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30 Mc Kinney, Rodger A.

63 Mc Kinley, Mary H.

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114 Mc Ginnis, Robert C.

143 Mc Knight, Michael Lynn

146 Mc Williams, Grace Sue

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202 McCoy, Kathie J.

216 Mc Mahon, Scott A

223 Mc Glone, Sharon Ann

247 M. Graw, ^{Shirley Lynn} Thomas Patrick

255 Mc Donald, Rex Lee

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305 Mc Callum, Nancy Louise

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390 M. Kenney, Sandra J.

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133 Newton, Sharon Kay

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281 Newman, Shirley Lee

298 Neely, Donald E.

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302 Nagel, Robert Joseph

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371 Nevarez, Ruth Darnell

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542 Napier, Caren

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STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. #398

File _____
Date of Application Oct 12, 1977

County _____

MALE

Medical Examination Report Dated Oct. 12, 1977
Name of Physician Serry L. Henderson

FEMALE

Medical Examination Report Dated Oct. 12, 1977
Name of Physician Serry L. Henderson

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

MALE APPLICANT

Name Bart Evon Richards
Date of Birth Feb 5 1955
Place of Birth (State or foreign country) Wayton, Ohio
Residence Address R R #1 Box 2774 Brownsburg, 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 #1308

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Lewis Richards
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Margaret Alice Cull
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ohio

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

Signed Bart Evon Richards
New Address 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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Robin Kay Welch
Date of Birth 9 21 1958
Place of Birth (State or foreign country) Indianapolis, In
Residence Address 34 Acres Lane Brownsburg, In
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree #11582

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Junior Welch
Residence of father (if deceased so state) Bloomington, In
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Katharine Keiser
Residence of mother (if deceased so state) 34 Acres Ln Brownsburg
Birthplace of mother (State or foreign country) Indiana

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

Signed Robin Kay Welch
New Address 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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Oct, 1977, authorizing the joining together as husband and wife Bart Evon Richards and Robin Kay Welch.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Richard W. Pop hereby certify that on the 21 day of October, one thousand nine hundred and 77 at Brownsburg, County of Hendricks, State of Indiana, Groom Bart Evon Richards of Hendricks County, State of Indiana and, Bride Robin Kay Welch of Hendricks County, State of Indiana, were by me united 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 October, 1977.

Signed Richard W. Pop
Official Designation Minister
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of October, 1977.

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. 399
File 39
Date of Application 10-17-77

MALE
Medical Examination Report Dated 10-7-77
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 10-7-77
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, representa-

MALE APPLICANT
Name Mark C. Cole
Date of Birth July 1, 1956
Place of Birth (State or foreign country) Indiana
Residence Address RR 3 Danville, 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) Water Reg. 9437
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Philip Cole
Residence of father (if deceased so state) Rt 1 Pittsboro, Ind.
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Onarga Ivis Leathers
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Mark C. Cole
New Address RR 3 Box 111 Danville Ind 46122

Subscribed and sworn to before me this 17 day of Oct., 1977
Ellen M. Harney Clerk HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 21 day of October, 1977, authorizing the joining together as husband and wife of Mark C. Cole and Robyn L. Woods.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Charles H. England _____
one thousand nine hundred and 77 _____
State of Indiana, Groom Mark C. Cole _____
and, Bride Robyn L. Woods _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of _____ Indiana.
Dated this 29 day of October, 1977.

Signed Charles H. England
Official Designation Minister
3rd day of Nov., 1977
Signed Ellen M. Harney Clerk HENDRICKS Circuit Court

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

FEMALE APPLICANT
Name Robyn L. Woods
Date of Birth July 4, 1957
Place of Birth (State or foreign country) Indiana
Residence Address RR 1 Pittsboro, 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) Water Reg. 14946
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Leura Manning Woods II
Residence of father (if deceased so state) Rt 1 Pittsboro, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Barbara Jane Chapman
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Robyn Lynne Woods
New Address RR 3 Box 111 Danville Ind 46122

Subscribed and sworn to before me this 17 day of Oct., 1977
Ellen M. Harney Clerk HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife of _____ and _____.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. _____
one thousand nine hundred and _____
State of Indiana, Groom _____
and, Bride _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____.

Signed _____
Official Designation _____
_____ day of _____, 19____
Signed _____ Clerk _____

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 4000
File _____
Date of Application Oct. 17, 1977

MALE
Medical Examination Report Dated 10-3-77
Name of Physician James E. Southard

FEMALE
Medical Examination Report Dated 10-3-77
Name of Physician James E. Southard

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

MALE APPLICANT
Name John Finley Bicknell
Date of Birth 30 1926
Place of Birth (State or foreign country) Salem, In.
Residence Address Box 242 Clayton, In
Previous Marital Status: Never Married ☐ OR 1 time
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1975-7dend.
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License #D721-18-4101
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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.
Patricia Ann Bicknell

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 H. Bicknell
Residence of father (if deceased so state) 800 Carolina Ave. St. Cloud, Fla.
Birthplace of father (State or foreign country) Linton, In.
9. Full maiden name of mother Clarice Holly Barrett
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Salem, In.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed John F. Bicknell
New Address 652 E. Main St. Plsd.
Subscribed and sworn to before me this 17 day of Oct, 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19_____
Clerk _____

FEMALE APPLICANT
Name Connie Sue Lanham
Date of Birth 10 1936
Place of Birth (State or foreign country) Liberty, Missouri
Residence Address P.O. Box 278 Clayton, In
Previous Marital Status: Never Married ☐ OR 2 times
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Hendricks 1977
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License #D315-34-8469
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Bryon Noble Mason
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Clayton, In.
9. Full maiden name of mother Winona Eloise Perrod
Residence of mother (if deceased so state) Clayton, In.
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Connie Sue Lanham
New Address 652 E. Main St. 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19_____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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 21 day of October, 1977, authorizing the joining together as husband and wife John Finley Bicknell and Connie Sue Lanham.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Charles Darby hereby certify that on the 11th day of November, one thousand nine hundred and 77 at Indianapolis, County of Marion, State of Indiana, Groom John Finley Bicknell of Hendricks County, State of Indiana and, Bride Connie Sue Lanham of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 11th day of Nov., 1977.

Signed Charles Darby
Official Designation Pastor Free Spiritualistic Church
Signed Ellen M. Harney Clerk
HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 5 day of Dec., 1977.

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. 401
File _____
Date of Application 10-18-1977

MALE
Medical Examination Report Dated 10-13-77
Name of Physician Alvin D. Schaaf

FEMALE
Medical Examination Report Dated 10-13-77
Name of Physician Alvin D. Schaaf

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

MALE APPLICANT
Name Craig Alan Leake
Date of Birth 10-31-1957
Place of Birth (State or foreign country) Indiana
Residence Address 106 Four Winds Dr., Jasper, 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 Nerrill Rexon Leake
Residence of father (if deceased so state) 106 Four Winds Dr., Jasper, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Wolfberger
Residence of mother (if deceased so state) 106 Four Winds Dr., Jasper, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Craig A. Leake
New Address 130 Green Acres, Brownsburg

Subscribed and sworn to before me this 18 day of Oct, 1977.
Wm 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, HENDRICKS ss: _____
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 22 day of Oct, 1977, authorizing the joining together as husband and wife

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

1, Clifford L. Carmichael hereby certify that on the 22 day of October

one thousand nine hundred and 77 at Brownsburg County of Hendricks

State of Indiana, Groom Craig Alan Leake of Boone County, State of Indiana

and, Bride Pamela Sue Storen of Hendricks County, State of Indiana

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

Dated this 22 day of October, 1977.

