. 120 Sheffield Dr. City Danville County Indiana State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Edwin Bumgarner
   Residence of father (if deceased so state) 5124 N. Beech Dr. Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Louise Crossland
   Residence of mother (if deceased so state) Same
   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 Joseph Edwin Bumgarner
New Address 1141 N. Mickley
Subscribed and sworn to before me this 23 day of Aug, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Dawn Middle Q. Last Wulber

Date of Birth: Month December Day 20 Year 1946

Place of Birth (State or foreign country) Gatesville Ind.

Residence Address: Street or R. R. 1141 N. Mickley City Indianapolis County In. State

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Michael Brican Whitis
   April Dawn Whitis

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ralph Orville Wulber
   Residence of father (if deceased so state) 46 Metanard Rd. Brookville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Vivian Vail
   Residence of mother (if deceased so state) Same
   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 Dawn Roberta (Whitis) Wulber
New Address 1141 N. Mickley
Subscribed and sworn to before me this 23 day of Aug, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 31 day of Aug, 19 77, authorizing the joining together as husband and wife Joseph E. Bumgarner and Dawn Q Wulber

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Richard E. Hamilton hereby certify that on the 2 day of September, one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom Joseph Edwin Bumgarner of Hendricks County, State of Indiana, and, Bride Dawn Roberta Wulber of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of September, 19 77. Signed Richard E. Hamilton
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of September, 19 77
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 317
File 38
8-23-77
Date of Application

MALE
Medical Examination Report Dated 8-22-77
Name of Physician R. L. Veach

FEMALE
Medical Examination Report Dated 8-22-77
Name of Physician R. L. Veach

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Larry Middle R. Last Henderson
Date of Birth: Month June Day 6 Year 1952
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R. R. RR 8 Bx 372 City Indianapolis County In. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Driver's License # 0368033

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Wayne Henderson
   Residence of father (if deceased so state) RR 8, Bx 372 Indianapolis, In
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Pearl Elsie Knight
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Larry R Henderson
New Address RR 8 Box 372 Indy
Subscribed and sworn to before me this 23 day of Aug., 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Madge Middle E. Last Carlton
Date of Birth: Month June Day 15 Year 1957
Place of Birth (State or foreign country) In.
Residence Address: Street or R. R. RR 8 Bx 372 City Indianapolis County In State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Oakley Carlton
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Martha Elizabeth Monnett
   Residence of mother (if deceased so state) RR 1 Fillmore, In.
   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 Madge E Carlton
New Address RR 8 Box 372 Indianapolis, In
Subscribed and sworn to before me this 23 day of Aug., 19 77
Glen M Harvey Clerk HENDRIC Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 27th *day of* August, *19* 77, *authorizing the joining together as husband and wife* Larry R. Henderson *and* Madge E. Carlton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Roy A. Shuck *hereby certify that on the* 27th *day of* August, *one thousand nine hundred and* 77 *at* Greencastle, *County of* Putnam, *State of Indiana, Groom* Larry R. Henderson *of* Hendricks *County, State of* Indiana *and, Bride* Madge E. Carlton *of* Hendricks *County, State of* Indiana, *were by me united 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, *19* 77.

Signed Roy A. Shuck
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* October, *19* 77.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 318

File

_____ County

8-23-77
Date of Application

MALE
Medical Examination Report Dated 8-17-77
Name of Physician Wm. Edwards Md.

FEMALE
Medical Examination Report Dated 8-17-77
Name of Physician Wm. Edwards 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 Forest Middle R. Last Whitaker

Date of Birth: Month February Day 24 Year 1918

Place of Birth (State or foreign country) Putnam Co. Ind.

Residence Address: Street or R. R. 11080 W. Wash. St. City Indpls. County _____ State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1977 - Hend.

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Voters Reg # 9542

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Andrew Jackson Whitaker
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Paragon In.
9. Full maiden name of mother Cora Ella Lewis
   Residence of mother (if deceased so state) Deceased
   Birthplace of mother (State or foreign country) Cloverdale Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Forest R. Whitaker
New Address 11080 W. Washington St

Subscribed and sworn to before me this 23rd day of August, 19 77

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Rowena Middle M. Last Highsmith

Date of Birth: Month June Day 4 Year 1948

Place of Birth (State or foreign country) Putnam Co. Ind.

Residence Address: Street or R. R. RR#2 City Cloverdale County _____ State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Highsmith
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Maggie O'Connor
   Residence of mother (if deceased so state) Deceased
   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 Rowena M. Highsmith
New Address 11080 West Washington St. Indianapolis Ind.

Subscribed and sworn to before me this 23rd day of August, 19 77

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....of Indiana dated the 27 day of Aug, 1977, authorizing the joining together as husband and wife Forest R. Whitaker and Rowena M. Highsmith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David B. Johnson hereby certify that on the 27 day of August, one thousand nine hundred and 77 at Donna's Nursing Home, County of Putnam, State of Indiana, Groom Forest R. Whitaker of Hendricks County, State of Indiana, and, Bride Rowena M. Highsmith of Putnam County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27 day of August, 19 77

Signed David B. Johnson

Official Designation Pastor, Grace Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of August, 19 77

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 319

File _____

Aug 23-1977
Date of Application

MALE
Medical Examination Report Dated 8-18-77
Name of Physician Robert W. Louden

FEMALE
Medical Examination Report Dated 8-20-77
Name of Physician George W. Sellers

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Douglas Middle L. Last Brumfield

Date of Birth: Month 12 Day 7 Year 1949

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 335 West Ash St. City Zionsville County State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wm. Bryan Brumfield
   Residence of father (if deceased so state) 6402 E. 44th Place, Indpls. Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Charlotte Helen Fields
   Residence of mother (if deceased so state) 6402 E. 44th Place, Indpls, Ind
   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 Douglas L Brumfield
New Address 335 West Ash St. Zionsville Ind
Subscribed and sworn to before me this 23rd day of August, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Melia Middle L. Last McMurray

Date of Birth: Month 10 Day 9 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R.R. 2 Box 656, City Indianapolis, County, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Floyd McMurray
   Residence of father (if deceased so state) R.R. 2 Box 656, Indpls. Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Juanita Groane Lewis
   Residence of mother (if deceased so state) R.R. 2 Box 656, Indpls. Ind
   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 Melia L McMurray
New Address 335 West Ash Street, Zionsville, IN
Subscribed and sworn to before me this 23rd day of August, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 2 *day of* September, 19 77, *authorizing the joining together as husband and wife* Douglas L Brumfield *and* Melia L McMurray
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, E. Alonzo Deckard *hereby certify that on the* 2 *day of* September, *one thousand nine hundred and* 77 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Douglas L Brumfield *of* Boone *County, State of* Indiana *and, Bride* Melia L McMurray *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 2 *day of* September, 19 77.

Signed E. Alonzo Deckard
Official Designation Judge, Pro-Tempore

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* September, 19 77.

Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 320

File

Aug 23 1977
Date of Application

_____ County

MALE
Medical Examination Report Dated 8-22-1977
Name of Physician Elmer L. Koch

FEMALE
Medical Examination Report Dated 8-22-1977
Name of Physician Elmer L. Koch

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Dean Last Johnson

Date of Birth: Month 9 Day 27 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 223 N. Rd. 300E. City Danville County _____ State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paris Calvin Johnson
   Residence of father (if deceased so state) R.R.3 Box 303, Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bonnie Jean Graham
   Residence of mother (if deceased so state) R.R.3 Box 303, Danville, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Michael D. Johnson

New Address _____

Subscribed and sworn to before me this 23 day of Aug, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Denise Middle Ann Last Thornberry

Date of Birth: Month 2 Day 25 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 223 N. Rd. 300 E. City Danville County _____ State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Leon Thornberry
   Residence of father (if deceased so state) 5906 E. 25 St, Speedway, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Annabelle Little
   Residence of mother (if deceased so state) 43 So. Audubon Rd, Apple Ind
   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 Denise A. Thornberry

New Address _____

Subscribed and sworn to before me this 23 day of Aug, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 26 day of Aug., 19 77, authorizing the joining together as husband and wife Michael Dean Johnson and Denise Ann Thornberry

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Stump hereby certify that on the 27 day of August, one thousand nine hundred and 77 at Indianapolis, County of Marion, State of Indiana, Groom Michael Dean Johnson of Hendricks County, State of Indiana, and, Bride Denise Ann Thornberry of Hendricks County, State of Indiana, were by me united 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, 19 77 Signed Dr. Joseph D. Stump

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Ruqust, 19 77

Signed Glen M Harvey Clerk HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 321

File _____

Aug 24, 1977
Date of Application

MALE
Medical Examination Report Dated 8-18-77
Name of Physician Wm. Edwards Md

FEMALE
Medical Examination Report Dated 8-18-77
Name of Physician Wm Edwards 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 Ronnie Middle _____ Last Crawford

Date of Birth: Month February Day 4 Year 1950

Place of Birth (State or foreign country) Jeffersonville Ind.

Residence Address: Street or R. R. 615 W Fairway Rd. City Indpls. County _____ State 46234

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Armed Forces ID

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Johnathan Ray Crawford
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John C. Crawford
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Mt Sinai, Ky.
9. Full maiden name of mother Edith Ollie
   Residence of mother (if deceased so state) Indianapolis In.
   Birthplace of mother (State or foreign country) Manchester, Ky.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Ronnie Crawford

New Address 615 Marion Rd Dr

Subscribed and sworn to before me this 24 day of August, 19 77

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Kathryn Middle E. Last Edie

Date of Birth: Month September Day 19 Year 1955

Place of Birth (State or foreign country) Marion County Ind

Residence Address: Street or R. R. 541 Marion City Plainfield County _____ State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Out Patient Card - Hospital

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John C. Edie
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Georgiann English
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Kathryn E. Edie

New Address 615 Marion Rd

Subscribed and sworn to before me this 24 day of August, 19 77

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 29 *day of* August, 19 77, *authorizing the joining together as husband and wife* Ronnie Crawford *and* Kathryn E Edie

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev James Gainting *hereby certify that on the* 3 *day of* Sept., *one thousand nine hundred and* 77 *at* HENDRICKS Calainfield, *County of* HENDRICKS, *State of Indiana, Groom* Ronnie Crawford *of* [illegible] Marion *County, State of* Indiana *and, Bride* Kathryn E Edie *of* HENDRICKS *County, State of* Indiana, *were by me united 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 77.

Signed Rev. James Gainting

Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* Sept., 19 77.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 322
File 38
8-24-77
Date of Application

MALE
Medical Examination Report Dated 8-23-77
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 8-23-77
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 Roger, Middle K., Last Berlin
Date of Birth: Month December, Day 21, Year 1955
Place of Birth (State or foreign country): Indianapolis, Ind.
Residence Address: Street or R. R. 100 Masten, City Plainfield, County, State In.
Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Scott Edward Berlin
   (Child adopted by 1st wife's 2nd husband)
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles D. Berlin
   Residence of father (if deceased so state) RR 3 Bx 64 Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Frances I. White
   Residence of mother (if deceased so state) Deceased
   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 Roger K Berlin
New Address 100 Masten Plainfield In.

Subscribed and sworn to before me this 24 day of Aug., 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Vicki, Middle Sue, Last Jewell
Date of Birth: Month August, Day 18, Year 1955
Place of Birth (State or foreign country): Louisville, Jefferson County, Kentucky
Residence Address: Street or R. R. 100 Masten, City Plainfield, County, State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Shirley Roscoe Jewell
   Residence of father (if deceased so state) East St. Bloomington, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Dora Mae Nicley
   Residence of mother (if deceased so state) Same
   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 Vicki Sue Jewell
New Address 100 Masten St. Plainfield Ind.

Subscribed and sworn to before me this 24 day of Aug., 19 77.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 77, *authorizing the joining together as husband and wife* Roger K Berlin *and* Vicki Sue Jewell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marc S Hays *hereby certify that on the* 24 *day of* September, *one thousand nine hundred and* 77 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Roger K Berlin *of* Hendricks *County, State of* Indiana, *and, Bride* Vicki Sue Jewell *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 24 *day of* Sept., 19 77. *Signed* Marc S Hays
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* October, 19 77
Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 323

File _____

Aug. 25 1977
Date of Application

MALE
Medical Examination Report Dated 8-22-77
Name of Physician Wm. A. Edwards

FEMALE
Medical Examination Report Dated 8-11-77
Name of Physician Wm. A. 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 Justin Middle Young Last Dorsey

Date of Birth: Month Aug Day 28 Year 1958

Place of Birth (State or foreign country): Lebanon In

Residence Address: Street or R. R. R. R. #2 Box 177 City Danville County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Oldham Young Dorsey
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary Eileen Smith
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Waveland, Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Justin Y. Dorsey
New Address 301½ W Main Danville

Subscribed and sworn to before me this 25 day of Aug, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Ann Last Fowler

Date of Birth: Month Nov. Day 6 Year 1956

Place of Birth (State or foreign country): Lebanon In.

Residence Address: Street or R. R. 269 E. Rd. 150 South City Danville County _____ State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Allen Fowler
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Naomi Evelyn Boles
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Martinsville, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judith A. Fowler
New Address 301½ W. Main St. Danv.

Subscribed and sworn to before me this 25 day of Aug, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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, 1977, *authorizing the joining together as husband and wife* Justin Young Dorsey *and* Judith Ann Fowler

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. H. Cliff Davis *hereby certify that on the* 3 *day of* Sept., *one thousand nine hundred and* 77 *at* Danville, *County of* Hendricks *State of Indiana, Groom* Justin Young Dorsey *of* Hendricks *County, State of* Indiana *and, Bride* Judith Ann Fowler *of* Hendricks *County, State of* Indiana, *were by me united 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 77.

Signed Rev. H. Cliff Davis
Official Designation Minister, Hillcrest Baptist Ch

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* Sept., 19 77.

Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 324
File 8-26-77
38
Date of Application

MALE
Medical Examination Report Dated 8-24-77
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 8-24-77
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 Donald Middle W. Last Allen, Jr.
Date of Birth: Month May Day 14 Year 1955
Place of Birth (State or foreign country) Martinsville In
Residence Address: Street or R. R. RR 2 City Clayton County State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald W. Allen, Sr.
   Residence of father (if deceased so state) RR 2 Clayton, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patsy Ann Hall
   Residence of mother (if deceased so state) Same
   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 Donald Wallen
New Address 210 WAYSIDE DR.

Subscribed and sworn to before me this 26 day of Aug., 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Gayla Middle Marie Last Sutton
Date of Birth: Month August Day 29 Year 1958
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: 224 Holiday Dr. Street or R. R. Plainfield City County State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Carter Sutton
   Residence of father (if deceased so state) Lizton, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Judith Marlene James
   Residence of mother (if deceased so state) 224 Holiday Dr. Plainfield, In.
   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 Gayla Sutton
New Address 210 Wayside Dr.

Subscribed and sworn to before me this 26 day of Aug., 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26 day of September, 1977, authorizing the joining together as husband and wife Donald W. Allen, Jr. and Gayla Marie Sutton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dannie L. Adams hereby certify that on the 17 day of September, one thousand nine hundred and 77 at Hazelwood, County of Hendricks, State of Indiana, Groom Donald W. Allen of Hendricks County, State of Indiana, and, Bride Gayla M. Sutton of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17 day of September, 19 77. Signed Dannie L. Adams, Minister
Official Designation Minister of Christ's Church

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of September, 19 77.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 325
File 38
8-26-77
Date of Application

MALE
Medical Examination Report Dated 8-26-77
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8-26-77
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 Thomas Middle G. Last Hanley
Date of Birth: Month March Day 16 Year 1951
Place of Birth (State or foreign country): Chicago Illinois
Residence Address: 2706 N. Mildred Street or R. R. City Chicago County Ill. State

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Patrick Hanley
   Residence of father (if deceased so state) 11113 Ave, G. Chicago, Ill.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mary Anne Rigney
   Residence of mother (if deceased so state) Same
   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 x Thomas G Hanley
New Address 2644 N Wilton Chgo

Subscribed and sworn to before me this 26 day of Aug., 19 77.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Nancy Middle L. Last White
Date of Birth: Month August Day 24 Year 1953
Place of Birth (State or foreign country): St. Joseph Missouri
Residence Address: 1011 Cambridge Dr. Street or R. R. City Plainfield, In. County State

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Lee White
   Residence of father (if deceased so state) 1011 Cambridge Dr. Plainfield, In.
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Mary Margaret Stamps
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Nancy L White
New Address 2644 N. Wilton, Chicago Ill 60614

Subscribed and sworn to before me this 26 day of August, 19 77.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 31 *day of* Aug, 19 77, *authorizing the joining together as husband and wife* Thomas G Hanley *and* Nancy L White.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Gerald T Floyd *hereby certify that on the* 24 *day of* September, *one thousand nine hundred and* 77 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Thomas Gerard Hanley *of* Cook *County, State of* Illinois, *and, Bride* Nancy Lee White *of* Cook *County, State of* Illinois, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 24 *day of* September, 19 77.

Signed Gerald T Floyd
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* October, 19 77.

Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 326

File

Hendricks County

Aug 29 1977
Date of Application

MALE
Medical Examination Report Dated Aug 24, 1977
Name of Physician K. D. Marshall

FEMALE
Medical Examination Report Dated 8-24-77
Name of Physician K. D. Marshall

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Willard Middle Eugene Last Johnson

Date of Birth: Month 11 Day 12 Year 1951

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 1635 Hawthorne City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Mark Aaron Johnson
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Claud Hubert Johnson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Dorothy Ellen Selby
   Residence of mother (if deceased so state) R.R. 1 Box 141, Pittsboro
   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 x Willard E. Johnson

New Address 351 Lisa Lane Rt 1 Plfd. Ind.

Subscribed and sworn to before me this 26 day of Aug, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Eleanor Middle Louise Last Phillips

Date of Birth: Month 4 Day 4 Year 1939

Place of Birth (State or foreign country) Mass

Residence Address: Street or R. R. 4123 Creekway City Indianapolis County Mar State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard D. Dalloff
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) R. I.
9. Full maiden name of mother Dorothy B. Cabelus
   Residence of mother (if deceased so state) Dayton, Ohio
   Birthplace of mother (State or foreign country) Conn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Eleanor L. Phillips

New Address 351 Lisa Lane Rt 1, Plfd. Ind.

Subscribed and sworn to before me this 26 day of Aug, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 2 day of September, 19 77, authorizing the joining together as husband and wife Willard E. Johnson and Eleanor L. Phillips

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, E. Alonzo Weckard hereby certify that on the 2 day of September, one thousand nine hundred and 77, at Danville, Hendricks County, State of Indiana, State of Indiana, Groom Willard E. Johnson of Hendricks County, State of Indiana, and, Bride Eleanor L. Phillips of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of September, 19 77.