Signed Clifford L. Carmichael
Official Designation United Methodist Minister
24 day of October, 1977

Signed Wm M. Harney Clerk HENDRICKS Circuit Court

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No. 996 Yes
No. 997 Yes
No. 998 Yes
No. 999 Yes
No. 1000 Yes

Form Prescribed By
Indiana State Board of
Health under Authority
Chapter 136, Ind. Acts 1925
(Rev. 1927)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 402
File
Date of Application 12-19-27

MALE
Medical Examination Report Dated 12-1-27
Name of Physician Viriam S. Ligon

FEMALE
Medical Examination Report Dated 12-1-27
Name of Physician Viriam S. Ligon

ALL QUESTIONS MUST BE ANSWERED. Chapter 136, Indiana Acts 1925 provides: "False statement—Whoever procures the issuance of a license to marry by any false statement, representation, or omission of material fact, shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT
Name First Edward Middle Last Singleton
Date of Birth 9-16-1883
Place of Birth (State or foreign country) Indiana
Residence Address 11160 W. Washington St., Indianapolis, Ind.
Previous Marital Status Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

FEMALE APPLICANT
Name First Debra Middle Last Randall
Date of Birth 1-1-1883
Place of Birth (State or foreign country) Indiana
Residence Address R. 1 Box 353, 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) Please Answer 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.

Other (Specify) Please Answer 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: Carl Edward Singleton
Residence of father (if deceased or state): 2102 S. Morris St., Indianapolis
Birthplace of father (State or foreign country): Indiana
9. Full name of mother: Audrey Keachbrook
Residence of mother (if deceased or state): 2102 S. Morris St., Indianapolis
Birthplace of mother (State or foreign country): Indiana
State of Indiana, HENDRICKS } we, I depose and state the information given in this application is true and correct.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father: Roy C. Randall
Residence of father (if deceased or state): R. 1 Box 353, Plainfield, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full name of mother: Patricia Ann Brown
Residence of mother (if deceased or state): R. 1 Box 353, Plainfield, Ind.
Birthplace of mother (State or foreign country): Kentucky
State of Indiana, HENDRICKS } we, I depose and state the information given in this application is true and correct.

Signed: Edward Singleton
New Address: 11160 W. Washington St.
Subscribed and sworn to before me this 19 day of Dec 1927
Sen M. Harney Clerk HENDRICKS Circuit Court

Signed: Debra J. Randall
New Address: 11160 W. Washington St.
Subscribed and sworn to before me this 19 day of Dec 1927
Sen 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, HENDRICKS }
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS }
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
We, the undersigned, 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 October 1927, authorizing the joining together as husband and wife of Edward E. Singleton and Debra J. Randall.
We do further recommend, the following marriage certificate was filed in my office, to-wit:
I, Ronald Ricketts, hereby certify that on the 22 day of October one thousand nine hundred and 27 at Indianapolis, County of Marion, State of Indiana, Group Edward E. Singleton of Hendricks County, State of Indiana and Debra J. Randall of Hendricks County, State of Indiana were by me united 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 October, 1927.
Signed: Ronald Ricketts
Official Designation: Pastor
Filed and recorded in accordance with the laws of the State of Indiana this 24 day of October, 1927.
Signed: Sen M. Harney 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. 403
File _____
Date of Application 10-20-77

MALE
Medical Examination Report Dated 10-7-77
Name of Physician Elmer L. Koch MD

FEMALE
Medical Examination Report Dated 10-7-77
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, representa-

MALE APPLICANT
Name Kurt C. Martin
Date of Birth April 19 1957
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 157 Washington St. Danville, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree # 113-57-031733

☐ 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 H. Martin
Residence of father (if deceased so state) 7778 W. W. Woodford Ct. Indpls. Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Patricia G. Parkinson
Residence of mother (if deceased so state) 157 N. Washington Danville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Kurt C. Martin
New Address 1180 Lincoln St.

Subscribed and sworn to before me this 20 day of Oct, 1977
Elmer M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 October, 1977, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Earl T. Bonham and Teressa Lynn Hayden

one thousand nine hundred and 77 hereby certify that on the 28 day of October, 1977, at Danville, County of Hendricks, State of Indiana, Groom Kurt C. Martin and, Bride Teressa Lynn Hayden of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.

Dated this 28 day of October, 1977.

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

Signed Earl T. Bonham
Official Designation United Methodist Pastor
day of October, 1977

Signed Elmer M. Harvey
Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 404
File Oct. 20, 1977
Date of Application

MALE
Medical Examination Report Dated 10-10-77
Name of Physician Irving Cohen, M.D.

FEMALE
Medical Examination Report Dated 10-10-77
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 Gary Wayne Carter
Date of Birth March 28 1958
Place of Birth (State or foreign country) Ind.
Residence Address 502 Greenwood Dr. Indianapolis Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

FEMALE APPLICANT
Name Cathy Lynn Day
Date of Birth July 10 1959
Place of Birth (State or foreign country) Ind.
Residence Address 645 Sawdust 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Eugene Carter
Residence of father (if deceased so state) Indianapolis Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Hattie Myrtle Fisher
Residence of mother (if deceased so state) Indianapolis Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Gary Wayne Carter
New Address 502 Greenwood Dr.
Subscribed and sworn to before me this 20 day of October, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 A. Day
Residence of father (if deceased so state) Plainfield Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Sharon M. Bentz
Residence of mother (if deceased so state) Plainfield Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Cathy Lynn Day
New Address 502 Greenwood Drive
Subscribed and sworn to before me this 20 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.

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

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

Clerk

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

Clerk

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

RETURN 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 October, 1977, authorizing the joining together as husband and wife of Gary Wayne Carter and Cathy Lynn Day.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, P. O. Lassanshe, hereby certify that on the 22 day of October, one thousand nine hundred and 77, at Ellettsfield, County of Hendricks, State of Indiana, Groom Gary Wayne Carter of Hendricks County, State of Indiana, and, Bride Cathy Lynn Day of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 22 day of October, 1977.

Signed P. O. Lassanshe
Official Designation Pastor - St. Luke's Lutheran
Filed and recorded in accordance with the laws of the State of Indiana this 2 day of November, 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

No. 405
File 39
Date of Application 10-20-77

County _____

MALE
Medical Examination Report Dated 10-13-77
Name of Physician _____

FEMALE
Medical Examination Report Dated 10-13-77
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 Ray First Ray Middle Ray Last Ray
Date of Birth August 8, 1926 Month August Day 8 Year 1926
Place of Birth (State or foreign country) Arkansas
Residence Address 2210 E. 98th St. Street or R. R. Indianapolis City Indianapolis County Indianapolis 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) Naval Discharge Papers
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
 - If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Bertie Rozean
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Arkansas

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

Signed Ray
New Address 121 N. Rd. 300 E. Danville, Ind.
Subscribed and sworn to before me this 20 day of Oct, 1977.
Allen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss: _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 1977.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ and _____, authorizing the joining together as husband and wife

I, Dr. Joseph D. Stump hereby certify that on the 26 day of October, 1977, at Danville, County of Hendricks, State of Indiana, Groom Ray and, Bride Marcia J. Long of Hendricks County, State of Indiana were by me joined in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____, Dated this 26 day of October, 1977.

Signed Dr. Joseph D. Stump
Official Designation Dr. Stump
Signed Allen M. Harney
Clerk HENDRICKS Circuit Court

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

FEMALE APPLICANT

Name Marcia First Marcia Middle J Last Long
Date of Birth August 23, 1941 Month August Day 23 Year 1941
Place of Birth (State or foreign country) Illinois
Residence Address 121 North Rd. 300 E Street or R. R. Danville City Danville County Ind. State Ind.
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) Water Reg. 4958
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
 - If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

Larry Wm. Long
Terri Long
Sherri Long

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Mark Justice Smuts Becker
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Genette Taber
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Marcia J. Long
New Address 121 N. Rd. 300 E. Danville, Ind.
Subscribed and sworn to before me this 20 day of Oct, 1977.
Allen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss: _____

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 406

File
Oct 20 1977
Date of Application

County

MALE

Medical Examination Report Dated 10-12-77

Name of Physician L. H. Ellis

FEMALE

Medical Examination Report Dated 10-12-77

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 Thomas Middle Last Kennedy
Date of Birth Month April Day 12 Year 1956
Place of Birth (State or foreign country) Lebanon, In.
Residence Address R #2 North Salem, In.
Previous Marital Status: Never Married ☐ OR 1 time
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1977
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Wick Edward Kennedy Jr.
Residence of father (if deceased so state) 217 W. Main St. Ligon
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Johnette Lead
Residence of mother (if deceased so state) 217 W. Main Ligon
Birthplace of mother (State or foreign country) Indiana

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

Signed Thomas E. Kennedy
New Address R 2 North Salem

Subscribed and sworn to before me this 20 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, HENDRICKS } ss:
County of

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

Name First Cheryl Middle Last Boyer
Date of Birth Month Oct Day 23 Year 1957
Place of Birth (State or foreign country) Lebanon
Residence Address R #2 North Salem, In.
Previous Marital Status: Never Married ☐ OR 1 -
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1976 - Hend.
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Wilson
Residence of father (if deceased so state) R #1 Grimestown
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Kathleen Armstrong
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Cheryl Boyer
New Address R2 North Salem

Subscribed and sworn to before me this 20th 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, HENDRICKS } ss:
County of

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1977, authorizing the joining together as husband and wife of Thomas E. Kennedy and Cheryl L. Boyer.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Anthony C. Guide hereby certify that on the 25 day of October, one thousand nine hundred and 77, at Danville, County of Hendricks, State of Indiana, Groom Thomas E. Kennedy of Hendricks County, State of Indiana, and, Bride Cheryl E. Boyer of Hendricks County, State of Indiana, were by me united 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 October, 1977.

Signed Anthony C. Guide
Official Designation Judge Pro Tem
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of October, 1977.

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

No. 407
File 10-21-77
Date of Application

MALE
Medical Examination Report Dated 10-18-77
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 10-18-77
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 David Anthony Frost
Date of Birth April 21 1958
Place of Birth (State or foreign country) Ind.
Residence Address Rt 2 Box 90 Locust Ln, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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. Frost
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Jackie R. Withers
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ind.

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

Signed Paul M. Frost
New Address Aspen Ind.

Subscribed and sworn to before me this 21 day of Oct, 1977.
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, HENDRICKS } ss: _____
County of _____

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 October, 1977, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry Q. Nash, hereby certify that on the 29 day of October, 1977, at Brownsburg, County of Hendricks, State of Indiana, Groom David Anthony Frost and, Bride Paula Jean Herbert were by me joined in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 29 day of October, 1977.

Signed Jerry Q. Nash
Official Designation Minister
Signed Glenn M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of October, 1977.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 408

File

County

10-21-77

Date of Application

MALE

Medical Examination Report Dated 10-17-77

Name of Physician Dr. Jagers

FEMALE

Medical Examination Report Dated 10-17-77

Name of Physician Dr. Jagers

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

MALE APPLICANT

Name First Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Dixon Mills Roe
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Oklahoma
9. Full maiden name of mother Mildred Lupton
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Texas

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

Signed Roger Noe
New Address 7849 Cummins Dr. #524

Subscribed and sworn to before me this 21 day of Oct, 1977.
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, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Alvin Hodgins
Residence of father (if deceased so state) 1109 Stafford Rd, Plainfield, Ind
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Kathleen Lupton
Residence of mother (if deceased so state) 1109 Stafford Rd, Plainfield, Ind
Birthplace of mother (State or foreign country) Indiana

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

Signed Jennifer Hodgins
New Address 7849 Cummins Dr. #524

Subscribed and sworn to before me this 21 day of Oct, 1977.
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, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1977, authorizing the joining together as husband and wife of Roger Alon Noe and Jennifer Lynn Hodgins.
Be it further remembered, the following marriage certificate was filed in my office, to wit:
I, Alfred J. Helbert hereby certify that on the fourth day of November, one thousand nine hundred and 77, at Messiah Lutheran Church, County of Marion, State of Indiana, Groom Roger Alon Noe of Marion County, State of Indiana, and, Bride Jennifer Lynn Hodgins of Hendricks County, State of Indiana, were by me united 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 October, 1977.

Signed The Rev. Alfred Helbert

Official Designation Clergyman

Signed Glen M. Harney Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Nov, 1977.

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. 409
File _____
Date of Application 10-21-77

MALE
Medical Examination Report Dated 10-20-77
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 10-20-77
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 Keith Spaulding
Date of Birth 10 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 240 Knox Avenue, Pepp. Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree 14990

- ☐ 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 Wilford Spaulding
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Marylou Springer
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Keith W. Spaulding
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, HENDRICKS } ss: _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be it Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____, hereby certify that on the _____ day of _____, 19____, at _____, County of _____, State of _____, _____ and _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____.

Dated this _____ day of _____, 19____.
Signed _____
Official Designation _____
Signed _____
Clerk _____

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 410
File _____
County _____
Date of Application 10-21-77

MALE
Medical Examination Report Dated 10-6-77
Name of Physician Carl L. Skirlein

FEMALE
Medical Examination Report Dated 10-6-77
Name of Physician Carl L. Skirlein

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

MALE APPLICANT
Name Joseph Larry Settles, Jr.
Date of Birth 4 3 1937
Place of Birth (State or foreign country) Indiana
Residence Address R.R. 1 Box 309, Clayton, 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) Voter Registration # 1812
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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.
Joseph Larry Settles, Jr.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 L. Settles, Sr.
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother: Hilda Marie Harvey
Residence of mother (if deceased so state) R. 1 Box 309 Clayton, Ind.
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Joseph L. Settles, Jr.
New Address RR #1 Box 309 Clayton, Ind.
Subscribed and sworn to before me this 21 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, HENDRICKS } ss: _____
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT
Name Susan Lyn Harris
Date of Birth 5 23 1947
Place of Birth (State or foreign country) Indiana
Residence Address R.R. 1 Box 311, Clayton, 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) Voter registration 13549
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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.
Sheriff Lyn Harris
Dawn Michelle Harris

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 S. Williams
Residence of father (if deceased so state) 5432 Kenmore Rd. Indianapolis
Birthplace of father (State or foreign country) Mich
9. Full maiden name of mother: Nelle Marguerite Gargner
Residence of mother (if deceased so state) 5432 Kenmore Rd. Indianapolis
Birthplace of mother (State or foreign country) Colorado
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Susan Lyn Harris
New Address RR #1 Box 309 Clayton, Ind.
Subscribed and sworn to before me this 21 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, HENDRICKS } ss: _____
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 October, 1977, authorizing the joining together as husband and wife of Joseph Larry Settles, Jr. and Susan Lyn Harris.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. William H. Lee, hereby certify that on the 28 day of October, one thousand nine hundred and 77 at Indianapolis, County of Marion, State of Indiana, Groom Joseph L. Settles, Jr. of Hendricks County, State of Indiana, and, Bride Susan L. Harris of Hendricks County, State of Indiana, were by me united 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 October, 1977.
Signed Rev. William H. Lee
Official Designation Ministry
Filed and recorded in accordance with the laws of the State of Indiana this 1st day of November, 1977.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 411
File Oct. 24, 1977
Date of Application

MALE
Medical Examination Report Dated 10-21-77
Name of Physician Ronald Stegmoller

FEMALE
Medical Examination Report Dated 10-21-77
Name of Physician Ronald Stegmoller

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

MALE APPLICANT

Name William Oliver
Date of Birth Sept. 28 1960
Place of Birth (State or foreign country) Indiana
Residence Address 805 Sunset Danville 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. Oliver
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Betty Froderman
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 the information given in this application is true and correct.