Signed E. Alonzo Weckard

Official Designation Judge, Circ. - Tempore

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of September, 19 77.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 327
File 38
8-29-77
Date of Application

MALE
Medical Examination Report Dated 8-24-77
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 8-24-77
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 Rodney Middle Allen Last Cafouras

Date of Birth: Month March Day 16 Year 1956

Place of Birth (State or foreign country): Marion Co., Indiana

Residence Address: Street or R. R. 674 Mill St, City Danville, County Hen, State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George John Cafouras
   Residence of father (if deceased so state) R 2 Box 56, Danville, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Ann Tuax
   Residence of mother (if deceased so state) 8054 W. 82nd, Indpls, Ind.
   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 Rodney Cafouras
New Address 674 W Mill St Danville
Subscribed and sworn to before me this 29 day of August, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

FEMALE APPLICANT

Name: First Cynthia Middle _____ Last Harman

Date of Birth: Month June Day 6 Year 1956

Place of Birth (State or foreign country): Tazewell Co., Virginia

Residence Address: Street or R. R. 674 Mill St., City Danville, County Hen, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Diana Sue Harman

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Howard Harman
   Residence of father (if deceased so state) Box 164, Stilesville, Ind.
   Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Norma Jean Brewer
   Residence of mother (if deceased so state) Box 164, Stilesville, Ind.
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cynthia Harman
New Address 674 W Mill St. Danville Ind.
Subscribed and sworn to before me this 29 day of August, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 29th *day of* August, *19*77, *authorizing the joining together as husband and wife* Rodney Allen Cofouras *and* Cynthia Harman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 29 *day of* August, *one thousand nine hundred and* 77 *at* Danville, *County of* Geddricks, *State of Indiana, Groom* Rodney Allen Cafouras *of* Hendricks *County, State of* Indiana *and, Bride* Cynthia Harman *of* Hendricks *County, State of* Indiana, *were by me united 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*77.

Signed John C. Mowrer
Official Designation JUdge, Hendricks County Court

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* August, *19*77.

Signed Glen M Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 328
File 38

_____ County

Aug 29 1977
Date of Application

MALE
Medical Examination Report Dated Aug 26, 1977
Name of Physician John J. Millin

FEMALE
Medical Examination Report Dated Aug 26, 1977
Name of Physician John J. Millin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ricky Middle D. Last Shumar
Date of Birth: Month Oct. Day 9 Year 1957
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 1746 Orchid Ct. City Indpls. County State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree #57-263688
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Archie Jr. Shumar
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lorena M. ?
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this Application is true and correct.

Signed Ricky G Shumar
New Address _____

Subscribed and sworn to before me this 29 day of Aug, 19 77
Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, 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 D. Last Martin
Date of Birth: Month Dec Day 29 Year 1958
Place of Birth (State or foreign country) Franklin In.
Residence Address: Street or R. R. RR #1 Box 121 City N. Salem, In. County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) # 34001513

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Peter G. Martin
   Residence of father (if deceased so state) Indiana 1121 Hillview Franklin
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Audrey J. Carr
   Residence of mother (if deceased so state) RR #1 Box 121 N. Salem, In
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this Application is true and correct.

Signed Patricia D Martin
New Address 5717 D Wilbeck Ct. Indianapolis, Ind.

Subscribed and sworn to before me this 29 day of Aug, 19 77
Glenn M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, 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 2 day of Septembus, 19 77, authorizing the joining together as husband and wife Ricky G. Shumar and Patricia D. Martin
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Father Mark Weaver hereby certify that on the 3 day of Sept. at Indianapolis County of Marion, one thousand nine hundred and 77 State of Indiana, Groom Richard G. Shumar of Marion County, State of Indiana, and, Bride Patricia D. Martin of HENDRICKS County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 3 day of Sept., 19 77. Signed Father Mark Weaver OFM Conv
Official Designation Associate Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Sept., 19 77.
Signed Glenn M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 329

File _____

Aug. 29 1977
Date of Application

MALE
Medical Examination Report Dated 8-29-77
Name of Physician Michael McNeely

FEMALE
Medical Examination Report Dated 8-29-77
Name of Physician Michael McNeely

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle Lee Last Hufford

Date of Birth: Month May Day 31 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 67 Grunhills Dr. City Brownsburg County _____ State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Floyd Wm. Hufford
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Donna Agan
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Timothy L. Hufford
New Address 127½ Center St. Plfd.

Subscribed and sworn to before me this 29 day of Aug., 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Floyd Wm. Hufford Father
Signed Donna L. Hufford Mother

Subscribed and sworn to before me this 29th day of Aug., 19 77

Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Sue Middle Ann Last Ashby

Date of Birth: Month Oct Day 21 Year 1959

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 67 Grunhills Dr. City Brownsburg County _____ State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) school record

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wm D. Ashby
   Residence of father (if deceased so state) Rt 2 Box 66Y Brownsburg Ind.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Lois McDaniel
   Residence of mother (if deceased so state) 206 Court St. Anderson, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sue A Ashby
New Address 127½ Center St Plfd

Subscribed and sworn to before me this 29 day of Aug., 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

parents are divorced

State of Indiana, County of HENDRICKS } ss:

Signed Wilson G Ashby Father
Signed X Mother

Subscribed and sworn to before me this 29 day of Aug., 19 77

Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2nd *day of* September, 1977, *authorizing the joining together as husband and wife* Timothy Lee Hufford *and* Sue Ann Ashby

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John Caldwell hereby certify that on the 4 day of Sept., one thousand nine hundred and 77 at Avon, County of HENDRICKS, State of Indiana, Groom Timothy L Hufford of HENDRICKS County, State of Indiana, and, Bride Sue Ann Ashby of HENDRICKS County, State of Indiana, were by me united 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 77.

Signed John Caldwell
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of Sept., 19 77.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 330

File 38

_____ County

Date of Application

MALE
Medical Examination Report Dated 8-26-77
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8-26-77
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 Orval, Middle Jean, Last Lebo
Date of Birth: Month December, Day 11, Year 1929
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. RR 1 Bx 338, City Bloomington, County, State In.
Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Orval Lebo
   Residence of father (if deceased so state) RR 1 Bx 338 Bloomington, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pansy Mc Corkey
   Residence of mother (if deceased so state) St. Louis, Missouri
   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 Orval Jean Lebo
New Address 161 So 450 E Danville

Subscribed and sworn to before me this 29 day of Aug., 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this ____ day of ____, 19____
_____ Clerk

FEMALE APPLICANT

Name: First Shirley, Middle Lee, Last Adamson
Date of Birth: Month November, Day 25, Year 1931
Place of Birth (State or foreign country) Plainfield, Ind.
Residence Address: Street or R. R. 161 S. Road 450 East, City Danville, County, State In.
Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elmer Stephenson
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sylvia Boffo
   Residence of mother (if deceased so state) 175. main Danville, In.
   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 Shirley Lee Adamson
New Address 161 So. Rd. 450 E. Danville Ind.

Subscribed and sworn to before me this 29 day of Aug., 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 2nd day of Sept, 19 77, authorizing the joining together as husband and wife Orval Jean Lebo and Shirley Lee Adamson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marc S. Hays hereby certify that on the 2 day of Sept, at Plainfield, County of HENDRICKS, one thousand nine hundred and 77 I joined in marriage Orval Jean Lebo of Morgan County, State of Indiana, and Shirley Lee Adamson of HENDRICKS County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of Sept., 19 77. Signed Marc S. Hays
Official Designation Bapt. Pastor.

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of Sept., 19 77. Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

534

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 331

File

Aug. 29, 1977
Date of Application

MALE
Medical Examination Report Dated 8-24-77
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated Aug. 15, 1977
Name of Physician Wm A. Duncan

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle Lee Last Rosner

Date of Birth: Month Jan Day 2 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR 4 Box 761 City Brownsburg County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bernard J. Rosner
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary L. Messick
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tim Rosner

New Address Brownsburg Ind 46112

Subscribed and sworn to before me this 29 day of Aug, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Tonya Middle C Last Brooks

Date of Birth: Month Aug. Day 18 Year 1960

Place of Birth (State or foreign country) California

Residence Address: Street or R. R. 7 Johnson Ct. City Brownsburg, County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Fred A. Brooks
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother June L Dye
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) W. Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tonya Brooks

New Address Brownsburg Ind.

Subscribed and sworn to before me this 29 day of Aug, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed June Brooks Mother

Subscribed and sworn to before me this 29 day of Aug, 19 77.

Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2 day of Sept, 19 77, authorizing the joining together as husband and wife Timothy Lee Rosner and Tonya Jo Brooks

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 2 day of Sept, one thousand nine hundred and 77 at Danville, County of HENDRICKS, State of Indiana, Groom Timothy Lee Rosner of HENDRICKS County, State of Indiana, and, Bride Tonya Jo Brooks of HENDRICKS County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 2 day of Sept, 19 77.

Signed John C. Mowrer

Official Designation Judge Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Sept, 19 77.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

534

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 331

File _____

Aug. 29 1977
Date of Application

MALE
Medical Examination Report Dated 8-24-77
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated Aug. 15, 1977
Name of Physician Wm A. Duncan

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name — First: Timothy — Middle: Lee — Last: Rosner

Date of Birth — Month: Dec. — Day: 2 — Year: 1958

Place of Birth (State or foreign country): Indiana

Residence Address — Street or R. R.: RR 4 Box 761 — City: Brownsburg — County: — State: In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Bernard J. Rosner
   Residence of father (if deceased so state): Same
   Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Mary L. Messick
   Residence of mother (if deceased so state): Same
   Birthplace of mother (State or foreign country): Ind.

State of Indiana, HENDRICKS } ss: I depose and state that I have read the answers to the questions in this application and that the information given therein is true.

Signed: Tim Rosner

New Address: Brownsburg, In

Subscribed and sworn to before me this 29 day of Aug

Glen M. Harvey Clerk HENDRICKS

FEMALE APPLICANT

Name — First: Tonya — Middle: Jo — Last: Brooks

Date of Birth — Month: Aug. — Day: 18 — Year: 1960

Place of Birth (State or foreign country): California

Residence Address — Street or R. R.: 7 Johnson Ct. — City: Brownsburg — County: — State: In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Fred A. Brooks
   Residence of father (if deceased so state): Same
   Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Janet Dye
   Residence of mother (if deceased so state): Same
   Birthplace of mother (State or foreign country): W. Virginia

...and state the information given ...

HENDRICKS

I Fred A. Brooks give Consent for my daughter Tonya Jo Brooks To Be married to Tim Rosner.

Fred A. Brooks

Subscribed and sworn to before me this 29 day of Aug

My Commission expires 1-17-80.

George Johnson

George Johnson

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this mar...

signs, state facts which render the consent of the other parent unn...

State of Indiana, HENDRICKS } ss:

Signed _____

Signed _____

Subscribed and sworn to before me this _____ day of _____

_____

COMPLETE IF MARRIAGE LICENSE ISSUED

_____ County

in _____ authorizes ...

RETURN ...

Be It Remembered, there was filed in ...

of Indiana dated the 2 day of ...

Timothy Lee Ros...

Be it further remembered, the following marriage ce...

I, John L. Mowrer ...

one thousand nine hundred and 77 ...

State of Indiana, Groom Timothy L...

and, Bride Tonya Jo Broo...

were by me united in marriage as authorized by a n...

County.

Dated this 2 day of Sept., 19...

Signed _____

Official Designation Judge Hendricks Co. ...

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Sept., 19 77

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 332

File

_____ County

Aug. 30 1977
Date of Application

MALE
Medical Examination Report Dated 8-29-77
Name of Physician James Black

FEMALE
Medical Examination Report Dated 8-29-77
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Larry Middle Allan Last Casselman

Date of Birth: Month Oct Day 15 Year 1952

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 506 Enderly Apt. 8, City Brownsburg, County, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leroy Casselman
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Wilma Sterling
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry Allan Casselman
New Address 506 Enderly Ave Apt 8 Brownsburg

Subscribed and sworn to before me this 30 day of Aug, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Ann Last Johnson

Date of Birth: Month Sept Day 1 Year 1952

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 604 S. Jefferson, City Brownsburg, County, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Myron Johnson
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Jeannine Hopper
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Beverly Ann Johnson
New Address 506 Enderly Ave Apt 8 Brownsburg

Subscribed and sworn to before me this 30 day of Aug, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....on the 2 day of Sept, 19 77, authorizing the joining together as husband and wife of Indiana dated the.....day of.....and Beverly Ann Johnson Larry Allan Casselman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Clifford L. Carmichael hereby certify that on the 3 day of Sept, County of HENDRICKS, at Brownsburg, County, State of Indiana, one thousand nine hundred and 77 of HENDRICKS County, State of Indiana, State of Indiana, Groom Larry Allan Casselman of HENDRICKS and, Bride Beverly Ann Johnson of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3 day of Sept., 19 77. Signed Clifford L. Carmichael
Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Sept., 19 77.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 333

File

_____ County

Aug 30 1977
Date of Application

MALE
Medical Examination Report Dated 8-29-77
Name of Physician Wm. V. Wolfe Jr.

FEMALE
Medical Examination Report Dated 8-29-77
Name of Physician Wm. V. Wolfe Jr.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Terrell, Middle Dennis, Last Mitchell

Date of Birth: Month 8, Day 16, Year 1953

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R. R. 219 High St., City Danville, County _____, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Earl Eugene Mitchell
   Residence of father (if deceased so state) R. Rte 1 St. Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jennie Ophelia Disney
   Residence of mother (if deceased so state) R. 10th St. Indpls., Ind.
   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 + Terrell Dennis Mitchell

New Address + 219 N High St

Subscribed and sworn to before me this ____ day of ____, 19____.

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____.

_____ Clerk

FEMALE APPLICANT

Name: First Robin, Middle Lynn, Last Wise

Date of Birth: Month 6, Day 18, Year 1955

Place of Birth (State or foreign country) Ind

Residence Address: Street or R. R. 321 N. Kirk W Drive, City Indianapolis, County _____, State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George B. Wise
   Residence of father (if deceased so state) 321 N. Kirk W Drive, Indpls. Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Lois Evelyn Roberts
   Residence of mother (if deceased so state) 321 N. Kirk W Drive, Indpls
   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 Robin Lynn Wise

New Address 219 N. High St

Subscribed and sworn to before me this ____ day of ____, 19____.

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, 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 3 day of Sept, 19 77, authorizing the joining together as husband and wife Terrell Dennis Mitchell and Robin Lynn Wise

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Stumps hereby certify that on the 3 day of September, one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom Terrell Dennis Mitchell of Hendricks County, State of Indiana, and, Bride Robin Lynn 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 HENDRICKS County.

Dated this 3 day of Sept, 19 77.

Signed Dr. Joseph D. Stumps

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of September, 19 77.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 337

HENDRICKS County

File

Aug 31 1977
Date of Application

MALE
Medical Examination Report Dated Aug 27, 1977
Name of Physician Ronald K. Stegemoller

FEMALE
Medical Examination Report Dated Aug 27, 1977
Name of Physician Ronald Stegemoller M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle W. Last Hiatt

Date of Birth: Month Feb Day 11 Year 1953

Place of Birth (State or foreign country) Lebanon In

Residence Address: Street or R. R. RR #2 Box 158 City Clayton County, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's License #0517043

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Eugene Hiatt
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Iris June Herndon
   Residence of mother (if deceased so state) Same
   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 W. Hiatt

New Address RR #1 Box 422 Danville In. 46122

Subscribed and sworn to before me this 31 day of Aug, 1977.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 A Last Stark

Date of Birth: Month April Day 12 Year 1950

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. RR #1 Box 422 City Danville County, State In.

Previous Marital Status: Never Married ☐ OR 1 time

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's License #0439754

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Eugene Downing
   Residence of father (if deceased so state) RR #2 Box 129 Brownsburg
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Elizabeth Rose Crawford
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Bedford, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sally A. Stark

New Address RR 1 Box 422 Danville Ind.

Subscribed and sworn to before me this 31 day of Aug, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....of Indiana dated the 6th day of September, 19.77, authorizing the joining together as husband and wife James W. Hiatt and Sally A Stark

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Kenneth E. Vetters hereby certify that on the 17 day of September, one thousand nine hundred and 77 at Shiloh United Methodist, County of Hendricks, State of Indiana, Groom James W. Hiatt of Hendricks County, State of Indiana, and, Bride Sally A Stark of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17 day of September, 19.77. Signed Rev. Kenneth E Vetters

Official Designation Pastor, Shiloh U M Church

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of September, 19.77.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 335

File

_____ County

Aug 31 1977
Date of Application

MALE
Medical Examination Report Dated Aug 31, 1977
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated Aug 31, 1977
Name of Physician David B. Haggard M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joseph Middle A. Last Tobias

Date of Birth: Month 8 Day 15 Year 1959

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 631 W. Township line Rd. City Plfd. County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth L. Tobias
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Dorothy Marie Epley
   Residence of mother (if deceased so state) Same
   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 Joseph A. Tobias

New Address _____

Subscribed and sworn to before me this 31 day of Aug, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

FEMALE APPLICANT

Name: First Linda Middle S. Last Esamann

Date of Birth: Month 7 Day 25 Year 1959

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. RR 2 Box 512 City Indpls. County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold E. Esamann
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Nellie Louise Graves
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Lebanon, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda S. Esamann

New Address _____

Subscribed and sworn to before me this 31st day of Aug, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 6th *day of* September, 19 77, *authorizing the joining together as husband and wife* Joseph A. Tobias *and* Linda S. Esamann

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Arlie A. Epley *hereby certify that on the* 10 *day of* September, *one thousand nine hundred and* 77 *at* Plainfield, *County of* HENDRICKS, *State of Indiana, Groom* Joseph A. Tobias *of* HENDRICKS *County, State of* Indiana, *and, Bride* Linda S. Esamann *of* HENDRICKS *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 10 *day of* September, 19 77.