Signed William Oliver
New Address 805 Sunset Drive
Subscribed and sworn to before me this 24 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, HENDRICKS } ss:
County of _____

Signed William Oliver Father
Signed Mrs. Betty M. Oliver Mother
Subscribed and sworn to before me this 24 day of Oct, 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 in Clerk's Office County Circuit Court by written order issued Ag. 9, 3 day waiver and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of Oct, 1977, authorizing the joining together as husband and wife of William Oliver and Rhonda Lynn Williams.
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 28 day of October, 1977, at Danville, County of Hendricks, State of Indiana, Groom William Oliver and Bride Rhonda Lynn 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, State of Indiana.
Dated this 28 day of October, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of Nov, 1977.
Signed Dr. Joseph D. Stump
Official Designation Pastor
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Rhonda Lynn Williams
Date of Birth April 21 1961
Place of Birth (State or foreign country) Indiana
Residence Address 217 S. Washington Danville 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 Jimmie C. Williams
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Constance Nicely
Residence of mother (if deceased so state) Danville, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Rhonda Lynn Williams
New Address 805 Sunset Drive
Subscribed and sworn to before me this 24 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, HENDRICKS } ss:
County of _____

Signed Wendell L. Minnick Father
Signed Constance M. Minnick Mother
Subscribed and sworn to before me this 24 day of Oct, 1977
Glen M. Harvey Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 412
File _____
County _____
Date of Application 10-24-77

MALE
Medical Examination Report Dated 10-11-77
Name of Physician Quincy Cohen

FEMALE
Medical Examination Report Dated 10-11-77
Name of Physician Quincy 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 Robert Brummett
Date of Birth 4 12 1957
Place of Birth (State or foreign country) Indiana
Residence Address R. R. 2 Box 145, Indianapolis, 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) Insurance Policy
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Wesley Brummett
Residence of father (if deceased so state) 934 Brunswick Rd, Indianapolis
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Ann Harris
Residence of mother (if deceased so state) 934 Brunswick Rd, Indianapolis
Birthplace of mother (State or foreign country) Indiana

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

Signed Robert A. Brummett
New Address 10004 Old Road 70, Plainfield
Subscribed and sworn to before me this 24 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, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT
Name Mitzi Lynn Brown
Date of Birth 3 3 1959
Place of Birth (State or foreign country) Indiana
Residence Address R. R. 2 Box 145, Indianapolis, 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 Bredie Mac Brown
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Ann Dugni
Residence of mother (if deceased so state) R. R. 2 Box 145, Indianapolis
Birthplace of mother (State or foreign country) Indiana

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

Signed Mitzi L. Brown
New Address 10004 Old Rd 70, Indpls. 46231
Subscribed and sworn to before me this 24 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, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 October, 1977, authorizing the joining together as husband and wife Robert A. Brummett and Mitzi Lynn Brown.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Darrell W. Cop, hereby certify that on the 30 day of October, one thousand nine hundred and 77 at Maple Grove Baptist Church County of Hendricks, State of Indiana, Groom Robert A. Brummett of Hendricks County, State of Indiana and, Bride Mitzi 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 HENDRICKS County.
Dated this 28 day of October, 1977.

Signed Darrell W. Cop
Official Designation Pastor, Maple Grove Baptist Ch.
Filed and recorded in accordance with the laws of the State of Indiana this 2 day of November, 1977.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

No. 413
File Oct. 24, 1977
Date of Application

MALE
Medical Examination Report Dated 10-12-77
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 10-12-77
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, representa-

MALE APPLICANT
Name James Anthony Christian
Date of Birth Sept. 8, 1958
Place of Birth (State or foreign country) Indiana
Residence Address Rt 1 Box 259 Brownsburg, 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 Francis Louis Christian
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Ind.
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, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James A. Christian
New Address Speedway, Ind.
Subscribed and sworn to before me this 24 day of Oct., 1977
Allen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss: _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be it Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County _____ Court _____, 1977, authorizing the joining together as husband and wife of Indiana dated the 28 day of Oct.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer, _____, hereby certify that on the 29 day of October, 1977, at Danville, County of Hendricks, State of Indiana, Groom James Anthony Christian and, Bride Pamela Kay Duncan were by me joined in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 29 day of October, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of October, 1977.
Signed John C. Maurer
Official Designation Judge Hendricks Co. Court
Signed Allen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 414
File _____
County _____
Date of Application October 24 1977

MALE
Medical Examination Report Dated 10/24/77
Name of Physician David M. Halley MD

FEMALE
Medical Examination Report Dated 10/24/77
Name of Physician David M. Halley MD

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

MALE APPLICANT
Name Robert L. Pride
Date of Birth June 5 1940
Place of Birth (State or foreign country) Washington Ind.
Residence Address 220 N. Jefferson St. Danville 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) Identification Pass
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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.
Christopher Allen Pride
Karen Lynn Pride

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Byard Lewis Pride
Residence of father (if deceased so state) Washington Ind.
Birthplace of father (State or foreign country) Washington Ind.
9. Full maiden name of mother Gladys Opal Roll
Residence of mother (if deceased so state) Washington Ind.
Birthplace of mother (State or foreign country) Washington Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Robert L. Pride
New Address 220 N. Jefferson St. Danville Ind.
Subscribed and sworn to before me this October day of 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT
Name Kathryn Sue Beard
Date of Birth September 8 1949
Place of Birth (State or foreign country) Ind.
Residence Address 6144 Lebanon Mr. Indianapolis 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) Vincennes University Ind.
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Eugene Huff
Residence of father (if deceased so state) Sullivan Ind.
Birthplace of father (State or foreign country) Sullivan Ind.
9. Full maiden name of mother Mary Kathleen Gilbreath
Residence of mother (if deceased so state) Sullivan Ind.
Birthplace of mother (State or foreign country) Sullivan Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Kathryn Sue Beard
New Address 220 N. Jefferson St. Danville Ind.
Subscribed and sworn to before me this October day of 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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 28 day of October, 1977, authorizing the joining together as husband and wife of Robert L. Pride and Kathryn Sue Beard.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Carl E. Gilbreath hereby certify that on the 28 day of October, one thousand nine hundred and 77, at Lara Haute, County of Wigo, State of Indiana, Groom Robert L. Pride of Hendricks County, State of Indiana, and, Bride Kathryn Kay Beard of Marion County, State of Indiana, were by me joined 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 October, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of November, 1977.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

No. 415
File Oct 26, 1977
Date of Application

MALE
Medical Examination Report Dated Oct 26, 1977
Name of Physician Dr. David Hasley

FEMALE
Medical Examination Report Dated Oct 26, 1977
Name of Physician Dr. David Hasley

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

FEMALE APPLICANT

MALE APPLICANT

Name Keith Hasfield
Date of Birth 11 1959
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Rt #2 Box 384 Clayton, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree E Book 1954 p 59

- ☐ 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 Ernest Hasfield Jr.
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Betty Jane Judd
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Keith Hasfield
New Address 5635 Whitcomb Ct, Apt. C

Subscribed and sworn to before me this 26 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, _____ } ss: _____
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be it remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 31 day of October, 19 77, authorizing the joining together as husband and wife of Keith Hasfield and Catherine Wilhite.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
Keith Hasfield and Catherine Wilhite hereby certify that on the 5 day of November, 19 77, at Brookhaven, County of Hendricks, State of Indiana, one thousand nine hundred and 77 of Hendricks County, State of Indiana, were by me joined 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 November, 19 77.