Signed Rev. Arlie A. Epley

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* Sept., 19 77.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 336

File

Sept. 1, 1977
Date of Application

_____ County

MALE
Medical Examination Report Dated 8-24-77
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 8-24-77
Name of Physician David M. Hadley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Tim Middle _____ Last Brandenburg

Date of Birth: Month September Day 27 Year 1954

Place of Birth (State or foreign country) Marion County Ind

Residence Address: Street or R. R. RR3 Box 432 City Plainfield County _____ State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 12155

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Thomas Brandenburg
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Marion Co. Ind.
9. Full maiden name of mother Shirley Jewel Gammon
   Residence of mother (if deceased so state) Plainfield, Ind.
   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 Tim Brandenburg

New Address Winding Brook Apts. 832-H

Subscribed and sworn to before me this 1st day of Sept., 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Sandy Middle _____ Last Zering

Date of Birth: Month September Day 1 Year 1959

Place of Birth (State or foreign country) Marion Co Ind

Residence Address: Street or R. R. 246 N. Rd. 225 East City Mooresville County _____ State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 10877

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harvey E. Zering
   Residence of father (if deceased so state) Monrovia Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Chloie Virginia Sandfer
   Residence of mother (if deceased so state) Monrovia In.
   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 Sandy Zering

New Address Winding Brook Apts 832H

Subscribed and sworn to before me this 1st day of September, 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6 day of September, 19 77, authorizing the joining together as husband and wife "Tim Brandenburg" and Sandy Zering

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Kenneth E. vetters hereby certify that on the 8 day of September, one thousand nine hundred and 77 at Barlett Chapel U.M. County of Hendricks, State of Indiana, Groom Timothy Wayne Brandenburt of Marion County, State of Indiana, and, Bride Sandra Zering of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8th day of September, 19 77

Signed Rev. Kenneth E. Vetters

Official Designation Pastor, Bartlett Chapel United Methodist

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of September, 19 77

Signed Glenn M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 337

File

9-2-1977
Date of Application

MALE
Medical Examination Report Dated 9-1-77
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 9-1-77
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 Stephen Middle Michael Last Carrall

Date of Birth: Month 5 Day 30 Year 1950

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 110 Pinoak City Brownsburg County Hd. State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Stephenie Michelle
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Mitchell Carrall
   Residence of father (if deceased so state) Indianapolis, In
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Kathleen Pugh
   Residence of mother (if deceased so state) Indianapolis, Ind.
   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 Stephen M. Carroll
New Address 110 PIN OAK ST
Subscribed and sworn to before me this 2 day of Sept, 19 77
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Vicki Middle Leanora Last Williams

Date of Birth: Month 2 Day 5 Year 1953

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 110 Pinoak City Brownsburg County Hd State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ray Collins, Jr.
   Residence of father (if deceased so state) Indianapolis, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Imogene Ruth Davis
   Residence of mother (if deceased so state) Indianapolis, Ind.
   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 Vickie L. Williams
New Address 110 PIN OAK ST
Subscribed and sworn to before me this 2 day of Sept, 19 77
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 7th *day of* September, 1977, *authorizing the joining together as husband and wife* Stephen M Carrall *and* Vicki L Williams

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Myron Barnard hereby certify that on the 11 day of Sept, one thousand nine hundred and 77 at Indianapolis, County of Marion, State of Indiana, Groom Stephen M Carrall of Hendricks County, State of Indiana, and, Bride Vickie L Williams of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of Sept, 19 77.

Signed Myron Barnard
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* Sept, 19 77.

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 338
File 38
9-2-77 Date of Application

_____ County

MALE
Medical Examination Report Dated 8-31-77
Name of Physician Bruce E. Beatty

FEMALE
Medical Examination Report Dated 8-31-77
Name of Physician Bruce E. Beatty

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Scott Last Schweibold
Date of Birth: Month February Day 12 Year 1959
Place of Birth (State or foreign country) Oxnard California
Residence Address: Street or R. R. RR 1, Bx 218F City Cuttsboro, County In State

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jack Frederick Schweibald
   Residence of father (if deceased so state) RI Bx 218F Cuttsboro
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Sharon Lee Creese
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Steven Scott Schweibold
New Address 66 Linda Ave. Brownsburg, In.

Subscribed and sworn to before me this 2 day of Sept, 19 77.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Leesa Middle Susan Last Waddle
Date of Birth: Month October Day 27 Year 1958
Place of Birth (State or foreign country) Indianapolis In
Residence Address: Street or R. R. RR 1 Bx 83A City Brownsburg, County In State

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Horace Waddle
   Residence of father (if deceased so state) RI Bx 83A Brownsburg, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Geneva Doris Collins
   Residence of mother (if deceased so state) Same
   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 Leesa Susan Waddle
New Address 66 Linda Ave. B'Burg

Subscribed and sworn to before me this 2 day of Sept, 19 77.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court of _____ County _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 6 day of September, 19 77, authorizing the joining together as husband and wife Steven Scott Schweibold and Leesa Susan Waddle

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Donald Tyler hereby certify that on the 9 day of Sept. at Bethesda Baptist, Brnbg., County of Hendricks, one thousand nine hundred and 77 County, State of Indiana, State of Indiana, Groom Steven Scott Schweibold of Hendricks County, State of Indiana, and, Bride Leesa Susan Waddle of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9 day of September, 19 77. Signed Rev Donald Tyler
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of Sept., 19 77
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

5-42

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 339
File 38
Sept 6, 1977
Date of Application

MALE
Medical Examination Report Dated 9-6-77
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 9-6-77
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 Michael Middle J. Last Henshilwood
Date of Birth: Month September Day 9 Year 1951
Place of Birth (State or foreign country) Naples, Indiana
Residence Address: Street or R. R. RR 2 Box 139, City Clayton, County Hen., State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) DD Form 214, U.S. Army

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alfred James Henshilwood
   Residence of father (if deceased so state) 334 Kain, Plainfield, Ind.
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Laura Marie Richards
   Residence of mother (if deceased so state) 334 Kain, Plainfield, Ind.
   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 Michael J. Henshilwood
New Address RR 2 Box 139 Clayton Ind.

Subscribed and sworn to before me this 6 day of Sept, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Charlotte Middle A. Last Dever
Date of Birth: Month May Day 25 Year 1952
Place of Birth (State or foreign country) Hadley, Indiana
Residence Address: Street or R. R. 115 N. Vine St., City Plainfield, County Hen., State Ind.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) #413-52-042222

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Ronda Jo Dever
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alfred Marshall Dever
   Residence of father (if deceased so state) RR 1, Box 180, Romney, Ind.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Lillian Francis Sullivan
   Residence of mother (if deceased so state) 104 E. Main, Plainfield, Ind.
   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 Charlotte A. Dever
New Address RR2 Box 139 Clayton Ind

Subscribed and sworn to before me this 6 day of Sept, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* Sept, 1977, *authorizing the joining together as husband and wife* Michael J. Henshilwood *and* Charlotte A. Dever

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Orville Hall, Jr. *hereby certify that on the* 8 *day of* Sept., *one thousand nine hundred and* 77 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Michael J. Henshilwood *of* Hendricks *County, State of* Indiana, *and, Bride* Charlotte A. Dever *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 8 *day of* Sept., 19 77.

Signed Orville Hall, Jr.
Official Designation Minister - Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* September, 19 77.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 340
File 38
9-6-77
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 8-31-77
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated 8-31-77
Name of Physician Carl Heinlein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Leslie Middle — Last Smith
Date of Birth: Month July Day 27 Year 1958
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 140 E. Clinton City Danville County Hendricks State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) Drivers license - with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles Vernon Smith
   Residence of father (if deceased so state) 140 Clinton Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Denada Eulabelle Jellison
   Residence of mother (if deceased so state) Same
   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 Leslie W Smith
New Address 140 E Clinton Danville, Ind
Subscribed and sworn to before me this 6 day of Sept, 19 77
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Quita Middle Sharlene Last Barger
Date of Birth: Month August Day 29 Year 1959
Place of Birth (State or foreign country) Amarillo Potter County, Texas
Residence Address: Street or R. R. R2 Box 146 City Roachdale County In. State
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Matthew Barger
   Residence of father (if deceased so state) R2 Roachdale, In
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Shirley Ann Williams
   Residence of mother (if deceased so state) Same
   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 Quita S Barger
New Address 140 E Clinton Danville Ind
Subscribed and sworn to before me this 6 day of Sept, 19 77
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 10th day of Sept, 19....., authorizing the joining together as husband and wife Leslie Smith and Quita Sharlene Barger

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Kenneth E. Vetters hereby certify that on the 10th day of September, one thousand nine hundred and 77 at Bartlett Chapel, County of Indiana, State of Indiana, Groom Leslie Wayne Smith of Hendricks County, State of Indiana, and, Bride Quita Shirlene Barger of Putnam County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10th day of Spetember, 19 77.

Signed Rev. Kenneth E. Vetters
Official Designation Pastor, Bartlett Chapel U. Methodist

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of September, 19 77

Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 341

File _____

9-6-1977
Date of Application

MALE
Medical Examination Report Dated 9-2-77
Name of Physician Glen Baker

FEMALE
Medical Examination Report Dated 9-2-77
Name of Physician Glen Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Neil Middle A. Last White

Date of Birth: Month 7 Day 21 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 35, City Liston, County _____, State Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold L. White, Jr.
   Residence of father (if deceased so state) 66 Ridgeway, Brownsburg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Joan Boswell
   Residence of mother (if deceased so state) 66 Ridgeway Brownsburg
   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 Neil A. White
New Address PO Box 35 Liston
Subscribed and sworn to before me this 6 day of September, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Cindy Middle Marie Last Mayberry

Date of Birth: Month 11 Day 10 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 51, City Liston, County _____, State Indiana

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Franklin Mayberry
   Residence of father (if deceased so state) P.O. Box 51, Liston, Ind
   Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Marilyn Jean McCaskin
   Residence of mother (if deceased so state) P.O. Box 51, Liston, Ind
   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 Cindy M. Mayberry
New Address P.O Box 35, Liston, Ind.
Subscribed and sworn to before me this 6 day of Sept, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 12 *day of* Sept, 19 77, *authorizing the joining together as husband and wife* Neil Alvin White *and* Cindy Marie Mayberry

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Thomas F. Ayers *hereby certify that on the* 24 *day of* September, *one thousand nine hundred and* 77 *at* Eagle Creek Park, *County of* Marion, *State of Indiana, Groom* Neil Alvin White *of* Hendricks *County, State of* Indiana, *and, Bride* Cindy Marie Mayberry *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 24th *day of* September, 19 77.

Signed Thomas F. Ayers

Official Designation Minister & Missionary of Your Prayer Chapel

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* September, 19 77.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 342

File

County

9-6-77
Date of Application

MALE
Medical Examination Report Dated 8-31-77
Name of Physician J. E. Gillespie

FEMALE
Medical Examination Report Dated 8-31-77
Name of Physician J. E. Gillespie

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jeffrey Middle D. Last Humbert

Date of Birth: Month December Day 28 Year 1957

Place of Birth (State or foreign country) Rochester Pennsylvania

Residence Address: Street or R. R. 410 S. 4th St. Lot #5 City Zionsville County Boone State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Eugene Bertrand Humbert
   Residence of father (if deceased so state) Freedom, Pennsylvania
   Birthplace of father (State or foreign country) Ga.
9. Full maiden name of mother Vera Craver
   Residence of mother (if deceased so state) Morgantown, In.
   Birthplace of mother (State or foreign country) Ga.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jeffrey D. Humbert
New Address 410 S 4th St Zionsville In.

Subscribed and sworn to before me this 6 day of Sept. 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Morrisa Middle A. Last Powers

Date of Birth: Month December Day 28 Year 1957

Place of Birth (State or foreign country) New Castle Indiana

Residence Address: Street or R. R. RR2 Bx 165 D City Brownsburg County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Morris Allen Powers
   Residence of father (if deceased so state) RR2 Box 165 D Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Earla Jean Griffeth
   Residence of mother (if deceased so state) Same
   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 Morrisa A. Powers
New Address 410 S. 4th St Lot 5 Zionsville In.

Subscribed and sworn to before me this 6 day of Sept. 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 10th day of September, 19 77., authorizing the joining together as husband and wife Jeffrey D. Humbert and Morrisa A. Powers.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. C. W. Fiscus hereby certify that on the 10 day of September, at Indianapolis, County of Marion, one thousand nine hundred and 77, State of Indiana, Groom Jeffrey D. Humbert of Boone County, State of Indiana, and, Bride Morrisa A. Powers of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10 day of September, 19 77.

Signed Rev. C. W. Fiscus
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of Sept. 19 77.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 343

File September 6, 1977
Date of Application

MALE
Medical Examination Report Dated 8-31-77
Name of Physician Dr. H. R. Onyett

FEMALE
Medical Examination Report Dated 8-31-77
Name of Physician Dr. H. R. Onyett

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Don, Middle Carlos, Last Jessup

Date of Birth: Month October, Day 13, Year 1955

Place of Birth (State or foreign country) Peoples

Residence Address: Street or R. R. R.R. #1, City Camby, County Marion, State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Western & Southern Life Insurance Co.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alle Jessup
   Residence of father (if deceased so state) Camby Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Matilda Knebel
   Residence of mother (if deceased so state) Camby Ind
   Birthplace of mother (State or foreign country) Jasper, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Don Carlos Jessup
New Address 1587 Greencastle Rd Mooresville
Subscribed and sworn to before me this 6 day of September, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Sue, Last Riser

Date of Birth: Month September, Day 27, Year 1957

Place of Birth (State or foreign country) South Port Ind

Residence Address: Street or R. R. R.R. #4 Box 262 B, City Mooresville, County, State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Voters Registration

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Unknown
   Residence of father (if deceased so state)
   Birthplace of father (State or foreign country)
9. Full maiden name of mother Emelise Elizabeth Schmidt
   Residence of mother (if deceased so state) Mooresville, Ind
   Birthplace of mother (State or foreign country) Dearborn Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janice Sue Riser
New Address 1587 Greencastle Rd. Mooresville
Subscribed and sworn to before me this 6th day of September 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 12 *day of* Sept, 19 77, *authorizing the joining together as husband and wife* Don Carlos Jessup *and* Janice Sue Riser

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James W. Marshall *hereby certify that on the* 25 *day of* September, *one thousand nine hundred and* 77 *at* Camby, *County of* Hendricks, *State of Indiana, Groom* Don Carlos Jessup *of* Hendricks *County, State of* Indiana *and, Bride* Janice Sue Riser *of* *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12 *day of* September, 19 77.

Signed James W. Marshall
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* October, 19 77.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 344

File

_____ County

September 7 1977
Date of Application

MALE
Medical Examination Report Dated 8-29-77
Name of Physician Jack L. Lenox

FEMALE
Medical Examination Report Dated 8-29-77
Name of Physician Jack L. Lenox

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ross Middle Frederick Last Wilder

Date of Birth: Month March Day 20 Year 1953

Place of Birth (State or foreign country): Clearwater Pinellas Florida
City County State

Residence Address: 6424 Hackel #8 Louisville Ky.
Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 109-53-0 2195 6

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ross Wilder
   Residence of father (if deceased so state) Clearwater Fla.
   Birthplace of father (State or foreign country) Florida
9. Full maiden name of mother Lucy Winifred Lisbon
   Residence of mother (if deceased so state) Clearwater, Fla.
   Birthplace of mother (State or foreign country) Florida

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ross Frederick Wilder

New Address 6424 Hackel Dr. #8, Lou. Ky.

Subscribed and sworn to before me this 7 day of Sept., 19 77

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Janet Middle Kay Last Childress

Date of Birth: Month September Day 24 Year 1954

Place of Birth (State or foreign country) Lebanon Indiana Boone Co.

Residence Address: RR#3 Box 46 Brownsburg Ind
Street or R. R. City County State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Witham Memorial Hosp.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Billy Childress
   Residence of father (if deceased so state) Lebanon Ind
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Nellie Hoard
   Residence of mother (if deceased so state) Brownsburg Ind.
   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 Janet K Childress

New Address 6424 Hackel Dr. #8 Lou Ky.

Subscribed and sworn to before me this 7 day of September 19 77

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* September, 19 77, *authorizing the joining together as husband and wife* Ross Frederick Wilder *and* Janet Kay Childress

Be it further remembered, the followina marriage certificate was filed in my office, to-wit:

I, Joseph C. Wilson *hereby certify that on the* 18 *day of* September, *one thousand nine hundred and* 77 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Ross Frederick Wilder *of* Jefferson *County, State of* Kentucky, *and, Bride* Janet Kay Childress *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18th *day of* September, 19 77

Signed Joseph D. Wilson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* September, 19 77

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 345

File

_____ County

Date of Application

MALE
Medical Examination Report Dated 9-7-77
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 9-7-77
Name of Physician Glenn W. Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Rick Middle A. Last Stringfellow

Date of Birth: Month July Day 6 Year 1954

Place of Birth (State or foreign country) Kendallville, In.

Residence Address: Street or R. R. 320 ½ Elm City Leavenworth County _____ State Kansas

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Armed Service

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Nick Arnold Stringfellow
   Residence of father (if deceased so state) R#1 Danville
   Birthplace of father (State or foreign country) Kendallville, In.
9. Full maiden name of mother Rose Marie Dickerson
   Residence of mother (if deceased so state) 121 Oakhurst Trailer Ct.
   Birthplace of mother (State or foreign country) La Grange, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Rick A Stringfellow

New Address 320½ Elm St. Leavenworth KS

Subscribed and sworn to before me this 7 day of Sept, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Gina Middle M. Last Cruse

Date of Birth: Month Oct Day 31 Year 1958

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. 7 S. Burns Dr City Brownsburg County _____ State _____

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frederick Norman Cruse
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Beverly Ann Deem
   Residence of mother (if deceased so state) Same
   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 X Gina M. Cruse

New Address 320½ Elm Street

Subscribed and sworn to before me this 7 day of Sept, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 12 *day of* Sept, 19 77, *authorizing the joining together as husband and wife* Rick A. Stringfellow *and* Gina M. Cruse.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Neal *hereby certify that on the* 17 *day of* September, *one thousand nine hundred and* 77 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Rick A. Stringfellow *of* Leavenworth *County, State of* Kansas *and, Bride* Gina M. Cruse *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 17 *day of* September, 19 77.

Signed Jerry R. Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* Sept., 19 77.

Signed Glen M. Harvey .....Clerk

HENDRICKS .....Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 346

File

Sept 8 1977
Date of Application

County

MALE
Medical Examination Report Dated 8-26-77
Name of Physician M.D. Scoradus

FEMALE
Medical Examination Report Dated 8-26-77
Name of Physician M.D. Scoradus

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Harold Last Power

Date of Birth: Month 1 Day 13 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Box 57 City North Salem County Indiana State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Eldon Power
   Residence of father (if deceased so state) Box 57 North Salem Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Vita Lou Anderson
   Residence of mother (if deceased so state) Box 57 North Salem Ind
   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 x David H. Power

New Address Lafayette, Indiana

Subscribed and sworn to before me this 8 day of Sept, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Kimberly Middle Sue Last Gilham

Date of Birth: Month 10 Day 19 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R. 1 City North Salem County Indiana State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jones Lee Gilham
   Residence of father (if deceased so state) R. 1 North Salem Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carol Ann Whitehead
   Residence of mother (if deceased so state) R. 1 North Salem Ind
   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 Kimberly Sue Gilham

New Address Lafayette, Indiana

Subscribed and sworn to before me this 8 day of Sept, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 13th day of September, 19 77, authorizing the joining together as husband and wife David Harold Power and Kimberly Sue Gilham

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 17 day of September

I, Rev. F. Stoner Clark hereby certify that on the 17 day of September one thousand nine hundred and 77 at North Salem County, State of Indiana, State of Indiana, Groom David Harold Power of Hendricks County, State of Indiana, and, Bride Kimberly Sue Gilham of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17th day of September, 19 77 Signed Rev. F. Stoner Clark

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of September, 19 77

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 349

File _____

9-12-77
Date of Application

MALE
Medical Examination Report Dated 8-29-77

Name of Physician Douglas A. Wagner

FEMALE
Medical Examination Report Dated 8-29-77

Name of Physician Kenneth L. Gray

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Douglas Middle Alfred Last Wagner

Date of Birth: Month 7 Day 30 Year 1938

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R. R. 8617 Rook Rd. City Indpls. County _____ State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Craig A. Wagner
   Dawn A Wagner
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Alfred Lewis Wagner
   Residence of father (if deceased so state) R-1 Springdale, Ark.
   Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Ethel May Eckrood
   Residence of mother (if deceased so state) R-1 Springdale Ark
   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 Douglas A. Wagner

New Address 18 Round Hill Ct. Danville

Subscribed and sworn to before me this 12 day of Sept, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Faye Last Stewart

Date of Birth: Month 1 Day 1 Year 1938

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 18 Round Hill Ct. City Danville County _____ State _____

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Vernice Conner
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Evelyn Gaines
   Residence of mother (if deceased so state) R-1 Clayton, Ind.
   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 Janice F. Stewart

New Address 18 Round Hill Ct. Danville, Ind.

Subscribed and sworn to before me this 12 day of Sept, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 16 day of Sept, 19 77, authorizing the joining together as husband and wife Douglas A. Wagner and Janice F. Stewart

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Stump hereby certify that on the 21 day of September, one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom Douglas A. Wagner of Marion County, State of Indiana, and, Bride Janice F. Stewart of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of September, 19 77.

Signed Dr. Joseph D. STump

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of September, 19 77.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 350

File

9-12-77 Date of Application

Hendricks County

MALE
Medical Examination Report Dated 9-8-77
Name of Physician John Smith

FEMALE
Medical Examination Report Dated
Name of Physician

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle Richard Last Bussing

Date of Birth: Month 4 Day 15 Year 1953

Place of Birth (State or foreign country) Huron, Ohio

Residence Address: Street or R. R. 2623 Santa Rosa Dr. City Fort Wayne County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard A. J. Bussing
   Residence of father (if deceased so state) 2623 Santa Rosa Dr. Ft. Wayne
   Birthplace of father (State or foreign country) Ft Wayne, In.
9. Full maiden name of mother Louise V. Buesking
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ft. Wayne, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William R. Bussing

New Address

Subscribed and sworn to before me this 16 day of Sept, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Jean Last Perks

Date of Birth: Month 6 Day 30 Year 1954

Place of Birth (State or foreign country) Wisconsin

Residence Address: Street or R. R. 1404 Pismi Ct. N. City Plainfield County State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Perks
   Residence of father (if deceased so state) 1404 Pismi Ct N. Plainfield
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Lois Ann Gertrude Bleake
   Residence of mother (if deceased so state) 1404 Pismi Ct N. Plainfield
   Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Nancy Jean Perks

New Address 144-11 Halsey Dr. - W. Lafayette, IN

Subscribed and sworn to before me this 12 day of Sept, 19 77

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 16 day of Sept, 19 77, authorizing the joining together as husband and wife William Richard Bussing and Nancy Jean Perks

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. R. O. Lossanske hereby certify that on the 17 day of September, at Plainfield, Allen County, State of Indiana, one thousand nine hundred and 77 William Richard Bussing of Hendricks County, State of Indiana, Groom, and Bride Nancy Jean Perks of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17 day of September, 19 77.

Signed Rev. R. O. Lossanske

Official Designation Clergman - St Luke Lutheran Church

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Sept, 19 77

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 351

File 38

_____ County

9-12-77
Date of Application

MALE
Medical Examination Report Dated 9-7-77
Name of Physician Emmett B. Lamb

FEMALE
Medical Examination Report Dated 9-7-77
Name of Physician Emmett B. Lamb

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First: Wayne Middle: Joseph Last: Jones

Date of Birth: Month: July Day: 1 Year: 1959

Place of Birth (State or foreign country): Indianapolis Marion In.
(City / County / State)

Residence Address: 3113 N. Meridian, Apt B. Indianapolis, In.
(Street or R. R. / City / State)

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Jones
   Residence of father (if deceased so state) 4617 Garnet Indpls, In.
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Barbara A. Bratton
   Residence of mother (if deceased so state) 3113 N. Meridian, Apt. B. Indpls, In.
   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 Wayne Jones
New Address 3113 N Meridian
Subscribed and sworn to before me this 12 day of Sept., 19____.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First: Carol Middle: Sue Last: Bush

Date of Birth: Month: May Day: 27 Year: 1958

Place of Birth (State or foreign country): Indianapolis Marion In
(City / County / State)

Residence Address: R5, Box 108 Danville In.
(Street or R. R. / City / State)

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marvin Bush
   Residence of father (if deceased so state) R5, Bx 108, Danville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sally L. Venarziel
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Carol Bush
New Address 8113 N Meridian
Subscribed and sworn to before me this 12 day of Sept., 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* September, 19 77, *authorizing the joining together as husband and wife* Wayne Joseph Jones *and* Carol Sue Bush

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 12 *day of* September, *one thousand nine hundred and* 77 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Wayne Joseph Jones *of* Marion *County, State of* Indiana *and, Bride* Carol Sue Bush *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12 *day of* September, 19 77.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* September, 19 77

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 352

File

Sept 13 1977
Date of Application

_____ County

MALE
Medical Examination Report Dated Wm. Edwards M.D. 9-12-77
Name of Physician

FEMALE
Medical Examination Report Dated 9-12-77
Name of Physician Wm. Edwards M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bernard Middle R. Last La Salle

Date of Birth: Month Nov Day 21 Year 1950

Place of Birth (State or foreign country) Northampton Mass

Residence Address: Street or R. R. 2300 East Main City Plfd. County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Selective Service

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lewis H. La Salle
   Residence of father (if deceased so state) 620 E. Roberts St. Orange City Fla.
   Birthplace of father (State or foreign country) Northampton, Mass.
9. Full maiden name of mother Eleanor Lynda Lisot
   Residence of mother (if deceased so state) 620 E Roberts St. Orange City Fla.
   Birthplace of mother (State or foreign country) Northampton, Mass.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bernard R. LaSalle

New Address

Subscribed and sworn to before me this 13 day of Sept, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Pamela Middle Kay Last Walton

Date of Birth: Month Nov Day 22 Year 1958

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R. R. 2300 East Main City Plfd. County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Aubrey M Walton
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Indianapolis, In.
9. Full maiden name of mother Irma Pauline Price
   Residence of mother (if deceased so state) Same
   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 Pamela K. Walton

New Address

Subscribed and sworn to before me this 13 day of Sept, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 17 day of Sept, 19 77, authorizing the joining together as husband and wife Bernard R. LaSalle and Pamela Kay Walton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marc S. Hays hereby certify that on the 17 day of September, one thousand nine hundred and 77 at Plainfield, County of Hendricks, State of Indiana, Groom Bernard R. LaSalle of Broward County, State of Flordia, and, Bride Pamela Kay Walton of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17th day of September, 19 77

Signed Marc S. Hays

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of September, 19 77

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 353

File 38

_____ County

9-13-77
Date of Application

MALE
Medical Examination Report Dated 9-13-77

Name of Physician _____

FEMALE
Medical Examination Report Dated 9-13-77

Name of Physician _____

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First: Robert Middle: Jeffrey Last: Fleece

Date of Birth: Month: February Day: 27 Year: 1958

Place of Birth (State or foreign country): Indianapolis In.

Residence Address: Street or R. R.: R.R. 1, Bx 148 City: North Salem County: Hendricks State: In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Voter Reg. 14613

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Charles Robert Fleece
   Residence of father (if deceased so state): RR1, Bx 148 N. Salem, In
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Mary Ann Kirtley
   Residence of mother (if deceased so state): Same
   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 Robert J. Fleece

New Address: RR 1 Box 144 North Salem In.

Subscribed and sworn to before me this 13 day of Sept., 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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: Jo Last: Mendenhall

Date of Birth: Month: April Day: 14 Year: 1958

Place of Birth (State or foreign country): Lebanon In.

Residence Address: Street or R. R.: R.#2, Bx 157 City: Danville County: Hendricks State: In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Voter Reg. 1281

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: John Franklin Mendenhall
   Residence of father (if deceased so state): R2, Bx 157 Danville, In.
   Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Josephine Walton
   Residence of mother (if deceased so state): Same
   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 Brenda Mendenhall

New Address: RR 1 Box 144 North Salem, In.

Subscribed and sworn to before me this 13 day of Sept., 19 77.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 17 *day of* September, 19 77, *authorizing the joining together as husband and wife* Robert Jeffrey Fleece *and* Brenda Jo Mendenhall

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. F. Stoner Clark *hereby certify that on the* 24 *day of* September, *one thousand nine hundred and* 77 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Robert Jeffrey Fleece *of* Hendricks *County, State of* Indiana *and, Bride* Brenda Jo Mendenhall *of* Hendricks *County, State of* Indiana, *were by me united 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* September, 19 77.

Signed Rev. F. Stoner Clark

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* September, 19 77.

Signed Glen M Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 354

File

Hendricks County

Sept. 13, 1977
Date of Application

MALE
Medical Examination Report Dated 8-31-77
Name of Physician Gregory N. Larkin

FEMALE
Medical Examination Report Dated 8-31-77
Name of Physician Gregory N. Larkin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle Richard Last Bartley

Date of Birth: Month 3 Day 27 Year 41

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. P.O. Box 149 City Clayton County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree Selective service

☐ Other (Specify) Life Ins. - Assur. Independent Businessman

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Shannon Bartley
   Stacie Bartley
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. in file
8. Full name of father Edgar Bartley
   Residence of father (if deceased so state) Big Stone Gap, Va
   Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Lilly Wade
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Va.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles R Bartley

New Address 9919 Madillion Dr

Subscribed and sworn to before me this 13 day of Sept., 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Sherlie Middle Last Milbrath

Date of Birth: Month 10 Day 31 Year 48

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. 9919 Medallion City Indpls County Hend. State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Voters Reg. 12285

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Jennifer Milbrath
   Dawn Milbrath
   Angelia Milbrath
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert Huff
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Elvis Stidham
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sherlie Milbrath

New Address 9919 Medallion Dr Indpls

Subscribed and sworn to before me this 13 day of Sept 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 13 day of Sept., 19 77, authorizing the joining together as husband and wife Charles Richard Bartley and Sherlie Milbrath

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 13 day of September one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom Charles Richard Bartley of Hendricks County, State of Indiana, and, Bride Sherlie Milbrath of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13 day of September, 19 77. Signed John C Mowrer

Official Designation Judge, Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of September, 1977

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 355

File

Sept. 13 1977
Date of Application

MALE
Medical Examination Report Dated 9-9-77
Name of Physician Arcadis M. Alarcon Jr.

FEMALE
Medical Examination Report Dated 9-9-77
Name of Physician Arcadis M. Alarcon Jr.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle E. Last Stanley

Date of Birth: Month Feb. Day 1 Year 1938

Place of Birth (State or foreign country) Hendricks Co. Ind.

Residence Address: Street or R. R. RR #1 Box 615 City Plainfield County State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Melissa Stanley
   Tonya Stanley
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald Orton Stanley
   Residence of father (if deceased so state) Plainfield Ind
   Birthplace of father (State or foreign country) Hendricks Co.
9. Full maiden name of mother Iva Mae Daily
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Morgan County

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald E. Stanley
New Address RR. 1 Box 615 Plainfield
Subscribed and sworn to before me this 13 day of September 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Lorraine Middle B. Last Turner

Date of Birth: Month October Day 29 Year 1954

Place of Birth (State or foreign country) Marion Co. Ind.

Residence Address: Street or R. R. 1796 Sycamore Lane City Mooresville County Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Hospital Dept. Card.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wallace Ted Turner
   Residence of father (if deceased so state) Mooresville, Ind.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Ruth Courtney
   Residence of mother (if deceased so state) Mooresville Ind.
   Birthplace of mother (State or foreign country) Washington, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lorraine B. Turner
New Address R.R. 1 Box 615, Plainfield
Subscribed and sworn to before me this 13 day of September 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 17 *day of* September, 19 77, *authorizing the joining together as husband and wife* Donald E. Stanley *and* Lorraine B. Turner

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James W. Marshall *hereby certify that on the* 17 *day of* September, *one thousand nine hundred and* 77 *at* Camby, *County of* Hendricks, *State of Indiana, Groom* Donald E. Stanley *of* Hendricks *County, State of* Indiana *and, Bride* Lorraine B. Turner *of* Morgan *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 17 *day of* September, 19 77

Signed James W. Marshall

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* October, 19 77.

Signed Glen M. Harvey Clerk

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 356

File

9-13-1977
Date of Application

_____ County

MALE
Medical Examination Report Dated 9-6-77
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 9-6-77
Name of Physician Thomas M. Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jeffrey Middle Jay Last Wagers

Date of Birth: Month 11 Day 24 Year 1956

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 715 E. Main St. City Plainfield County _____ State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Richard Wagers
   Residence of father (if deceased so state) —
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Pike
   Residence of mother (if deceased so state) 715 E. Main, Plainfield
   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 Jeffrey J. Wagers
New Address 715 E Main St,

Subscribed and sworn to before me this 13 day of Sept, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Kimberly Middle Lee Last Thompson

Date of Birth: Month 9 Day 11 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R. 2 Box 85 X City Brownsburg County _____ State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Norman Keith Thompson
   Residence of father (if deceased so state) —
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Jean Ferguson
   Residence of mother (if deceased so state) R. 2 Box 85 X, Brownsburg
   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 Kimberly L. Thompson
New Address 715 E. Main St.

Subscribed and sworn to before me this 13 day of Sept, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

Guardian of daughter

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed Barbara J Thompson Mother

Subscribed and sworn to before me this 13 day of Sept, 1977

Glen M. Harvey Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____ County _____ Court by written order issued _____ in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 17 day of September, 1977, authorizing the joining together as husband and wife Jeffrey Jay Wagers and Kimberly Lee Thompson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Richard Roland hereby certify that on the 24 day of September, 1977 at Plainfield County of Hendricks one thousand nine hundred and 77 County, State of Indiana, State of Indiana, Groom Jeffrey Jay Wagers of HENDRICKS County, State of Indiana, and, Bride Kimberly Lee Thompson of HENDRICKS County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24 day of September, 1977. Signed Robert Roland
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of September, 1977
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 357

File _____

9-13-1977
Date of Application

MALE
Medical Examination Report Dated 9-2-77
Name of Physician Gjien, O. Dei, M. D.

FEMALE
Medical Examination Report Dated 9-2-77
Name of Physician Gjien O. Dei

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Ray Last Marshall

Date of Birth: Month / Day 2 Year 1942

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R. R. R. R. 1 Box 345, City Danville, County _____, State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Brent Raynard
   Brian Curtis
   Beth Marie
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Raymond N. Marshall
   Residence of father (if deceased so state) 260 E. Hendricks, Plainfield
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Lois Marie Smith
   Residence of mother (if deceased so state) 260 E. Hendricks, Plainfield
   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 Ronald R Marshall

New Address R1 Box 345 Danville IND.

Subscribed and sworn to before me this 13 day of Sept, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this 13 day of....., 19....

.....Clerk

FEMALE APPLICANT

Name: First Marilyn Middle Ann Last Eilar

Date of Birth: Month Sept. Day 11 Year 1944

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Lot 104 Oakhurst Tr. Ct. City Brownsburg County _____ State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Melanie, Barry, Eilar
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Glen Dodson
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Helen Gray
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marilyn Ann Eilar

New Address R# 1 Box 345 Danville, Ind

Subscribed and sworn to before me this 16 day of Sept., 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 13 *day of* Sept. *, 19* 77*, authorizing the joining together as husband and wife* Ronald Ray Marshall *and* Marilyn Ann Eilar

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Elder Don R. McWilliams *hereby certify that on the* 23 *day of* September *,*
one thousand nine hundred and 77 *at* Mt. Tabor Primitive Baptist Church *, County of* Boone *,*
State of Indiana, Groom Ronald Ray Marshall *of* Hendricks *County, State of* Indiana
and, Bride Marilyn Ann Eilar *of* Hendricks *County, State of* Indiana *,*
were by me united 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* September *, 19* 77*.*

Signed Elder Don R. McWilliams

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* September *, 19* 77*.*

Signed Glen M Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 358

File

9-13-77
Date of Application

County

MALE
Medical Examination Report Dated 9-6-77
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 9-6-77
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle Alan Last Hardwick

Date of Birth: Month Nov. Day 19 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 623 Paper Ct. E. Apt. 124, City Indpls, County, State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Hardwick
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Connie L. Butler
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark Alan Hardwick

New Address 623 PAPER CT E APT #124

Subscribed and sworn to before me this 13 day of Sept, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Loree Last Bell

Date of Birth: Month Oct Day 23 Year 1957

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. 5984 Williams Dr. City Plainfield County In. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Virgil A. Bell
   Residence of father (if deceased so state) Plainfield In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Jean Wiggins
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janice Loree Bell

New Address 1623 Paper Ct. E Apt. 124

Subscribed and sworn to before me this 13 day of Sept, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 22 day of Sept. 19 77, authorizing the joining together as husband and wife Mark Alan Hardwick and Janice Loree Bell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward Curtice hereby certify that on the 1st day of October one thousand nine hundred and 77 at Avon, County of Hendricks, State of Indiana, Groom Mark Hardwick of Marion County, State of Indiana and, Bride Janice Bell of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22nd day of Sept. 19 77. Signed Edward Curtice Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of October, 19 77. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 359

File 9-13-77
Date of Application

MALE
Medical Examination Report Dated 9-7-77
Name of Physician Kathleen Oldham

FEMALE
Medical Examination Report Dated 9-7-77
Name of Physician Kathleen Oldham

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Patrick Middle Ray Last Mc Fadden

Date of Birth: Month July Day 9 Year 1954

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 2 Box 570 City Plainfield County _____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Caci Mc Fadden
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. In file
8. Full name of father Billie L. Mc Fadden
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Kathryn Rowland
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patrick Ray Mc Fadden
New Address 5929 Beachview Dr. Indpls.