Signed Keith Hasfield
Official Designation Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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. 416
File October 27, 1977
Date of Application

County

MALE
Medical Examination Report Dated 10/2/77
Name of Physician M.D. Semabren

FEMALE
Medical Examination Report Dated 10/3/77
Name of Physician M.D. Semabren

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

MALE APPLICANT
Name Homer J. Evans
Date of Birth December 3, 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 1830 Fisher Speedway, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

FEMALE APPLICANT
Name Rita R. Hamilton
Date of Birth October 18, 1950
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. #2 Box 184, Merrill, 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) # 47-092762
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- ☒ Other (Specify) Prudential Ins. Card
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father: Harry A. Evans
Residence of father (if deceased so state) Unknown
Birthplace of father (State or foreign country) Ohio
- Full maiden name of mother: Juanita M. Jerning
Residence of mother (if deceased so state) Speedway, Ind.
Birthplace of mother (State or foreign country) Indpls. Ind.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father: William Thomas McPeck
Residence of father (if deceased so state) Wendell, Ind.
Birthplace of father (State or foreign country) Indianapolis Ind.
- Full maiden name of mother: Wilma Ruth Page
Residence of mother (if deceased so state) Wendell Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed Mark A. May
New Address 1830 Fisher Speedway Ind 46224
Subscribed and sworn to before me this 27 day of October, 19 77
Ellen M. Harvey Clerk **HENDRICKS** Circuit Court

State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed Rita R. Hamilton
New Address 1830 Fisher Speedway Ind 46224
Subscribed and sworn to before me this 27 day of October, 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.

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

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

Clerk

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 October, 19 77, authorizing the joining together as husband and wife Homer J. Evans and Rita R. Hamilton.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mark A. May hereby certify that on the 19 day of November, one thousand nine hundred and 77, at Hadley, County of Hendricks, State of Indiana, Groom Homer Joe Evans of Marietta County, State of Indiana, and, Bride Rita Ruth Hamilton of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of **HENDRICKS** County.
Dated this 19 day of November, 19 77.

Signed Mark A. May
Official Designation Pastor - Hadley Friends Meeting
Filed and recorded in accordance with the laws of the State of Indiana this 22 day of November, 19 77.
Signed Ellen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

No. 417
File _____
Date of Application Oct 27 1977

MALE
Medical Examination Report Dated 10-26-77
Name of Physician Eric Clark, M.D.

FEMALE
Medical Examination Report Dated 10-26-77
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, representa-

MALE APPLICANT

Name William Edson Larison
Date of Birth 3 14 1955
Place of Birth (State or foreign country) Indiana
Residence Address 150 N. Center Apt 7, 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) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Clayton Larison
Residence of father (if deceased so state) 125 Kuyper Dr. Danville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia Ann Pearson
Residence of mother (if deceased so state) 8310 Linden Dr. Ellettsville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Wm. E. Larison
New Address 150 N. Center Apt 7, Plainfield, Ind.

Subscribed and sworn to before me this 27 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, HENDRICKS ss: _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 1977, authorizing the joining together as husband and wife of William Edson Larison and Lynda Lee Paynter.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer, hereby certify that on the 7th day of November, 1977, at Danville, County of Hendricks, State of Indiana, Groom William Edson Larison of Hendricks County, State of Indiana, and, Bride Lynda Lee Paynter of Hendricks County, State of Indiana, were by me joined in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 7 day of November, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of November, 1977.
Signed John C. Maurer
Official Designation Judge
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Lynda Lee Paynter
Date of Birth 5 30 1959
Place of Birth (State or foreign country) Indiana
Residence Address Box 216, Danville, 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 Albert Eugene Paynter
Residence of father (if deceased so state) Box 216, Danville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Jean Robinson
Residence of mother (if deceased so state) Box 216, Danville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Lynda Lee Paynter
New Address 150 N. Center Apt 7, Plainfield, Ind.

Subscribed and sworn to before me this 27 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, HENDRICKS ss: _____

Signed _____ Father
Signed _____ Mother

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

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 418
File 39
County _____
Date of Application 10-28-77

MALE
Medical Examination Report Dated 10-24-77
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 10-24-77
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 Ken L. Smith
Date of Birth May 8 1951
Place of Birth (State or foreign country) Brazil
Residence Address 331 E. Main Clay Co. Indiana
City Danville 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.
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 Everett Smith
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Lucille Altensilber
Residence of mother (if deceased so state) Poland, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed X Ken L. Smith
New Address 49 Suburban Dr. Danville
Subscribed and sworn to before me this 28 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, HENDRICKS ss: _____
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

FEMALE APPLICANT
Name Janet S. Myers
Date of Birth September 21 1948
Place of Birth (State or foreign country) Libanon
Residence Address 49 Suburban Dr. Boone Co. Ind.
City Danville 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.
Bradley Ray Myers
Chad Eric Myers

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Burton
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Harriett Smith
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed X Janet S. Myers
New Address 49 Suburban Dr. Danville
Subscribed and sworn to before me this 28 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, HENDRICKS ss: _____
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 October, 1977, authorizing the joining together as husband and wife of Ken L. Smith and Janet S. Myers.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norman L. Weaver hereby certify that on the 5 day of November, one thousand nine hundred and 77, at Danville, County of Hendricks, State of Indiana, Groom Ken L. Smith of Hendricks County, State of Indiana, and, Bride Janet S. Myers of Hendricks County, State of Indiana, were by me united 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 November, 1977.

Signed Norman L. Weaver
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 9 day of Nov., 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

No. 419
File 39
10-31-77
Date of Application

MALE
Medical Examination Report Dated 10-30-77
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 10-30-77
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, representa-

MALE APPLICANT
Name First Timothy Middle H. Last Estliff
Date of Birth Month May Day 24 Year 1956
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. R#1 Box 295 City Camby County Ind. 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
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Harland B. Estliff
R1 Box 295
Residence of father (if deceased so state) Camby, Ind.
Birthplace of father (State or foreign country) Arkansas

9. Full maiden name of mother Jean Belle Stokes
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Timothy A. Estliff
New Address 1111 Pierce Dr. Plainfield

Subscribed and sworn to before me this 31 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, HENDRICKS ss: John

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 4 day of Nov, 1977, authorizing the joining together as husband and wife

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

I, Vernon Smalling hereby certify that on the 5 day of November

one thousand nine hundred and 77 at Indianapolis County of Marion

State of Indiana, Groom Timothy A. Estliff of Hendricks County, State of Indiana

and, Bride Gloria L. Olinger of Hendricks County, State of Indiana

were by me united 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 November, 1977.

Signed Vernon Smalling
Official Designation Ordained Baptist Minister
22 day of November, 1977

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 420

File _____
Date of Application Oct 31, 1977

County _____

MALE

Medical Examination Report Dated 10-27-77

Name of Physician A. N. Scudder

FEMALE

Medical Examination Report Dated Oct 27, 1977

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 George Middle Holden Last Moore
Date of Birth Month 7 Day 14 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
R. R. 2 Brownsburg, 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) 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 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 A. Moore
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Killaden Goodwin
Residence of mother (if deceased so state) 1013 Adams St., Dayton, Ohio
Birthplace of mother (State or foreign country) N. Dakota

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

Signed Sam B. Moore

New Address 5248 Hillboro Dr. Apt. D

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

Glen M. Larney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 4th day of November, 1977, authorizing the joining together as husband and wife

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

I, George H. Hoag hereby certify that on the 5 day of Nov

one thousand nine hundred and 77 at Brownsburg County of Hendricks

State of Indiana, Groom George Holden Moore of Marietta County, State of Indiana

and, Bride Carol Lynn Haus of Hendricks County, State of Indiana

were by me united 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 Nov, 1977.

Signed George H. Hoag

Official Designation Pastor, Messiah Lutheran Church

8 day of Nov, 1977.

Signed Glen M. Larney Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

No. 421
File _____
Date of Application _____

MALE
Medical Examination Report Dated 10-13-77
Name of Physician Michael L. Neely

FEMALE
Medical Examination Report Dated 10-13-77
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 Bruce Charles Goward
Date of Birth Dec 16 1946
Place of Birth (State or foreign country) Michigan
Residence Address 450 Hawley Dr Danville 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.
Gina Goward

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Goward
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Mich.
9. Full maiden name of mother Dorothy Simmons
Residence of mother (if deceased so state) Detroit, Mich
Birthplace of mother (State or foreign country) Canada

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

Signed Bruce C Goward
New Address 450 Hawley Dr Danville
Subscribed and sworn to before me this 1 day of Nov, 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, **HENDRICKS** } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ **HENDRICKS** Circuit Court of Indiana dated the 7 day of Nov, 1977, authorizing the joining together as husband and wife of Bruce Charles Goward and Cherill Anne Frederick.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Carl M. Hazel hereby certify that on the 26th day of November, 1977, at Rainbow Acres Church of God, County of Hendricks, State of Indiana, and, Bride Cherill Anne Frederick of Hendricks County, State of Indiana were by me united 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 November, 1977.

Signed Carl M. Hazel
Official Designation Minister
29th day of November, 1977.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 423
File Nov. 3 1977
Date of Application

MALE
Medical Examination Report Dated 10-24-77
Name of Physician Thomas H. Black III

FEMALE
Medical Examination Report Dated 10-24-77
Name of Physician Thomas H. Black III

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

MALE APPLICANT
Name Kirby C. Pappewell, Jr.
Date of Birth July 28 1957
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 408 Knox Ave. Indianapolis, 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 Kirby C. Pappewell
Residence of father (if deceased so state) Franklin, Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Betty Jane Pappewell
Residence of mother (if deceased so state) Franklin, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Kirby C. Pappewell Jr.
New Address 112 S. W. Washington Indianapolis
Subscribed and sworn to before me this 3 day of November, 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, HENDRICKS } ss:
County of _____

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 3rd day of November, 1977, authorizing the joining together as husband and wife of Kirby C. Pappewell and Pamela Sue Sillery.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Orville Hall, Jr., hereby certify that on the 6 day of November, 1977, at Indianapolis, County of Marion, State of Indiana, Groom Kirby C. Pappewell and, Bride Pamela Sue Sillery of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 3 day of Nov., 1977.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Orville Hall, Jr.
Official Designation Minister - Pastor
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 424

File 39

County

11-7-77
Date of Application

MALE

Medical Examination Report Dated 10-25-77

Name of Physician A. N. Scudder

FEMALE

Medical Examination Report Dated 10-25-77

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 Mark Middle G Last New
Date of Birth Month November Day 6 Year 1959
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. C. O. Box 418 City North Salem, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 E. New

Box 418
Residence of father (if deceased so state) North Salem

Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Ruth A. Niff

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Indiana

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

County of in this application is true and correct.

Signed X Mark New

New Address 302 Pearl St. Box 91 North Salem, Ind.

Subscribed and sworn to before me this 7 day of Nov, 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, HENDRICKS } ss:

County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Elizabeth Middle J Last Cavender
Date of Birth Month December Day 6 Year 1958
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. C. O. Box 432 City North Salem, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 L. Cavender

Box 432
Residence of father (if deceased so state) North Salem, In.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Peggy J. Eggers

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Indiana

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

County of in this application is true and correct.

Signed X Elizabeth J. Cavender

New Address 302 Pearl St. (P.O. Box 91) North Salem, Ind.

Subscribed and sworn to before me this 7 day of Nov, 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, HENDRICKS } ss:

County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Nov, 1977, authorizing the joining together as husband and wife

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

I, A. Stoner, Clerk hereby certify that on the 11 day of November,

one thousand nine hundred and 77 at North Salem, County of Hendricks,

State of Indiana, Groom Mark E. New of Hendricks County, State of Indiana,

and, Bride Elizabeth Cavender of Hendricks County, State of Indiana,

were by me united 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 November, 1977.

Signed Rev. A. Stoner, Clerk

Official Designation Minister

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of November, 1977.

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. 425
File 39
11-4-77
Date of Application

County

MALE
Medical Examination Report Dated 11-1-77
Name of Physician E. Kourany

FEMALE
Medical Examination Report Dated 11-1-77
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 Bobbie Curry
Date of Birth May 10 1957
Place of Birth (State or foreign country) Indianapolis
Residence Address 2204 134 City Carmel County Ind. 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 Bobbie C. Curry
Residence of father (if deceased so state) Carmel, Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Bernice Gregory
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Kentucky

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

Signed Bobbie Steve Perry
New Address Lot 163 Wheel Estate S Greenwood

Subscribed and sworn to before me this 7 day of Nov, 1977.
Ellen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of Nov, 1977, authorizing the joining together as husband and wife of Bobbie S. Curry and Donna S. Faulkenberg.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Rev. Richard Zore hereby certify that on the 12 day of November, 1977, at Plainfield, County of Hendricks, State of Indiana, Groom Bobbie S. Curry and, Bride Donna S. Faulkenberg of Morgan County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 1st day of December, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of December, 1977.
Signed Rev. Richard Zore
Official Designation Roman Catholic Priest
Signed Ellen M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Donna S. Faulkenberg
Date of Birth May 1 1958
Place of Birth (State or foreign country) Huntington
Residence Address 11 Elm Drive City Plainfield County Ind. 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 Emmet D. Faulkenberg
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janice S. Rickelman
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Donna S. Faulkenberg
New Address Lot 163 Wheel Estate Greenwood

Subscribed and sworn to before me this 7 day of Nov, 1977.
Ellen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 426
File 39
County _____
Date of Application 11-8-77

MALE

Medical Examination Report Dated 11-8-77
Name of Physician Joseph C. Kerlin

FEMALE

Medical Examination Report Dated 11-8-77
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 Timothy D. Hutchison
Date of Birth January 3 1958
Place of Birth (State or foreign country) Lebanon
Residence Address Box 165 Clayton 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Burtis Hutchison
Residence of father (if deceased so state) Unknown
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Roberta Jean Davis
Residence of mother (if deceased so state) Clayton, Ind.
Birthplace of mother (State or foreign country) Illinois

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

Signed Timothy D. Hutchison

New Address 125 Edgewood Ave. Plainfield

Subscribed and sworn to before me this 8 day of Nov., 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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Brenda S. Holloway
Date of Birth February 3 1958
Place of Birth (State or foreign country) Lancaster
Residence Address 501 Avon Ave. 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 John Holloway
Residence of father (if deceased so state) 501 Avon, Plainfield, Ind.
Birthplace of father (State or foreign country) New Hampshire
9. Full maiden name of mother Patricia Jane Collins
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) New Hampshire

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

Signed Brenda S. Holloway

New Address 125 Edgewood Ave. Plainfield, Ind.

Subscribed and sworn to before me this 8 day of Nov., 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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Nov., 1977, authorizing the joining together as husband and wife

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

I, John D. Wylie hereby certify that on the 15 day of November, one thousand nine hundred and 77 at Clayton, County of Hendricks, State of Indiana, Groom Timothy D. Hutchison of Hendricks County, State of Indiana and, Bride Brenda S. Holloway of Hendricks County, State of Indiana, were by me united 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 November, 1977.

Signed John D. Wylie

Official Designation Pastor - Clayton Christian Ch.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of Nov., 1977.

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

No. 427
File Nov. 9, 1977
Date of Application

MALE
Medical Examination Report Dated 11-8-77
Name of Physician J. Thomas Viera M.D.

FEMALE
Medical Examination Report Dated 11-8-77
Name of Physician J. Thomas Viera M.D.