Subscribed and sworn to before me this 13 day of Sept., 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Sharon Middle Louise Last Bertelson

Date of Birth: Month May Day 4 Year 1953

Place of Birth (State or foreign country) N. Jersey

Residence Address: Street or R. R. 5929 Beachview Dr. #302 City Indpls. County _____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) College - I.U.P.U.I., I.U.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John L. Vine
   Residence of father (if deceased so state) Flemington, N. J.
   Birthplace of father (State or foreign country) N. J.
9. Full maiden name of mother Yvonne Skillman
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) N. J.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon Bertelson
New Address 5929 Beachview Dr. Apt 302 Indpls.

Subscribed and sworn to before me this 13 day of Sept., 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* Sept., 19 77, *authorizing the joining together as husband and wife* Patrick Ray McFadden *and* Sharon Louise Bartelson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward Dean Dickinson *hereby certify that on the* 18th *day of* September, *one thousand nine hundred and* 77 *at* Avon, *County of* Hendricks, *State of Indiana, Groom* Patrick Ray McFadden *of* Marion *County, State of* Indiana *and, Bride* Sharon Louise Bertelson *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18 *day of* September, 19 77.

Signed Edward Dean Dickinson

Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* September, 19 77

Signed.....*Clerk*

HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 360

File

Sept. 14. 1977
Date of Application

_____ County

MALE
Medical Examination Report Dated 9-7-77
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 9-7-77
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 Steven Middle Allen Last Delp

Date of Birth: Month July Day 31 Year 1954

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 1 Box 409 City Clayton County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree 0549817

☒ Other (Specify) Drivers License - A312-62-1870

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Sammy Elmore
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Irene Delp
   Residence of mother (if deceased so state) Indpls. In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Steven Delp

New Address RR 1 409 Clayton IND.

Subscribed and sworn to before me this 14 day of Sept., 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Jean Last Faulkner

Date of Birth: Month Oct Day 23 Year 1957

Place of Birth (State or foreign country) ~~Ind.~~ Ohio

Residence Address: Street or R. R. Rt 1 Box 409 City Clayton County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Faulkner
   Residence of father (if deceased so state) Dayton, Ohio
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Mary Lou Guynn
   Residence of mother (if deceased so state) Kissamee, Fla.
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debra Jean Faulkner

New Address RR 1 Box 409

Subscribed and sworn to before me this 14 day of Sept 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 19 day of Sept., 19....., authorizing the joining together as husband and wife Steven Allen Delp and Debra Jean Faulkner

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James R. Julian hereby certify that on the 24th day of September, one thousand nine hundred and 77 at Indianapolis, County of Marion, State of Indiana, Groom Steven Allen Delp of Hendricks County, State of Indiana, and, Bride Debra Jean Faulkner of Hendricks County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24th day of September, 19 77 Signed James R. Julian

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of September, 19 77

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 361

File _____

Sept 14, 1977
Date of Application

MALE
Medical Examination Report Dated Sept 8, 1977
Name of Physician Irving Cohen MD

FEMALE
Medical Examination Report Dated Sept 8, 1977
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Eugene Last Day

Date of Birth: Month Sept Day 20 Year 1957

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 334 Avon Ave. City Plfd. County In State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree # 11605

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Henry Day Sr.
   Residence of father (if deceased so state) —
   Birthplace of father (State or foreign country) Arcadia, In.
9. Full maiden name of mother Barbara Joan Cummins
   Residence of mother (if deceased so state) 334 Avon Ave. Plfd. In.
   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 James E. Day
New Address 5734 W. 42nd Unit 87 Indpls. In.

Subscribed and sworn to before me this 14 day of Sept, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Rebecca Middle Kay Last Stapf

Date of Birth: Month March Day 31 Year 1958

Place of Birth (State or foreign country) Belleville, Ill.

Residence Address: Street or R. R. 136 Spring Dr. City Plfd. County In. State 46168

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree # 112-58-029636

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wayne Clarence Stapf
   Residence of father (if deceased so state) 159 West Sumner. Martinsville, In.
   Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Mirian Pauline Brinkley
   Residence of mother (if deceased so state) 136 Spring Dr. Plfd. In.
   Birthplace of mother (State or foreign country) Okla.

State of Indiana, County of HENDRICK. } ss: I depose and state the information given in this application is true and correct.

Signed Rebecca Kay Stapf
New Address 5734 W 42nd Unit 87

Subscribed and sworn to before me this 14 day of Sept, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, 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* 21 *day of* September, 19 77, *authorizing the joining together as husband and wife* James Eugene Days *and* Rebecca Kay Stapf

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marc S Hays *hereby certify that on the* 24 *day of* Sept., *one thousand nine hundred and* 77 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* James E Days *of* Hendricks *County, State of* Indiana *and, Bride* Rebecca Kay Stapf *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 24 *day of* Sept., 19 77.

Signed Marc S Hays

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* October, 19 77.

Signed Glen M Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 362
File 38
9-14-77
Date of Application

MALE
Medical Examination Report Dated 9-12-77
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 9-12-77
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 Larry Middle A. Last Stogsdill

Date of Birth: Month March Day 7 Year 1958

Place of Birth (State or foreign country) Lebanon In

Residence Address: Street or R. R. 115 N. Tennessee City Danville County In State In

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Driver's License with photo

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Herschel Stogsdill
   Residence of father (if deceased so state) W. Main Brownsburg, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Audrey May Burdine
   Residence of mother (if deceased so state) 115 Tennessee Danville, In.
   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 Larry A. Stogsdill
New Address 115 N. Tenn. St. Danville

Subscribed and sworn to before me this 14 day of Sept, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Harriett Middle L Last Mc Carty

Date of Birth: Month July Day 25 Year 1959

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 115 N. Tennessee City Danville County In. State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) School Record

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Willard L. McCarty
   Residence of father (if deceased so state) Pendleton Pike Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Mae Todd
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I deposed and state the information given in this application is true and correct.

Signed X Harriett L. McCarty
New Address 115 N. Tenn. St. Danville

Subscribed and sworn to before me this 14 day of Sept, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....of Indiana dated the 19 day of Sept., 19 77, authorizing the joining together as husband and wife Larry A. Stodsgill and Harriett L. Mc Carty

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 24 day of Sept., at Danville, County of HENDRICKS, one thousand nine hundred and 77 State of Indiana, Groom Larry A. Stodsgill of HENDRICKS County, State of Indiana, and, Bride Harriett L Mc Carty of HENDRICKS County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24 day of Sept., 19 77. Signed Dr. Joseph D. Stump

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of Sept., 19 77

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 363

File

Sept 15, 1977
Date of Application

MALE
Medical Examination Report Dated 9-15-77
Name of Physician Carl L. Winkler MD

FEMALE
Medical Examination Report Dated 9-15-77
Name of Physician Carl L. Winkler 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 Dick Middle E. Last Kennedy Jr.

Date of Birth: Month June Day 20 Year 1949

Place of Birth (State or foreign country): Lebanon Boone Ind.

Residence Address: 217 W. Main Street or R. R. Lizton City Lizton County Boone State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Witham Memorial Hosp.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dick Edward Kennedy
   Residence of father (if deceased so state) Lizton, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Johnette Leach
   Residence of mother (if deceased so state) Lizton, Ind.
   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 Dick E Kennedy Jr

New Address 4702 N. Michigan Rd. Indy. In.

Subscribed and sworn to before me this 15 day of September, 19 77

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Ruth Middle A. Last Schroeder

Date of Birth: Month September Day 1 Year 1947

Place of Birth (State or foreign country): Northwood Grand Forks N. Dakota

Residence Address: 4702 N. Michigan Rd. Street or R. R. Indpls City County State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 6521

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth Orville Schroeder
   Residence of father (if deceased so state) Minnesota
   Birthplace of father (State or foreign country) Thompson, N. Dakota
9. Full maiden name of mother Ruby Hazel Berge
   Residence of mother (if deceased so state) Minnesota
   Birthplace of mother (State or foreign country) Aberdeen, S. Dakota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ruth A Schroeder

New Address 4702 N. Michigan Rd, Indpls.

Subscribed and sworn to before me this 15 day of September 19 77

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3 day Waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15 *day of* September, 19 77, *authorizing the joining together as husband and wife* Dick E. Kennedy, Jr. *and* Ruth A. Schroeder

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Roy Blackwood *hereby certify that on the* 17 *day of* September, *one thousand nine hundred and* 77 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Dick E. Kennedy, Jr. *of* Marion *County, State of* Indiana *and, Bride* Ruth A. Schroeder *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* HENDRICK *County.*

Dated this 17 *day of* September, 19 77.

Signed Roy Blackwood

Official Designation Pastor, Second Reformed Presbyterian Church

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* September, 19 77.

Signed Glen M Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 364

File

9-15-77
Date of Application

County

MALE
Medical Examination Report Dated 9-12-77
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated 9-12-77
Name of Physician L. H. Ellis

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Russell Middle Eugene Last Freeland Jr.
Date of Birth: Month July Day 3 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Box 439 City North Salem County Hendricks State In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Russell Freeland
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Marie Ellis
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Russell Eugene Freeland Jr.
New Address Jamestown, Indiana

Subscribed and sworn to before me this 15 day of Sept, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Elizabeth Middle Ann Last Pennington
Date of Birth: Month Aug Day 8 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Rt. 1 Box 155 City Lizton County Hendricks State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Pennington
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Vrend Clements
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Elizabeth Ann Pennington
New Address Jamestown, Ind.

Subscribed and sworn to before me this 15 day of Sept, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* September, *19* 77, *authorizing the joining together as husband and wife* Russell Eugene Freeland, Jr. *and* Elizabeth Ann Pennington

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* 1st *day of* October, *at* Lizton, *County of* Hendricks, *one thousand nine hundred and* 77, *State of Indiana, Groom* Russell Eugene Freeland, Jr. *of* Hendricks *County, State of* Indiana, *and, Bride* Elizabeth Ann Pennington *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 22nd *day of* September, *19* 77.

Signed Rev. Raymond L. Rader
Official Designation Pastor, First Baptist Church, Lizton, In

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* October, *19* 77

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 365

File _____

Sept 15, 1977
Date of Application

MALE
Medical Examination Report Dated Sept 6, 1977
Name of Physician William B. Kriel M.D.

FEMALE
Medical Examination Report Dated Sept 6, 1977
Name of Physician William B. Kriel

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Dee Last Stanifer

Date of Birth: Month 5 Day 3 Year 1939

Place of Birth (State or foreign country) Shelburne, Ind

Residence Address: Street or R. R. R#2 Box 217 City Clayton County Hend. State In

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hend. Co. 1976

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Selective Service

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lester Lee Stanifer
   Residence of father (if deceased so state) Sullivan In
   Birthplace of father (State or foreign country) Pine Ridge, Tenn.
9. Full maiden name of mother Violet Rosetta Brown
   Residence of mother (if deceased so state) Sullivan In.
   Birthplace of mother (State or foreign country) Shelbourne In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald Dee Stanifer

New Address 12 Tattersall Dr. Plainfield

Subscribed and sworn to before me this 15 day of Sept, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Diane Middle Kay Last Barnes

Date of Birth: Month 9 Day 1 Year 1953

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R. R. 5915 Westlake Dr. City Indpls. County State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License #1310-60-4151

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Franklin Dee Barnes
   Residence of father (if deceased so state) Beechway Dr. Indpls. In
   Birthplace of father (State or foreign country) Indianapolis In.
9. Full maiden name of mother Bertha May Merritt
   Residence of mother (if deceased so state) Beechway Dr. Indpls In.
   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 Diane K Barnes

New Address 12 Tattersall Dr. Plainfield

Subscribed and sworn to before me this 15 day of Sept, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 26 *day of* Sept., 1977, *authorizing the joining together as husband and wife* Ronald Dee Stanifer *and* Diane Kay Barnes

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 1st *day of* October, *one thousand nine hundred and* 77 *at* Plainfield, *County of* HENDRICKS, *State of Indiana, Groom* Ronald Dee Stanifer *of* HENDRICKS *County, State of* Indiana *and, Bride* Diane Kay Barnes *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* October, 1977.

Signed John C. Mowrer

Official Designation Judge, Hendricks Co. Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* October, 1977.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 366

File

County

Date of Application 9-16-77

MALE
Medical Examination Report Dated 9-6-77
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 9-6-77
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Eric Last Housefield

Date of Birth: Month April Day 18 Year 1948

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R. R. Rt 2 Box 258 City Indpls County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Selective Service Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Housefield
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Roberta Howald
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John E. Housefield

New Address 296 N. Mill

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 John E. Housefield Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Connie Middle Sue Last Norman

Date of Birth: Month Nov. Day 3 Year 1948

Place of Birth (State or foreign country) Ind.

Residence Address: 296 N. Mill Street or R. R. Plainfield City County State In.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree State of Ind. Lawrence Co. Docket 50, Page 107

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Norman
   Residence of father (if deceased so state) Heltonville, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Bernice Apsom
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Connie S. Norman

New Address 296 N. Mill, Plainfield

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 27 day of September, 19 77, authorizing the joining together as husband and wife John Eric Housefield and Connie Sue Morman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Kenneth D. Fisher hereby certify that on the 1st day of October one thousand nine hundred and 77 at Heltonville Baptist Church County of Lawrence State of Indiana, Groom John Eric Housefield of Hendricks County, State of Indiana, and, Bride Connie Sue Norman of Hendricks County, State of Indiana, were by me united 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 October, 19 77 Signed Kenneth D. Fisher

Official Designation Pastor, Fairview C. Church

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of October, 19 77

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 367

File

_____ County

Sept. 16, 1977
Date of Application

MALE
Medical Examination Report Dated 9-12-77
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 9-12-77
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 Charles Middle M. Last Kissler

Date of Birth: Month December Day 26 Year 1950

Place of Birth (State or foreign country): Carlisle Penn.

Residence Address: 410 Street or R. R. Webb City Plainfield County _____ State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 593864

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Charles Kissler
   Residence of father (if deceased so state) Plainfield Ind.
   Birthplace of father (State or foreign country) Brazil Ind.
9. Full maiden name of mother Josephine Marion Elliott
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Brazil, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles M. Kissler
New Address Indianapolis
Subscribed and sworn to before me this 16 day of September, 19 77.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Sharon Middle C. Last Gullion

Date of Birth: Month October Day 6 Year 1953

Place of Birth (State or foreign country) Seymour Jackson Ind.

Residence Address: Street or R. R. R.R. # 1 Box 82B. City Brownsburg County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License with picture.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.
   Christopher M. Gullion

7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Adrian I. Barksdale
   Residence of father (if deceased so state) Brownsburg, Ind.
   Birthplace of father (State or foreign country) Seymour, Ind.
9. Full maiden name of mother Lucille G. Krause
   Residence of mother (if deceased so state) Brownsburg Ind.
   Birthplace of mother (State or foreign country) Cortland, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon C Gullion
New Address Indianapolis, Indiana
Subscribed and sworn to before me this 16 day of September 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 20 *day of* Sept, 19 77, *authorizing the joining together as husband and wife* Charles M. Kissler *and* Sharon C. Gullion

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gary A. Dworak hereby certify that on the 24 day of September, one thousand nine hundred and 77 at Indianapolis county of Marion, State of Indiana, Groom Charles M. Kissler of HENDRICKS County, State of Indiana, and, Bride _____ of HENDRICKS County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24 day of September, 19 77.

Signed Gary A. Dworak
Official Designation Pastor, Our Shepherd Lutheran Church

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of Sept., 19 77.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 368

Hendricks County

File

Sept 16, 1977
Date of Application

MALE
Medical Examination Report Dated 9-14-77
Name of Physician James Black

FEMALE
Medical Examination Report Dated 9-13-77
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Howard Middle W. Last Belledin

Date of Birth: Month 12 Day 12 Year 33

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. R.3 Box 68 Price Rd. City Plainfield County State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Selective Service

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Howard, Edward
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Florence May Spears
   Residence of mother (if deceased so state) deceased
   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 +Howard W Belledin

New Address R 3 68 Price Rd

Subscribed and sworn to before me this 16 day of Sept, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Betty Middle Ellen Last Watson

Date of Birth: Month 3 Day 23 Year 1941

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. R.3 Box 68 Price Rd. City Plainfield County State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lawrence Dailey
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Edith Lydia Stanley
   Residence of mother (if deceased so state) 78 Sa[illegible], Ind[illegible]
   Birthplace of mother (State or foreign country) Edison

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Betty E. Watson

New Address .....

Subscribed and sworn to before me this 16 day of Sept, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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

HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *of Indiana dated the* 20 *day of* September, 19 77, *authorizing the joining together as husband and wife* Howard W. Belledin *and* Betty Ellen Watson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William L. Fisher *hereby certify that on the* 24 *day of* September, 19 77 *at* Indianapolis, *County of* Marion, *State of* Indiana, *one thousand nine hundred and* ..... *State of Indiana, Groom* Howard W. Belledin *of* Hendricks *County, State of* Indiana, *and, Bride* Betty Ellen Watson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 24 *day of* September, 19 77

Signed William L. Fisher

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* October, 19 77

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 369

File _____

9-16-77
Date of Application

MALE
Medical Examination Report Dated 6-15-77
Name of Physician Wm. V. Wolf.

FEMALE
Medical Examination Report Dated 6-15-77
Name of Physician Wm V. Wolf

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Randy Middle Wayne Last Gentry

Date of Birth: Month April Day 16 Year 1957

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 549 1/2 Coffey City Shapls. County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Virgil Gentry
   Residence of father (if deceased so state) Shapls. In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Patricia Johnson
   Residence of mother (if deceased so state) Shapls. In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Randy Gentry
New Address 549 1/2 Coffey
Subscribed and sworn to before me this 16 day of Sept., 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Tammy Middle Michelle Last Dean

Date of Birth: Month Mar Day 20 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Rt 8 Box 243 B City Shapls Hend. County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Dean
   Residence of father (if deceased so state) Unknown
   Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Lois Halcomb
   Residence of mother (if deceased so state) Shapls. In.
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tammy Dean
New Address 549 1/2 Coffery
Subscribed and sworn to before me this 16 day of Sept., 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed Lois B. Gibbs Mother
Subscribed and sworn to before me this 16 day of Sept., 19 77
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 Circuit Court by written order issued Affd & 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16th *day of* Sept., 19 77, *authorizing the joining together as husband and wife* Randy Wayne Gentry *and* Tammy Michelle Dean
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gastor Barry Brown *hereby certify that on the* 25 *day of* September, *one thousand nine hundred and* 77 *at* Greenfield Community Church *County of* Hancock, *State of Indiana, Groom* Randy Gentry *of* Marion *County, State of* Indiana, *and, Bride* Tammy M Dean *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 25 *day of* September, 19 77.