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

MALE APPLICANT
Name Rodger A. McKinney
Date of Birth 1956
Place of Birth (State or foreign country) Indiana
Residence Address Catsville

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Union Lic. 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.
Brandy Leigh McKinney

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 McKinney
Residence of father (if deceased so state) Brownsville Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Alvin Aaron
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Kentucky

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

Signed Rodger A. McKinney
New Address Catsville

Subscribed and sworn to before me this 9 day of November, 1977
Glen M. Kinney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT
Name Peggy Jean Stevens
Date of Birth 1958
Place of Birth (State or foreign country) Chillicothe Ind.
Residence Address R.R. # 3, Vincennes 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 Robert Stevens
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Bodaca Helois Howard
Residence of mother (if deceased so state) Vincennes Ind.
Birthplace of mother (State or foreign country) Chillicothe Ind.

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

Signed Peggy Jean Stevens
New Address Catsville

Subscribed and sworn to before me this 9 day of November, 1977
Glen M. Kinney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 Nov., 1977, authorizing the joining together as husband and wife of Rodger A. McKinney and Peggy Jean Stevens.
Be it further remembered, the following marriage/certificate was filed in my office, to-wit: I, John C. Maurer, hereby certify that on the 14 day of November, 1977, at Danville, County of Hendricks, State of Indiana, Groom Rodger A. McKinney and, Bride Peggy Jean Stevens of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 14 day of November, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1977.
Signed John C. Maurer
Official Designation Judge Hendricks Co. Court
Signed Glen M. Kinney Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 428
File 39
County _____
Date of Application 11-9-77

MALE
Medical Examination Report Dated 11-7-77
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 11-7-77
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 | Middle | Last |
| Date of Birth | Month | Day | Year |
| Place of Birth (State or foreign country) | | | |
| Residence Address | Street or R. R. | City | County State |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Judicial Decree <input type="checkbox"/> | | |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Judicial Decree <input type="checkbox"/> | | |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Judicial Decree | | |

☒ Other (Specify) I.B.M. Identification 524234

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Todd Eric Detro
Jill Ryan Detro
Mandy Elizabeth Detro
- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father Franklin Wayne Detro
Residence of father (if deceased so state) Greencastle, In.
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Joseph Mae Mitchell
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Kentucky

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

Signed X Darrell A. Detro
New Address 10145 BACARA INDpls IND 46234

Subscribed and sworn to before me this 9 day of Nov, 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, **HENDRICKS** } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

| | | | |
|---|--|--------|--------------|
| Name | First | Middle | Last |
| Date of Birth | Month | Day | Year |
| Place of Birth (State or foreign country) | | | |
| Residence Address | Street or R. R. | City | County State |
| Previous Marital Status: | Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Judicial Decree <input type="checkbox"/> | | |
| Last Marriage Ended By: | Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Judicial Decree <input type="checkbox"/> | | |
| Date of birth verified by: | <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Judicial Decree | | |

☒ Other (Specify) Driver's License with picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Darcey Dawn Marley
Darrin Lee Marley
Dustina Lynne Marley
- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father Thomas Harless
Residence of father (if deceased so state) Mooreville, In.
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Betty Jane Terrell Delk
Residence of mother (if deceased so state) Mooreville, In.
Birthplace of mother (State or foreign country) Indiana

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

Signed X Linda L. Marley
New Address 10145 Bacara Dr. Indpls, Ind.

Subscribed and sworn to before me this 9 day of Nov, 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, **HENDRICKS** } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Nov, 1977, authorizing the joining together as husband and wife Darrell A. Detro and Linda L. Marely.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen M. Harvey hereby certify that on the 28th day of November 1977,
one thousand nine hundred and 77 at Danville, County of Hendricks,
State of Indiana, Groom Darrell A. Detro of Putnam County, State of Indiana
and, Bride Linda L. Marely of Hendricks County, State of Indiana
were by me united 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 November, 1977

Signed Glen M. Harvey
Official Designation Clerk Hendricks County
29th day of November, 1977
Signed Glen M. Harvey Clerk **HENDRICKS** Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

No. 429

File
Nov. 9, 1977
Date of Application

MALE
Medical Examination Report Dated 11-7-77
Name of Physician Wm Wagner

FEMALE
Medical Examination Report Dated 11-7-77
Name of Physician Wm Wagner M.D.

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

MALE APPLICANT

Name First Stephen Middle Paul Last Alberding
Date of Birth Month June Day 13 Year 1948
Place of Birth (State or foreign country) Rosseland, Ind.
Residence Address RR #8 Box 298 Apt 8, Indpls, Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ (time) Marion
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: Christian Herman Alberding
Residence of father (if deceased so state): Box 239 Remington, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Martha Mae Reed
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

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

Signed: Stephen Paul Alberding
New Address: RR #8 Box 298 Apt 8, Indpls, Ind.
Subscribed and sworn to before me this 9 day of November, 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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 14 day of Nov., 1977, authorizing the joining together as husband and wife of Stephen Paul Alberding and Sherry Jean Slaton.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Marc S. Hays

one thousand nine hundred and 77 hereby certify that on the 26 day of November, 1977, at Plainfield, Marion County, State of Indiana, Groom Stephen Paul Alberding and, Bride Sherry Jean Slaton, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 26 day of November, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of December, 1977.
Signed: Marc S. Hays
Official Designation: Pastor
Signed: Glen M. Harvey
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Sherry Middle Jean Last Slaton
Date of Birth Month Oct Day 26 Year 1952
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address RR #2 Box 151, Indpls, 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: Amos Joseph Slaton
Residence of father (if deceased so state): RR #2 Box 151 Indpls
Birthplace of father (State or foreign country): Georgia
9. Full maiden name of mother: Mary Alice Bolen
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): South Carolina

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

Signed: Sherry Jean Slaton
New Address: RR #8 Box 298, Apt 8, Indpls, Ind.
Subscribed and sworn to before me this 9 day of November, 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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 430
File Nov. 10, 1977
Date of Application

MALE
Medical Examination Report Dated 11-1-77
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 11-1-77
Name of Physician Irving Cohen MD

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

MALE APPLICANT
Name Douglas James May
Date of Birth 7 Month 10 Day 1957 Year
Place of Birth (State or foreign country) Indianapolis, IN
Residence Address 1537 Hardwick St. Plainfield, IN
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

FEMALE APPLICANT
Name Joanna Rochelle Spear
Date of Birth 2 Month 20 Day 1957 Year
Place of Birth (State or foreign country) Indianapolis, IN
Residence Address 10 Almond Dr. Plainfield, 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) Baptism record
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Clair May
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Ill.

9. Full maiden name of mother Mary Bruce
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) State of Washington

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

Signed Paula James May
New Address 2122 WARESSA DR Indianapolis

Subscribed and sworn to before me this 10th day of November, 1977
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Joe E. Spear
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Anna Maude Estes
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Joanna Rochelle Spear
New Address _____

Subscribed and sworn to before me this 10 day of November, 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, **HENDRICKS** } ss:
County of _____

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, **HENDRICKS** } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the **HENDRICKS** Circuit Court of Indiana dated the 10th day of Nov., 1977, authorizing the joining together as husband and wife Douglas James May and Joanna Rochelle Spear.

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

I, Rev. Norman H. Lutz hereby certify that on the 19 day of Nov, one thousand nine hundred and 77 at Plainfield, County of **HENDRICKS**, State of Indiana, Groom Douglas James May of **HENDRICKS** County, State of Indiana, and, Bride Joanna Rochelle Spear of **HENDRICKS** County, State of Indiana, were by me united 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 November, 1977.