Signed Gastor Barry Brown
Official Designation Gastor

Filed and recorded in accordance with the laws of the State of Indiana this 4 *day of* October, 19 77.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 370
File 9-19-77
38
Date of Application

MALE
Medical Examination Report Dated 9-18-77
Name of Physician Wm. V. Wolfe

FEMALE
Medical Examination Report Dated 9-16-77
Name of Physician D. H. Mason

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 L. Last Brock
Date of Birth: Month August Day 1 Year 1958
Place of Birth (State or foreign country): Cabool Missouri
Residence Address: Street or R. R. RR1 Bx 392 City Clayton County _____ State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) High School Diploma

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Sterling Clay Brock
   Residence of father (if deceased so state) RR1 Bx 392 Clayton, In
   Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Helen Kathleen Simpson
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X James R Brock
New Address RR1 Bx 392 Clayton, IN

Subscribed and sworn to before me this 19 day of Sept., 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Kay Last Proehl
Date of Birth: Month November Day 12 Year 1956
Place of Birth (State or foreign country): Angola Indiana
Residence Address: Street or R. R. 400 E. Henry City Angola County Steuben Co. State In.
Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

no children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Marcus Levi Proehl
   Residence of father (if deceased so state) 400 E. Henry, Angola In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Beverly Lee Musser
   Residence of mother (if deceased so state) Same
   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 Debra K. Proehl
New Address R.R. 1 Box 392 Clayton, In

Subscribed and sworn to before me this 19 day of Sept, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court, 19 77, authorizing the joining together as husband and wife of Indiana dated the 23 day of Sept. and James R. Prock Debra Kay Proehl

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marcus L. Proehl hereby certify that on the 24 day of September one thousand nine hundred and 77 at Plainfield, County of Hendricks, State of Indiana, Groom James R. Prock of Steuben County, State of Indiana, and, Bride Debra Kay Proehl of HENDRICKS County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24 day of September, 19 77. Signed Marcus L. Proehl
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of September, 19 77
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 371

File 38

_____ County

9-19-77
Date of Application

MALE
Medical Examination Report Dated 9-15-77

Name of Physician Ray T. Foster

FEMALE
Medical Examination Report Dated 9-15-77

Name of Physician Ray T. Foster

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Phillip Middle L. Last Adams

Date of Birth: Month April Day 12 Year 1944

Place of Birth (State or foreign country) Washington

Residence Address: Street or R. R. 7028 Twin Oaks Dr. City Indeanapolis, In. County _____ State In.

Previous Marital Status: Never Married ☐ OR /

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

   No Children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Kenneth Adams
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Delores Burks
   Residence of mother (if deceased so state) Vincennes, Ind.
   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 Phillip L Adams

New Address 115 N Tennessee St #4 Danville

Subscribed and sworn to before me this 19 day of Sept, 19 77

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Catherine Middle A. Last Renner

Date of Birth: Month February Day 4 Year 1952

Place of Birth (State or foreign country) In.

Residence Address: Street or R. R. 115 Tennessee City Danville County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jack Edwin Renner
   Residence of father (if deceased so state) New Castle, Indiana
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Julia Mery
   Residence of mother (if deceased so state) Same
   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 Catherine Ann Renner

New Address 115 N. Tennessee #4 Danville

Subscribed and sworn to before me this 19 day of Sept, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 23 *day of* September, 19 77, *authorizing the joining together as husband and wife* Phillip L. Adams *and* Catherine A. Renner

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Richard L. Christopher *hereby certify that on the* 24 *day of* September, *one thousand nine hundred and* 77 *at* New Castle, *County of* Henry, *State of Indiana, Groom* Phillip L. Adams *of* Marion *County, State of* Indiana *and, Bride* Catherine A. Renner *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 24 *day of* September, 19 77.

Signed Richard L. Christopher

Official Designation Pastor, First United Methodist

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* September, 19 77

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

575

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 372

File

9-19-77
Date of Application

County

MALE
Medical Examination Report Dated 9-12-77
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 9-12-77
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 Alan Middle Dean Last Cunningham

Date of Birth: Month March Day 9 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 512 Brookside City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Gerald Cunningham
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Peggy A. Crays
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Alan D Cunningham

New Address 512 Brookside Ln.

Subscribed and sworn to before me this 19 day of Sept., 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Marie Last Burke

Date of Birth: Month Sept. Day 18 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 512 Brookside City Plainfield County State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bobby C. Burke
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Effie M. Hickathorn
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna Burke

New Address 512 Brookside

Subscribed and sworn to before me this 19 day of Sept, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3 day waiver and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 19 day of Sept., 19 77, authorizing the joining together as husband and wife Alan Dean Cunningham and Donna Marie Burke

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James R. Furbay hereby certify that on the 22nd day of September, one thousand nine hundred and Seventy-Seven at Plainfield, In., County of Hendricks, State of Indiana, Groom Alan Dean Cunningham of Hendricks County, State of Indiana, and, Bride Donna Marie Burke of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22nd day of Sept, 19 77. Signed James R Furbay

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of September, 19 77

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 379

File

Sept. 19 1977
Date of Application

MALE
Medical Examination Report Dated 9-12-77
Name of Physician Carl L. Kienlen MD.

FEMALE
Medical Examination Report Dated 9-12-77
Name of Physician Carl L. Kienlen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Frederick Middle W. Last Riecks

Date of Birth: Month August Day 9 Year 1942

Place of Birth (State or foreign country) Monroe Mich.

Residence Address: Street or R. R. 928 Hunter Dr. City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Local File # 729

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father W. Douglas Riecks
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Catherine Gisell
   Residence of mother (if deceased so state) Monroe, Michigan
   Birthplace of mother (State or foreign country) Monroe, Mich.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Frederick W. Riecks

New Address 928 Hunter Drive, Plainfield

Subscribed and sworn to before me this 19 day of Sept., 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 A. Last Denny

Date of Birth: Month September Day 27 Year 1945

Place of Birth (State or foreign country) Greencastle Putnam Ind.

Residence Address: Street or R. R. 928 Hunter Dr. City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 113-45-0661

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William W. Long
   Residence of father (if deceased so state) Greencastle, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mabel St. Clair
   Residence of mother (if deceased so state) Greencastle, Ind.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia A. Denny

New Address 928 Hunter Dr. Plainfield, In. 46168

Subscribed and sworn to before me this 19 day of Sept., 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 23 *day of* Sept., 19 77, *authorizing the joining together as husband and wife* Frederick W. Riecks *and* Patricia A. Denny

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James D. Wilson *hereby certify that on the* 8th *day of* October, *one thousand nine hundred and* 77 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Frederick W. Riecks *of* Hendricks *County, State of* Indiana *and, Bride* Patricia A. Denny *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 8th *day of* October, 19 77

Signed James D. Wilson

Official Designation Minister (Soc. of Friends)

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* October, 19 77

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 374

File

Sept 19 1977
Date of Application

_____ County

MALE
Medical Examination Report Dated 9-18-77
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 9-18-77
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 Stephen Middle Michael Last Cummings

Date of Birth: Month May Day 7 Year 1957

Place of Birth (State or foreign country) Ind.

Residence Address: 464 Magnolia Street or R. R. Plainfield City Hendricks County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Armed Services I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lorex Cummings
   Residence of father (if deceased so state) Stuart, Fla.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Nancy Van Gilbert
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Stephen M Cummings
New Address 16th Ave S. Surfside Beach S.C.

Subscribed and sworn to before me this 19 day of Sept, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Delight Last Eaton

Date of Birth: Month Jan Day 5 Year 1958

Place of Birth (State or foreign country) Ind.

Residence Address: Rt 2 Box 245 Street or R. R. Indpls. City Marion County Ind. State

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ray Eaton
   Residence of father (if deceased so state) Indpls. In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Virginia Sheffield
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this Application is true and correct.

Signed Susan D. Eaton
New Address 16 Ave S Surfside Beach S.C.

Subscribed and sworn to before me this 19 day of Sept 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 23 day of Sept, 1977, authorizing the joining together as husband and wife Stephen Michael Cummings and Susan Delight Eaton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marc S Hays hereby certify that on the 24 day of Sept. one thousand nine hundred and 77 at Plainfield, County of Hendricks, State of Indiana, Groom Stephen M. Cummings of Hendricks County, State of Indiana, and, Bride Susan D. Eaton of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24 day of Sept., 1977. Signed Marc S Hays

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of October, 19 77

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

578

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 375

File _____

9-20-77
Date of Application

MALE
Medical Examination Report Dated 9-16-77
Name of Physician James Black

FEMALE
Medical Examination Report Dated 9-16-77
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Harry Last Palmer

Date of Birth: Month Aug. Day 11 Year 1956

Place of Birth (State or foreign country) England

Residence Address: Street or R. R. Hardwick House, City Harlixton County Grantham State Lincs, England

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Jeffrey Palmer
   Residence of father (if deceased so state) Same
   Birthplace of father (State or foreign country) England
9. Full maiden name of mother Sheila Godfrey
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) England

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed D. H. Palmer

New Address Grantham England

Subscribed and sworn to before me this 20 day of Sept., 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Sharleen Last Tincher

Date of Birth: Month Sept. Day 16 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 506 Rodney City Brownsburg County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Tincher
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Edna Scarpliss
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) England

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Tincher

New Address Grantham, England

Subscribed and sworn to before me this 20 day of Sept., 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 waives and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20 *day of* Sept, 19 77, *authorizing the joining together as husband and wife* David Harry Palmer *and* Mary Sharleen Tincher

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dean Lynn Phillips *hereby certify that on the* 24 *day of* September, *one thousand nine hundred and* 77 *at* Montclair Christian Church, *County of* Hendricks, *State of Indiana, Groom* David Harry Palmer *of* Harlaxton:Lincolnshire, ~~xxxxx~~ *County, State of* England *and, Bride* Mary Sharleen Tincher *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 20 *day of* September, 19 77.

Signed Dean Lynn Phillips

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* October, 19 77

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

578

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

No. 375

MALE
Medical Examination Report Dated

Name of Physician James L

ALL QUESTIONS MUST BE ANSWERED. Chapter
tion or pretense shall be fined in any sum not exce

MALE APPLI

Name First David M Ha

Date of Birth Month Aug. J

Place of Birth (State or foreign country) Ind

Residence Address Street or R. R. Hardwick House, Harlington

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annul

Date of birth verified by: ☐ Birth Certificate ☐ Judi

☑ Other (Specify) Passpo

1. Are you now or have you ever been adjudged to be of
   If answer is "yes", has the adjudication been removed?
2. Are you afflicted with a transmissible disease?
3. Are you related to the female applicant closer than se
4. Are you now under the influence of intoxicating liquo
5. Are you now under the influence of a narcotic drug?
6. List the full names of any dependent children.

May have to be Voided.

Mr. James Samuel Robinson

has court order against him for back support.

Sept. 21/77 G.M.H.

- 20-77
of Application
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false statement, representa-

Last
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Year
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No ☑ Yes ☐
No ☐ Yes ☐
No ☑ Yes ☐
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STATE OF INDIANA

PREMARITAL EXAMINATION CERTIFICATE
REQUIRED FOR EACH APPLICANT FOR MARRIAGE LICENSE

FILED
SEP 21 1977
Glen M. Harvey
HEND. CO. CLERK

Pursuant to IC 31-1-1 and 16-1-11-11 concerning Indiana marriage license requirements and providing proper penalties for violation thereof.

LABORATORY STATEMENT OF STANDARD BLOOD TEST

City Danville State Indiana

This is to Certify that a VDRL test for syphilis was completed 9-18-77
(Name of Test)

on a blood specimen submitted in the name of James Robinson
(Name of Applicant)

244 E. Main Danville, Indiana
(Address of Applicant)
, and was made at the laboratory of

Hendricks County Hospital Danville, Indiana
(Name and Address of Approved Laboratory)

By Robert U. McDougal, M.D.
(Laboratory Director or Authorized Representative)

Only laboratories approved by the Indiana State Board of Health shall make premarital serological tests for syphilis (see reverse side of form). Only the laboratory performing the test may complete the laboratory statement above. Use S.B.H. 43-15A attachment forms for sickle cell anemia test.

(DO NOT DETACH)

PHYSICIAN'S EXAMINATION REPORT

City Brownsburg State Ind Date 9/18/77
(Date of Examination is Date Blood Test Completed)

To Clerk of the Circuit Court:

that I, C. N. Sudder MD
a physician holding an unlimited license to practice medicine in the State of Ind, have examined
James Robinson (Name of Applicant) Address 244 E. Main (Residence)
City Danville, County Hendricks, State Ind,
named in the laboratory report of Hendricks Co Hosp Danville (Name and Address of Approved Laboratory)
and, in my opinion, the person named therein is not infected with syphilis, or if so infected, that the stage of the disease is not such that it could be communicated by the person.

Signed C. N. Sudder MD (Physician) Address Brownsburg

Applicant's Signature X (To Be Signed in Presence of Physician)

This certificate form S.B.H. 43-005 is valid for only thirty days from date of examination. Applicant must present it to the County Clerk within this period of time.

OVER
See Reverse Side for Instructions

S.B.H. 43-005
Rev. 4/77

579

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 376
File 38
9-20-77
Date of Application

MALE
Medical Examination Report Dated 9-19-77
Name of Physician James Black

FEMALE
Medical Examination Report Dated 9-19-77
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Harold Middle Leroy Last Morris, Jr.
Date of Birth: Month October Day 7 Year 1955
Place of Birth (State or foreign country) Indianapolis In
Residence Address: Street or R. R. 407 B. S. Kentucky St. City Danville County In State
Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☑ Other (Specify) IUGWU Identification

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

No Children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harold Leroy Morris, Sr.
   Residence of father (if deceased so state) Beech Grove, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Virginia Jones
   Residence of mother (if deceased so state) Lebanon, In.
   Birthplace of mother (State or foreign country) North Caralina

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Harold L Morris Jr.
New Address 407 B S Kentucky St Danville
Subscribed and sworn to before me this 20 day of Sept., 1977.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Tammie Middle Kay Last Leffler
Date of Birth: Month November Day 28 Year 1957
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. R. 1 Bx 179 City Lizton County In. State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John D. Leffler
   Residence of father (if deceased so state) R.1 Lizton, In.
   Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Liddie Ruth Hicks
   Residence of mother (if deceased so state) Same
   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 X Tammie Kay Leffler
New Address R. R. 1 Box 179 Lizton, In.
Subscribed and sworn to before me this 20 day of Sept., 1977.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....Circuit Court of Indiana dated the 24 day of Sept., 19 77, authorizing the joining together as husband and wife Hjar Harold Leroy Morris, Jr. and Tammie Kay Leffler

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 24 day of September, one thousand nine hundred and 77 at Lizton, County of Hendricks, State of Indiana, Groom Harold Leroy Morris, Jr. of Hendricks County, State of Indiana, and, Bride Tammie Kay Leffler of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24 day of September, 19 77. Signed Rev. Raymond L. Rader
Official Designation Pastor, First Baptist Church of Lizton, In.

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of September, 1977, 19 Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 377

File

Sept. 21, 1977
Date of Application

MALE
Medical Examination Report Dated 9-18-77
Name of Physician G. N. Sandley md.

FEMALE
Medical Examination Report Dated 9-18-77
Name of Physician A. N. Sandley md.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle _____ Last Robinson

Date of Birth: Month _____ Day _____ Year _____

Place of Birth (State or foreign country) _____

Residence Address: Street or R. R. 244 E. Main City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☐ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father _____
   Residence of father (if deceased so state) _____
   Birthplace of father (State or foreign country) _____
9. Full maiden name of mother _____
   Residence of mother (if deceased so state) _____
   Birthplace of mother (State or foreign country) _____

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed _____

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

FEMALE APPLICANT

Name: First Esther Middle _____ Last Anderson

Date of Birth: Month June Day 26 Year 1944

Place of Birth (State or foreign country) Manchester Ky

Residence Address: Street or R. R. 106 N. Green City Brownsburg County _____ State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Sammy Lee Anderson
   James Ed Anderson
   Lee Winston
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Sammy Winston
   Residence of father (if deceased so state) Brownsburg In
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Lizzie Gregory
   Residence of mother (if deceased so state) Brownsburg, In
   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 Esther Anderson

New Address _____

Subscribed and sworn to before me this 21 day of Sept., 19 77

Thos M Hervey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, 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 _____ day of _____, 19____, authorizing the joining together as husband and wife _____ and _____*

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, _____ hereby certify that on the _____ day of _____, one thousand nine hundred and _____ at _____, County of _____, State of Indiana, Groom _____ of _____ County, State of _____ and, Bride _____ of _____ County, State of _____, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this _____ day of _____, 19____.

Signed _____

Official Designation _____

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Signed _____ Clerk

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 378

File

9-21-1977
Date of Application

_____ County

MALE
Medical Examination Report Dated 9-21-77
Name of Physician Max E. Freeman

FEMALE
Medical Examination Report Dated 9-21-77
Name of Physician Max E. Freeman

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 John Last Head

Date of Birth: Month 6 Day 24 Year 1945

Place of Birth (State or foreign country) Kansas

Residence Address: Street or R. R. 9 Johnson Ct., City Brownsburg, County _____ State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Michael
   Michelle
   Christine
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father J. B. Head
   Residence of father (if deceased so state) Witchita, Kansas
   Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Maxine Virginia Miller
   Residence of mother (if deceased so state) Clearwater, Kansas
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Donald John Head
New Address 9 Johnson Ct. Browns burg IND.

Subscribed and sworn to before me this 21 day of Sept, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Amy Middle Elizabeth Last Ramey

Date of Birth: Month 1 Day 20 Year 945

Place of Birth (State or foreign country) Missouri

Residence Address: Street or R. R. 14845 Carey Rd, City Carmel, County _____ State Ind

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father William Otis Person
   Residence of father (if deceased so state) unknown
   Birthplace of father (State or foreign country) _____
9. Full maiden name of mother Jane Staffelbach
   Residence of mother (if deceased so state) Oswatomie, Kansas
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Amy E Ramey
New Address 14845 Carey Rd Carmel Ind

Subscribed and sworn to before me this 21 day of Sept, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 HENDRICKS Circuit Court

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21st *day of* September, *19* 77 *authorizing the joining together as husband and wife* Donald John Head *and* Amy Elizabeth Ramey

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph A. Culpepper & Ellen H.G. Culpepper *hereby certify that on the* 2nd *day of* October *one thousand nine hundred and* 77 *at* Indianapolis, *County of* Marion, *State of* Indiana, *Groom* Donald John Head *of* Hendricks *County, State of* Indiana, *and, Bride* Amy Elizabeth Ramey *of* Hamilton *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 2nd *day of* October, *19* 77.

Signed Joseph A. & Ellen H. G. Culpepper

Official Designation Ministers

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* October, *19* 77

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

582

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 582 379
File 38
9-22-77
Date of Application

MALE
Medical Examination Report Dated 9-19-77
Name of Physician James Black

FEMALE
Medical Examination Report Dated 9-19-77
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Andrew Middle Thomas Last Ciriaco
Date of Birth: Month May Day 14 Year 1952
Place of Birth (State or foreign country) Copaigue New York
Residence Address: Street or R. R. 410 E. College City Brownsburg County In State
Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Armed Forces Identification

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

   No Children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph John Ciriaco
   Residence of father (if deceased so state) 86 University Dr. Hauppauge Long Is N.Y.
   Birthplace of father (State or foreign country) New York
9. Full majden name of mother Mary Ann Troiletti
   Residence of mother (if deceased so state) 4 Crosson Ave. Bayville, New York
   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 X Andrew T. Ciriaco
New Address 410 E college ave Brownsburg In
Subscribed and sworn to before me this 22 day of Sept, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Nancy Middle Jo Last Courtwood
Date of Birth: Month September Day 28 Year 1959
Place of Birth (State or foreign country) Lebanon In.
Residence Address: Street or R. R. 410 E. College City Brownsburg County In State
Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Jennifer Nicol Prewitt 15 months
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Carl Gentry Courtwood
   Residence of father (if deceased so state) 410 E. College, Brownsburg, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Opal Louise Anderson
   Residence of mother (if deceased so state) Same
   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 Nancy J Courtwood
New Address 410 E College Ave Brownsburg In
Subscribed and sworn to before me this 22 day of Sept, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, 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* 26th *day of* Sept, 19 77, *authorizing the joining together as husband and wife* Andrew Thomas Ciriaco *and* Nancy Jo Courtwood

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash *hereby certify that on the* 26 *day of* Sept, *one thousand nine hundred and* 77 *at* Brownsburg, *County of* HENDRICKS, *State of Indiana, Groom* Andrew Thomas Ciriaco *of* Nassau *County, State of* New York *and, Bride* Nancy Jo Courtwood *of* HENDRICKS *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 26 *day of* Sept., 19 77.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* Sept, 19 77.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 380

File

Sept. 22 1977
Date of Application

County

MALE
Medical Examination Report Dated 9-20-77
Name of Physician Wm Edwards MD.

FEMALE
Medical Examination Report Dated 9-20-77
Name of Physician Wm. Edwards, 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 Earnest Middle Ray Last Peters

Date of Birth: Month May Day 15 Year 1948

Place of Birth (State or foreign country): Laurel Co. Kentucky

Residence Address: Street or R. R. 2334 Rowland Dr. City Indpls. County — State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Affidavit

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Angela Renee Peters
   James Travis Peters
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☑
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Russell Peters
   Residence of father (if deceased so state) London, Ky.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Ellen Pauline England
   Residence of mother (if deceased so state) London Ky.
   Birthplace of mother (State or foreign country) Millstone, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Earnest Ray Peters

New Address 10017 Maumee DR

Subscribed and sworn to before me this 22 day of September, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Sylvia Middle Ann Last Corlett

Date of Birth: Month February Day 2 Year 1941

Place of Birth (State or foreign country) Marion Co. Ind.

Residence Address: Street or R. R. 10017 Maumee Dr. City Indpls. County — State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) I D Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Floyd Augusta Wisen
   Residence of father (if deceased so state) Akron, Ind.
   Birthplace of father (State or foreign country) Marion Co. Ind.
9. Full maiden name of mother Dorothy Wiers
   Residence of mother (if deceased so state) Colorado
   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 Sylvia Ann Corlett

New Address 10017 Maumee Dr, Indpls. In.

Subscribed and sworn to before me this 22 day of September, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of October, 19 77, authorizing the joining together as husband and wife Earnest Ray Peters and Sylvia Ann Corlett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward Dean Dickinson hereby certify that on the 8th day of October one thousand nine hundred and 77 at Indianapolis, County of Marion, State of Indiana, Groom Earnest Ray Peters of Hendricks County, State of Indiana, and, Bride Sylvia Ann Corlett of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8th day of October, 19 77. Signed Edward Dean Dickinson

Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of October, 19 77.

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 381

File

_____ County

9-23-1977
Date of Application

MALE
Medical Examination Report Dated 9-19-77
Name of Physician John Ellett Jr.

FEMALE
Medical Examination Report Dated 9-19-77
Name of Physician John Ellett Jr.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jared Middle Bruce Last Fishel

Date of Birth: Month 3 Day 12 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R. R. 2 City Box 313 Clayton County , Ind State

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald E Fishel
   Residence of father (if deceased so state) R. 2 Box 313 Clayton Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Juanita V. Burndt
   Residence of mother (if deceased so state) R. 2 Box 313 Clayton, Ind
   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 Jared Bruce Fishel
New Address RR #2 Coatesville, In.

Subscribed and sworn to before me this 23 day of Sept, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Patty Middle Ann Last Runnells

Date of Birth: Month 4 Day 4 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. R. R. 2 City Box 272, County Coatesville, State In

Previous Marital Status: Never Married ☒ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Ray Lamar Runnells
   Residence of father (if deceased so state) R 2 Box 272, Coatesville
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dorothy Ann McCloud
   Residence of mother (if deceased so state) R 2 Box 272, Coatesville
   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 Patty Ann Runnells
New Address RR 2 Coatesville, In.

Subscribed and sworn to before me this 23 day of Sept, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 28 *day of* September, 19 77, *authorizing the joining together as husband and wife* Jared Bruce Fishel *and* Patty Annn Runnells

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Frank Bunn *hereby certify that on the* 1st *day of* October, *one thousand nine hundred and* 77 *at* Coatesville, *County of* Hendricks, *State of Indiana, Groom* Jared Bruce Fishel *of* Hendricks *County, State of* Indiana *and, Bride* Patty Ann Runnels *of* Hendricks *County, State of* Indiana, *were by me united 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* September, 19 77.

Signed Frank Bunn

Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* October, 19 77.

Signed Glen M Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 382
File 38
9-23-77
Date of Application

Hendricks County

MALE
Medical Examination Report Dated 9-21-77
Name of Physician James Black

FEMALE
Medical Examination Report Dated 9-21-77
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ralph Middle Robert Last Neal
Date of Birth: Month November Day 6 Year 1956
Place of Birth (State or foreign country): Milton West Virginia
Residence Address: Street or R. R. 32 Hyde Park Row City Brownsburg, In. County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree #0513061
☐ Other (Specify) Driver's License with picture

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Garry Neal
   Residence of father (if deceased so state) Melrose Park, Chicago, Illinois
   Birthplace of father (State or foreign country) West Virginia
9. Full maiden name of mother Jean Silvia Boyd
   Residence of mother (if deceased so state) 32 Hyde Park Row Brownsburg, In.
   Birthplace of mother (State or foreign country) West Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Ralph Robert Neal
New Address 205½ Main St Brownsburg

Subscribed and sworn to before me this 23 day of Sept., 19 77.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Danita Middle L. Last Riddle
Date of Birth: Month July Day 16 Year 1956
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R. R. R #3, Bx 168 City Danville County In. State In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Voter Registration 13919

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Loren Junior Riddle
   Residence of father (if deceased so state) R #5 Danville, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Hazel Helen English
   Residence of mother (if deceased so state) Same
   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 x Danita Louise Riddle
New Address 205½ E. Main St. Brownsburg

Subscribed and sworn to before me this 23 day of Sept. 19 77.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....of Indiana dated the 27 day of Sept, 19 77, authorizing the joining together as husband and wife Ralph Robert Neal and Danita L. Riddle

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Sherman Essep hereby certify that on the 1st day of October, at Cittsboro, County of HENDRICKS, one thousand nine hundred and 77 State of Indiana, Groom Ralph Robert Neal of HENDRICKS County, State of Indiana, and, Bride Danita L Riddle of HENDRICKS County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of October, 19 77. Signed Sherman Essep
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of October, 19 77
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 383

File 38

_____ County

9-28-77
Date of Application

MALE
Medical Examination Report Dated 9-15-77
Name of Physician Kenneth L. Gray

FEMALE
Medical Examination Report Dated 9-15-77
Name of Physician Kenneth L. Gray

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 F. Last Sheffler

Date of Birth: Month June Day 30 Year 1958

Place of Birth (State or foreign country): Sullivan Ind.

Residence Address: Street or R. R. RR 8 Bx 347-H City Indianapolis County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Walter Sheffler
   Residence of father (if deceased so state) RR 8 Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Ellen Murdock
   Residence of mother (if deceased so state) Same
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed X William F Sheffler

New Address 530 F Linden Hill Cir. Indianapolis, Ind.

Subscribed and sworn to before me this 28 day of Sept, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Vicki Middle M. Last Hill

Date of Birth: Month August Day 18 Year 1958

Place of Birth (State or foreign country): Indianapolis In.

Residence Address: Street or R. R. RR 18 Bx 146-O City Indianapolis County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Robert Hill
   Residence of father (if deceased so state) RR 18, Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joanna Norris
   Residence of mother (if deceased so state) Same
   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 Vicki M. Hill

New Address 530 F Linden Hill Cir., Indpls., Ind.

Subscribed and sworn to before me this 28 day of Sept, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 3 *day of* October, 19 77, *authorizing the joining together as husband and wife* William F. Sheffler *and* Vicki M. Hill

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 7th *day of* October, *one thousand nine hundred and* 77 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* William F. Sheffler *of* Hendricks *County, State of* Indiana *and, Bride* Vicki M. Hill *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 7th *day of* October, 19 77.

Signed John C. Mowrer

Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* October, 19 77.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

587

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 384
File 38
9-29-77
Date of Application

_____ County

MALE
Medical Examination Report Dated 9-29-77
Name of Physician Robert W. Kirtley

FEMALE
Medical Examination Report Dated 9-29-77
Name of Physician Robert W. Kirtley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Herbert Middle G. Last Tyeryar
Date of Birth: Month December Day 6 Year 1928
Place of Birth (State or foreign country) Frederick Maryland
Residence Address: Street or R. R. Rt 11 Bx 211 City Frederick County Frederick State Maryland
Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Orla Naomi Tyeryar
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frederick Tyeryar
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Maryland
9. Full maiden name of mother Elsie Shelton
   Residence of mother (if deceased so state) Frederick, Maryland
   Birthplace of mother (State or foreign country) Maryland

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Herbert G Tyeryar
New Address Rt 11 Bx 211 Frederick, Md.
Subscribed and sworn to before me this 29 day of Sept, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Carolyn Middle Sue Last Malicoat
Date of Birth: Month March Day 3 Year 1948
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 284 N. Center City Plainfield County In State
Previous Marital Status: Never Married ☐ OR /
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Melissa Sue Counds
   Sherri Lynn Counds
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Elmer F. Malicoat
   Residence of father (if deceased so state) 284 N. Center Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alberta Lovins
   Residence of mother (if deceased so state) Same
   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 Carolyn Sue Malicoat
New Address RT. 11 Box 211 Frederick, MD.
Subscribed and sworn to before me this 29 day of Sept, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29 day of Sept., 19 77, authorizing the joining together as husband and wife Herbert G. Tyeryar and Caralyn Malicoat

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Darrell W. Cox hereby certify that on the 1st day of October, one thousand nine hundred and 77 at Plainfield, County of Hendricks, State of Indiana, Groom Herbert G Tyeryar of Frederick County, State of Maryland, and, Bride Caralyn Malicoat of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29 day of Sept., 19 77. Signed Darrell W Cox
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of October, 19 77
Signed Glen M Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 385

File _____

9-29-77
Date of Application

MALE
Medical Examination Report Dated 9-20-77
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 9-18-77
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 Daniel Middle Charles Last Jones

Date of Birth: Month Nov. Day 10 Year 1948

Place of Birth (State or foreign country) Ind.

Residence Address: 4014 Street or R. R. Lake Park Blvd. City Indpls. County _____ State In.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Mark Jones
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Charles A. Jones
   Residence of father (if deceased so state) deceased
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Leah M. Bryant
   Residence of mother (if deceased so state) Franklin, In.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Daniel Charles Jones
New Address 3841 Amigo Ave. Indpls

Subscribed and sworn to before me this 29 day of Sept., 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Jerrlyn Middle Jean Last Roberts

Date of Birth: Month June Day 15 Year 1954

Place of Birth (State or foreign country) Ind.

Residence Address: 1578 Street or R. R. Buchanan City Plainfield County _____ State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Donald W. Roberts
   Residence of father (if deceased so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Verona A. Felton
   Residence of mother (if deceased so state) Plainfield, In.
   Birthplace of mother (State or foreign country) N. D.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerrlyn Jean Roberts
New Address 3841 Amigo Ave, Indpls

Subscribed and sworn to before me this 29 day of Sept., 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 4 *day of* October, 19 77, *authorizing the joining together as husband and wife* Daniel Charles Jones *and* Jerrlyn Jean Roberts

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. R. O. Lassanske *hereby certify that on the* 29 *day of* October, *one thousand nine hundred and* 77 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Daniel Charles Jones *of* Marion *County, State of* Indiana *and, Bride* Jerrlyn Jean Roberts *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 29 *day of* October, 19 77.

Signed Rev. R. O. Lassanske
Official Designation Clergyman - St Luke Lutheran

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* Nov., 19 77.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
Rev. 1977

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 386

File 35

9-30-77
Date of Application

County

MALE
Medical Examination Report Dated 9-26-77

Name of Physician James Black

FEMALE
Medical Examination Report Dated 9-26-77

Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or profession shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jerrell, Middle N., Last Houser

Date of Birth: Month October, Day 3, Year 1940

Place of Birth (State or foreign country) Normal, Illinois

Residence Address: Street or R. R. 435 Lindsley, City Brownsburg, County, State In

Previous Marital Status: Never Married ☐ OR 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Voter Reg. 125161

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes" has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

No dependant children

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Leo Albert Houser
   Residence of father (if deceased so state) Deceased
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Dorothy Louise West
   Residence of mother (if deceased so state) 110 Willow Brook Village Bloomington, Ill.
   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 X Jerrell N. Houser

New Address 448 Murphy La. Brownsburg, Ind

Subscribed and sworn to before me this 30 day of Sept, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Bonnie, Middle M., Last Lester

Date of Birth: Month Sept., Day 2, Year 1939

Place of Birth (State or foreign country) New Castle, Indiana

Residence Address: Street or R. R. 448 Murphy Lane, City Brownsburg, County, State Ind.

Previous Marital Status: Never Married ☐ OR 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Voter Reg. 125162

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

Judith Ann Lester

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Otis Logan
   Residence of father (if deceased so state) 15811 E. State Rt 37 Sunbury, Ohio
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Minnie Janette Howell
   Residence of mother (if deceased so state) Deceased
   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 X Bonnie M. Lester

New Address 448 Murphy Lane, Brownsburg Ind. 46112

Subscribed and sworn to before me this 30 day of Sept, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... *, 19.77., authorizing the joining together as husband and wife of Indiana dated the* 14th *day of* October *and* ..... *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, ... *hereby certify that on the* ..... *day of* ....., *at* ....., *County of* ....., *one thousand nine hundred and* ..... *of* ....., *County, State of* ....., *State of Indiana, Groom* ..... *of* ....., *County, State of* ....., *and, Bride* ..... *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this ..... *day of* ....., *19.....* *Signed* .....

Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this ..... *day of* ....., *19.....*

Signed ..... *Clerk*

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 387
File 38
9-30-77
Date of Application

MALE
Medical Examination Report Dated 9-25-77
Name of Physician John Ellet, Jr.

FEMALE
Medical Examination Report Dated 9-25-77
Name of Physician John Ellett, Jr.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Harry | Middle Lee | Last Chase

Date of Birth: Month September | Day 24 | Year 1961

Place of Birth (State or foreign country): Rushville, In.

Residence Address: Street or R. R. R. 1 Box 11 | City North Salem | County | State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Harry Lee Chase
   Residence of father (if deceased so state) R#1, Bx 11 North Salem, In.
   Birthplace of father (State or foreign country) Pennsylvania
9. Full maiden name of mother LaVon Davis
   Residence of mother (if deceased so state) Same
   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 Harry Lee Chase
New Address R.1 Bx 11 North Salem

Subscribed and sworn to before me this 30 day of Sept, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Robert E. Chase Father
Signed LaVon Chase Mother

Subscribed and sworn to before me this 30 day of Sept, 1977.
Glen M. Harvey Clerk

FEMALE APPLICANT

Name: First Kathy | Middle Ann | Last Broadstreet

Date of Birth: Month September | Day 28 | Year 1959

Place of Birth (State or foreign country): Greencastle, In.

Residence Address: Street or R. R. R.R. #1 | City Stilesville | County | State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Bobby Ray Broadstreet
   Residence of father (if deceased so state) R.1 Stilesville, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Laura Alice Nichols
   Residence of mother (if deceased so state) Same
   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 Kathy Broadstreet
New Address R#1 Bx 11 North Salem

Subscribed and sworn to before me this 30 day of Sept, 1977.
Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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~~ Age Require and filed in Clerk Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7th *day of* October, 19 77, *authorizing the joining together as husband and wife* Harry Lee Chase *and* Kathy Ann Broadstreet

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer *hereby certify that on the* 8th *day of* October, *one thousand nine hundred and* 77 *at* danville, *County of* Hendricks, *State of Indiana, Groom* harry Lee Chase *of* Hendricks *County, State of* Indiana *and, Bride* Kathy Ann Broadstreet *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 8th *day of* October, 19 77.

Signed John C. Mowrer
Official Designation Judge

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* October, 19 77.

Signed Glen M. Harvey *Clerk*
HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 388
File 38
10-3-77
Date of Application

MALE
Medical Examination Report Dated 9-30 77
Name of Physician Richard D. Floyd

FEMALE
Medical Examination Report Dated 9-30-77
Name of Physician Nicholas N. Crockarff

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Summers
Date of Birth: Month August Day 18 Year 1956
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 2234 N. Centennial City Indianapolis County In. State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ Other (Specify) Driver's License with picture 5307-68-8297

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Rufus T. Summers
   Residence of father (if deceased so state) 2234 N. Centennial Indianapolis, In.
   Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Joyce Louise Clark
   Residence of mother (if deceased so state) Nineveh, Indiana
   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 David Summers
New Address 4013 Gateway Ct. Indpls.

Subscribed and sworn to before me this 3 day of Oct, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Kay Last Hodges
Date of Birth: Month February Day 2 Year 1960
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R. R. 5938 Oak Hill Dr. E. R#1 City Clearfield County In. State In.
Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Gerald Hodges
   Residence of father (if deceased so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Shirley Yvonne White
   Residence of mother (if deceased so state) 533 Sudbury Co. Indianapolis, In.
   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 Angela Hodges
New Address 4013 Gateway Ct Indpls.

Subscribed and sworn to before me this 3 day of Oct, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

mother has custody

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father
Signed x Mrs. Shirley Smith Mother
Subscribed and sworn to before me this _____ day 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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 7th day of October, 19 77, authorizing the joining together as husband and wife David Wayne Summers and Angela Kay Hodges

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Talmage Haggard hereby certify that on the 22 day of October, one thousand nine hundred and 77 at Indianapolis, County of Marion, State of Indiana, State of Indiana, Groom David Wayne Summers of Marion County, State of Indiana, and, Bride Angela Kay Hodges of Marion County, State of HENDRICKS were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 7 day of October, 19 77. Signed Talmage Haggard
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of October, 19 77.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 389

File

_____ County

Oct. 4 1977
Date of Application

MALE
Medical Examination Report Dated 10-3-77
Name of Physician Wm Edwards MD.

FEMALE
Medical Examination Report Dated 10-3-77
Name of Physician Wm Edwards 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 Alan Middle W. Last Dicks

Date of Birth: Month September Day 11 Year 1948

Place of Birth (State or foreign country) Marion C. Ind.

Residence Address: Street or R. R. 6925 Lockerbie Dr. City Indpls. County Marion State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Lic. #0763057 (picture)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   Kristina Diana Dicks
   Jennifer Lynn Dicks
7. Are you required by any court order or orders to support the above dependent children? not at this time No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Byron M. Dicks
   Residence of father (if deceased so state) Clayton, In.
   Birthplace of father (State or foreign country) Marion C. Ind.
9. Full maiden name of mother Alice Winifred Mabre
   Residence of mother (if deceased so state) Clayton In.
   Birthplace of mother (State or foreign country) Marion C. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Alan W. Dicks

New Address 522 Lawndale, Plainfield

Subscribed and sworn to before me this 4 day of October, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Victoria Middle Lynn Last Walker

Date of Birth: Month February Day 15 Year 1949

Place of Birth (State or foreign country) Indpls. Marion Ind.

Residence Address: Street or R. R. 522 Lawndale Dr. City Plainfield County Marion State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers Lic. # 0081668

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.
   William Dwight Walker
7. Are you required by any court order or orders to support the above dependent children? No ☑ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Albert Hack
   Residence of father (if deceased so state) Indianapolis Ind.
   Birthplace of father (State or foreign country) Marion Co.
9. Full maiden name of mother Shirley Mae Shelley
   Residence of mother (if deceased so state) Plainfield Ind.
   Birthplace of mother (State or foreign country) Marion Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Victoria Lynn Walker

New Address 522 Lawndale Plfd

Subscribed and sworn to before me this 4 day of October, 19 77

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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.....day of....., 19....., authorizing the joining together as husband and wife .....and.....*

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ...hereby certify that on the.....day of....., one thousand nine hundred and.....at....., County of....., State of Indiana, Groom.....of.....County, State of..... and, Bride.....of.....County, State of....., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this.....day of....., 19.....

Signed.....

Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this.....day of....., 19.....

Signed.....Clerk

HENDRICKS *Circuit Court*

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Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 390

File

10-5-1977
Date of Application

County

MALE
Medical Examination Report Dated 10-4-77
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 10-4-77
Name of Physician Eric D Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gary Middle Andrew Last Tedrow

Date of Birth: Month 9 Day 15 Year 1947

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Box 161, City North Salem, County Indiana State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Wilbur Edward Tedrow
   Residence of father (if deceased so state) Box 161, North Salem, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Mae Lane
   Residence of mother (if deceased so state) Box 161, North Salem, Ind
   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 a Tedrow
New Address Box 335 N. Salem, Ind.

Subscribed and sworn to before me this 5 day of Oct, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Carolyn Middle Faye Last Larmer

Date of Birth: Month 10 Day 12 Year 1946

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. Box 335, City North Salem, County Indiana State

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Lisa Larmer
   Mike Larmer

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Richard Foley
   Residence of father (if deceased so state) R.1 Hartford, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Katherine Grother
   Residence of mother (if deceased so state) deceased
   Birthplace of mother (State or foreign country)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carolyn F. Larmer
New Address Box 335 N. Salem Ind.

Subscribed and sworn to before me this 5 day of Oct, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 5th *day of* October, 19 77, *authorizing the joining together as husband and wife* Gary Andrew Tedrow *and* Carolyn Faye Larmer

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Buryl McCrary *hereby certify that on the* 7 *day of* October, *at* Lizton, *County of* Hendricks, *State of* Indiana, *one thousand nine hundred and* 77, *State of Indiana, Groom* Gary Andrew Tedrow *of* Hendricks *County, State of* Indiana, *and, Bride* Carolyn Faye Larmer *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 7th *day of* October, 19 77. *Signed* Buryl McCrary

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* October, 19 77

Signed Glen M Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 391

File

_____ County

Oct 5 1977
Date of Application

MALE
Medical Examination Report Dated 10-4-77
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 10-4-77
Name of Physician Glenn W Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First: David Middle: Wan Last: Jones

Date of Birth: Month: June Day: 29 Year: 1952

Place of Birth (State or foreign country): Indianapolis, In

Residence Address: Street or R. R.: R #3 Box 85 City: Danville County: Hendricks State: In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree #113-52-0337

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: David Lee Jones
   Residence of father (If deceased so state): Same
   Birthplace of father (State or foreign country): Ore Indiana
9. Full maiden name of mother: Phyllis Irene Holt
   Residence of mother (If deceased so state): Same
   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 Alan Jones

New Address: RR2 Box 339 Roachdale

Subscribed and sworn to before me this 5 day of Oct, 1977

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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: Wendy Middle: Gay Last: Arnold

Date of Birth: Month: Dec Day: 13 Year: 1953

Place of Birth (State or foreign country): Columbus Ohio

Residence Address: Street or R. R.: 6944 LaRiviera Dr. City: Trotwood County: _____ State: Ohio

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Mar 6, 1977

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree Western & Southern

☐ Other (Specify): Insurance policy # 7312552

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: William Edward Arnold
   Residence of father (If deceased so state): 1349 Gertrude, Cle. Ohio
   Birthplace of father (State or foreign country): Ohio
9. Full maiden name of mother: Eileen May Washburn
   Residence of mother (If deceased so state): 1249 Gertrude Cole Ohio
   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: Wendy Gay Arnold

New Address: RR2 Box 339 Roachdale

Subscribed and sworn to before me this 5 day of Oct, 1977

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 11 *day of* October, 1977, *authorizing the joining together as husband and wife* David Alan Jones *and* Wendy Gay Arnold

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Donald Tyler *hereby certify that on the* 16 *day of* October, *one thousand nine hundred and* 77 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* David Alan Jones *of* Hendricks *County, State of* Indiana *and, Bride* Wendy Gay Arnold *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16 *day of* October, 1977.

Signed Rev. Donald Tyler

Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* October, 1977.

Signed Glen M. Harvey *Clerk*

HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 392

File

10-5-77
Date of Application

_____ County

MALE
Medical Examination Report Dated 9-25-77
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 9-25-77
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Terry Middle Dillon Last Crum

Date of Birth: Month 11 Day 19 Year 1958

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. PO Box 116, City Stilesville, County, State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Armed Forces ID

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Delmas Darrell Crum
   Residence of father (if deceased so state) P.O. Box 116, Stilesville, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Maude Elaine Shaw
   Residence of mother (if deceased so state) P.O. Box 116, Stilesville
   Birthplace of mother (State or foreign country) Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terry W Crum
New Address Hawaii

Subscribed and sworn to before me this 5 day of Oct. 19 77.

Glen M Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____ Clerk

FEMALE APPLICANT

Name: First Joyce Middle Elaine Last Wiltermood

Date of Birth: Month 6 Day 19 Year 1959

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 510 Brentwood, City Plainfield, County, State Ind

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Maurice Bruce Wiltermood
   Residence of father (if deceased so state) 510 Brentwood, Plainfield, Ind
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Loretta Maureen Cook
   Residence of mother (if deceased so state) 510 Brentwood, Plainfield
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Joyce E. Wiltermood
New Address Hawaii

Subscribed and sworn to before me this 5 day of Oct 19 77.

Glen M Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, 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 HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 13th day of October, 19 77, authorizing the joining together as husband and wife Terry William Crum and Joyce Elaine Wiltermood

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Harry Kieninger hereby certify that on the 20 day of October, one thousand nine hundred and 77 at Brooklyn, County of Morgan, State of Indiana, Groom Terry William Crum of Hendricks County, State of Indiana, and, Bride Joyce Elaine Wiltermood of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13 day of October, 19 77.

Signed Rev Harry Kieninger
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of October, 19 77.

Signed Glen M Harney Clerk
HENDRICKS Circuit Court

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 393

File _____

10-5-77
Date of Application

MALE
Medical Examination Report Dated 10-3-77
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 10-3-77
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name — First: Glenn — Middle: R. — Last: Boyle

Date of Birth — Month: Nov. — Day: 4 — Year: 1955

Place of Birth (State or foreign country): Kentucky

Residence Address — Street or R. R.: 518 Alpha — City: Brownsburg — County: — State: In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father George Boyle
   Residence of father (if deceased so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ky
9. Full maiden name of mother Geneva Haley
   Residence of mother (if deceased so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Glenn R Boyle

New Address 518 ALPHA AVE BROWNSBURG

Subscribed and sworn to before me this 5 day of Oct, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name — First: Linda — Middle: Ann — Last: Murphy

Date of Birth — Month: Aug. — Day: 22 — Year: 1956

Place of Birth (State or foreign country): Indiana

Residence Address — Street or R. R.: Rt 3 Box 142 — City: Danville — County: — State: In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☑ Other (Specify) I.U.P.U.I. Student Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph Murphy
   Residence of father (if deceased so state) Danville In.
   Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Patricia Zingraf
   Residence of mother (if deceased so state) Danville, In.
   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 Linda A. Murphy

New Address 518 alpha Ave Brownsburg

Subscribed and sworn to before me this 5 day of Oct, 19 77.

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 11 day of October, 1977, authorizing the joining together as husband and wife Glenn R Boyle and Linda Ann Murphy

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Charles Nall hereby certify that on the 15th day of October, one thousand nine hundred and 77 at Brownsburg, County of Hendricks, State of Indiana, Groom Glenn R Boyle of Hendricks County, State of Indiana, and, Bride Linda Ann Murphy of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of October, 1977.

Signed Rev. Charles Nall

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of October, 1977.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

597

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 394

File 38

Hendricks County

10-5-77
Date of Application

MALE
Medical Examination Report Dated 9-16-77
Name of Physician Wm. A. Edwards

FEMALE
Medical Examination Report Dated 9-13-77
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 Richard Middle A. Last Keeney

Date of Birth: Month May Day 6 Year 1955

Place of Birth (State or foreign country) Crawfordsville In.

Residence Address: Street or R. R. 201½ Dickson City Plymouth County Marshall State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father John Fletcher Keeney
   Residence of father (if deceased so state) RR6 St 79 Rochester, Ind.
   Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Nadine Elliott
   Residence of mother (if deceased so state) Same
   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 x Richard A. Keeney
New Address 201½ DICKSON PLYMOUTH IN

Subscribed and sworn to before me this 5 day of Oct, 19 77.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 L. Last Stilwell

Date of Birth: Month January Day 22 Year 1955

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R. R. 1535 Section St. City Plainfield County Hendricks State In.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Robert Alan Stilwell
   Residence of father (if deceased so state) 1535 Section Plainfield
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Viola Mae Cox
   Residence of mother (if deceased so state) Same
   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 Sandra L. Stilwell
New Address 201½ Dickson Plymouth, In.

Subscribed and sworn to before me this 5 day of Oct, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 11 day of October, 1977, authorizing the joining together as husband and wife Richard A. Keeney and Sandra L. Stilwell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Dillon Laffin hereby certify that on the 15 day of October one thousand nine hundred and 77, at Plainfield, County of Hendricks, State of Indiana, Groom Richard A. Keeney of Marshall County, State of Indiana, and, Bride Sandra L. Stilwell of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of October, 1977. Signed Rev Dillon Laffin

Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of October, 19 77. Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

598

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 395

File

_____ County

10-7-77
Date of Application

MALE
Medical Examination Report Dated 10-3-77
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 10-3-77
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 Dennis Middle Ray Last Whitmire

Date of Birth: Month 11 Day 22 Year 1946

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 102 South Green St. City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Dennis Ray Whitmire
   Residence of father (if deceased so state) R.R. 5, Fairfield, Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alta Mae Hollingsworth
   Residence of mother (if deceased so state) 1140 Lynn St, Lakeland, Fla
   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 Dennis R. Whitmire

New Address 102 South Green St. Brownsburg

Subscribed and sworn to before me this 7 day of October, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Glay Last Dison

Date of Birth: Month 11 Day 26 Year 1949

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 102 So. Green St. City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☒ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
6. List the full names of any dependent children.
   Stephanie Dison

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Don Gillian Truax
   Residence of father (if deceased so state) 306 Gillian Dr., Brownsburg
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Catherine Isabel Poling
   Residence of mother (if deceased so state) 306 Gillian Dr., Brownsburg
   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 G. Dison

New Address 102 S. Green, Brownsburg

Subscribed and sworn to before me this 7 day of October, 1977.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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* 12th *day of* October, 19 77, *authorizing the joining together as husband and wife* Dennis R. Whitmire *and* Cathy Glay Dison
Be it further remembered. the following marriage certificate was filed in my office, to-wit:
I, Orval L. Sutton *hereby certify that on the* 15 *day of* October, *one thousand nine hundred and* 77 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Dennis R. Whitmire *of* Hendricks *County, State of* Indiana *and, Bride* Cathy Glay Dison *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 15 *day of* October, 19 77.

Signed Rev. Orval Sutton

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* October, 19 77.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

599

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 396

Hendricks County

File October 11 1977
Date of Application

MALE
Medical Examination Report Dated 10-10-77
Name of Physician Thomas Walker MD

FEMALE
Medical Examination Report Dated 10-10-77
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 Gregory Middle Dale Last Strange

Date of Birth: Month November Day 12 Year 1954

Place of Birth (State or foreign country) Scottsburg Scott Ind

Residence Address: Street or R. R. 115 Logan City Brwns County Brwns State Ind

Previous Marital Status: Never Married ☐ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 113-54-097372

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Paul Strange
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Delmont Bottorff
   Residence of mother (if deceased so state) Brownsburg Ind.
   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 Dale Strange

New Address 320 N Jefferson Apt #5 Brownsburg

Subscribed and sworn to before me this 11 day of October, 19 77

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Teresa Middle Jo Last Mc Guire

Date of Birth: Month September Day 14 Year 1956

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. 115 Dixie Hi City Brwnsbrg County Brwns State Ind.

Previous Marital Status: Never Married ☑ OR

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) # 113-56-088207

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Joseph T. Mc Guire
   Residence of father (if deceased so state) Brownsburg Ind.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary L. Case
   Residence of mother (if deceased so state) Brownsburg Ind.
   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 Teresa J. McGuire

New Address 320 N. Jefferson Apt 5 Brwnsbg

Subscribed and sworn to before me this 11 day of October, 19 77

Glen M Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....of Indiana dated the 15 day of October, 19 77, authorizing the joining together as husband and wife Gregory Dale Strange and Teresa Jo Mc Guire

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Raymond L Yoder hereby certify that on the 15 day of October, County of Hendricks, at Liston, one thousand nine hundred and 77 County, State of Indiana, State of Indiana, Groom Gregory Dale Strange of Hendricks County, State of Indiana, and, Bride Teresa Jo Mc Guire of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of October, 19 77.

Signed Rev Raymond L Yoder

Official Designation Pastor, 1st Baptist Church, Liston

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of October, 19 77

Signed Glen M Harvey Clerk

HENDRICKS Circuit Court

600

Form Prescibed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

_____ County

No. 397
File 38
10-12-77
Date of Application

MALE
Medical Examination Report Dated 10-11-77
Name of Physician Steven M. Steinkeler

FEMALE
Medical Examination Report Dated 10-11-77
Name of Physician Steven M. Steinkeler

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 M. Last Christian
Date of Birth: Month February Day 19 Year 1957
Place of Birth (State or foreign country): Lebanon In.
Residence Address: Street or R. R. R.R. 1 Bx 289 City Brownsburg, In. County State

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Francis Louis Christian
   Residence of father (if deceased so state) R1 Bx 289 Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ann Marie Gill
   Residence of mother (if deceased so state) Same
   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 David M Christian
New Address 512 Rodney St. Brownsburg
Subscribed and sworn to before me this 12 day of Oct., 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Candy Middle L. Last Hodges
Date of Birth: Month March Day 24 Year 1959
Place of Birth (State or foreign country): Lebanon In.
Residence Address: Street or R. R. R.R. 2 Bx 188A City Brownsburg County State In.

Previous Marital Status: Never Married ☑ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☑ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you afflicted with a transmissible disease? No ☑ Yes ☐
3. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
4. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
5. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
6. List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
   If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father James Paul Hodges
   Residence of father (if deceased so state) R2 Bx 188A Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis Jan Hall
   Residence of mother (if deceased so state) Same
   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 Candy L. Hodges
New Address 512 Rodney St. Brownsburg
Subscribed and sworn to before me this 12 day of October, 19.77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 17 day of October, 19 77, authorizing the joining together as husband and wife David M. Christian and Candy L Hodges
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Charles Noll hereby certify that on the 22 day of October, one thousand nine hundred and 77 at Brownsburg, County of Hendricks, State of Indiana, Groom David M. Christian of Hendricks County, State of Indiana, and, Bride Candy L. Hodges of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 17 day of October, 1977.

Signed Rev. Charles Noll
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of October, 19 77.

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court