Signed Rev. Norman H. Lutz
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Nov, 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

No. 431

File

11-10-77

Date of Application

County

MALE
Medical Examination Report Dated 11-8-77
Name of Physician Thomas M. Stacker

FEMALE
Medical Examination Report Dated 11-8-77
Name of Physician Thomas M. Stacker

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

MALE APPLICANT

Name Dale Douglas Linn
Date of Birth 6 2 1958
Place of Birth (State or foreign country) Indiana
Residence Address 23 Box 731 St. Brownsburg, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Neil Eddy Linn
Residence of father (if deceased so state) 23 Box 731 St. Brownsburg Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Mary Ellen Maroe
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Illinois

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

Signed Dale Douglas Linn
New Address 22 Murphy Court Brownsburg

Subscribed and sworn to before me this 10 day of Nov., 1977.
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of Nov., 1977, authorizing the joining together as husband and wife of Dale Douglas Linn and Leslie Louisa Lynn.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry P. Nash, hereby certify that on the 2nd day of December, one thousand nine hundred and 77, at Brownsburg, County of Hendricks, State of Indiana, Groom Dale Douglas Linn and, Bride Leslie Louisa Lynn were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 2nd day of December, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1977.
Signed Jerry P. Nash Official Designation Minister
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Leslie Louisa Lynn
Date of Birth 3 4 1959
Place of Birth (State or foreign country) Indiana
Residence Address 22 Murphy Court, Brownsburg, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Bud Lynn Senior
Residence of father (if deceased so state) unknown
Birthplace of father (State or foreign country) Tennessee

9. Full maiden name of mother Lera Lawrence Lester
Residence of mother (if deceased so state) 22 Murphy Ct. Brownsburg
Birthplace of mother (State or foreign country) Kentucky

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

Signed Leslie Louisa Lynn
New Address 22 Murphy Court Brownsburg

Subscribed and sworn to before me this 10 day of Nov., 1977.
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 432
File _____
Date of Application Nov. 10, 1977

MALE
Medical Examination Report Dated 11-8-77
Name of Physician John J. Moe M.D.

FEMALE
Medical Examination Report Dated 11-8-77
Name of Physician John J. Moe M.D.

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

MALE APPLICANT
Name Donald Kiser
Date of Birth 9 1 1957
Place of Birth (State or foreign country) Kentucky
Residence Address 1700 E. Main St. P.O. Box 1 Indpls. Ind.

FEMALE APPLICANT
Name Sandra Edwards
Date of Birth 4 24 1950
Place of Birth (State or foreign country) Kentucky
Residence Address 6320 W. Whitehaven Indpls. Ind.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Mason Co.
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Dr. 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.

☒ Other (Specify) Drivers License # E 363-772-095
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Kiser
Residence of father (if deceased so state) R#1 Ashville Ohio
Birthplace of father (State or foreign country) Kentucky

8. Full name of father Edward Booth
Residence of father (if deceased so state) 4 Holiday Ct. Henderson Ky.
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Phyllis Sackett
Residence of mother (if deceased so state) R#1 Ashville Ohio
Birthplace of mother (State or foreign country) Kentucky

9. Full maiden name of mother Mary Joseph Glesky
Residence of mother (if deceased so state) 4 Holiday Ct. Henderson Ky.
Birthplace of mother (State or foreign country) Kentucky

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

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

Signed Donald Kiser
New Address 6320 W. Whitehaven

Signed Sandra Edwards
New Address 6320 W. Whitehaven

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

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

Clerk HENDRICKS Circuit Court

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Signed _____ Father
Signed _____ Mother

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

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

Clerk _____

Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

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

I, John C. Maurer hereby certify that on the _____ day of _____, 19____, at _____, County of _____, State of Indiana, Groom Donald Kiser of _____ County, State of _____, and, Bride Sandra J. Edwards 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 John C. Maurer
Official Designation Judge, Hendricks Co. Court

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

No. 433
File 39
Date of Application 11-14-77

MALE
Medical Examination Report Dated 11-10-77
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 11-10-77
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 Gerald D Carlson
Date of Birth October 16 1939
Place of Birth (State or foreign country) Wisconsin
Residence Address Jefferson RD 1 Box 697 Clairfield 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) None

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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.
Jeffrey Carlson
Stacey Carlson

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Arthur Carlson
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Minnesota
9. Full maiden name of mother Edna May Fortzworth
Residence of mother (if deceased so state) Jefferson, Wisconsin
Birthplace of mother (State or foreign country) Wisconsin
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Ronald D. Carlson
New Address RD 1 Box 697
Subscribed and sworn to before me this 14 day of Nov, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 14 day of Nov, 19 77, authorizing the joining together as husband and wife of Gerald D. Carlson and Deborah S. Goen.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul M. Caldwell, Jr. hereby certify that on the 16 day of November, 19 77, at Clairfield, County of Hendricks, State of Indiana, Groom Gerald D. Carlson and, Bride Deborah S. Goen of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 16 day of November, 19 77.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19 ____.
Signed Paul M. Caldwell
Official Designation Minister - Church of Christ
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Deborah S Goen
Date of Birth December 12 1950
Place of Birth (State or foreign country) Indiana
Residence Address RD 1 Box 697 Clairfield 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 Wm. Wayne Goen
Residence of father (if deceased so state) RR 1 Box 697 Clairfield, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rebecca Joan Davis
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Deborah S. Goen
New Address RD 1 Box 697
Subscribed and sworn to before me this 14 day of Nov, 19 77.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

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. 434
File 39
Date of Application Nov. 14, 1977

County

MALE

Medical Examination Report Dated Nov 2, 1977
Name of Physician David M. Hadley

FEMALE

Medical Examination Report Dated Nov 2, 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 Alfred First Henshilwood Middle Wood Last
Date of Birth October Month 10 Day 1914 Year
Place of Birth (State or foreign country) Dr., Missouri, Camden County
Residence Address 334 Main St., Plainfield, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Warren Henshilwood
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Martha S. Mills
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Missouri

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

Signed Alfred Henshilwood
New Address 245 N. Vine St. Plainfield, Ind.

Subscribed and sworn to before me this 14 day of November, 1977
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Martha First Fogle Middle Wood Last
Date of Birth January Month 16 Day 1917 Year
Place of Birth (State or foreign country) Marion, Indiana
Residence Address 245 N. Vine #18, Plainfield, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Melvin E. Miller
Residence of father (if deceased so state) RRI, Box 15, Portland, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anna Agnes O'Neil
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

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

Signed Martha Fogle
New Address 245 N. Vine St. Plainfield, Ind.

Subscribed and sworn to before me this 14 day of November, 1977
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 1977, authorizing the joining together as husband and wife

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 19 day of November, one thousand nine hundred and 77 at Plainfield, County of HENDRICKS, State of Indiana, Groom Alfred James Henshilwood of HENDRICKS County, State of Indiana, and, Bride Martha Anna Fogle of HENDRICKS County, State of Indiana, were by me united 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 November, 1977.

Signed Thomas E. Chittenden
Official Designation Minister of the Gospel, Christian

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Nov, 1977.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

No. 435
File _____
Date of Application Nov. 14, 1977

MALE
Medical Examination Report Dated 11-8-77
Name of Physician Thomas M. Walker M.D.

FEMALE
Medical Examination Report Dated 11-8-77
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 Thomas Boatman
Date of Birth Nov. 14 1955
Place of Birth (State or foreign country) Chilennes, Wyo.
Residence Address 425 River, Brownsburg, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree Memorial Hospital & Insurance Co.

☐ 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 Eddy Richard Boatman
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Missouri

9. Full maiden name of mother Wilma Jane M. Casey
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Indpls., Ind.

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

Signed Thomas Boatman
New Address 244 W. Broadway
Subscribed and sworn to before me this 14 day of November, 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, HENDRICKS ss: _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 Nov., 1977, authorizing the joining together as husband and wife of Thomas J. Boatman and Jackie Lynn Button.
Be it further remembered, the following marriage certificate was filed in my office, to wit:
I, Rev. Charles Hall, hereby certify that on the 17 day of November, 1977, at Brownsburg, County of HENDRICKS, State of Indiana, Groom Thomas J. Boatman and, Bride Jackie Lynn Button were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 18 day of Nov., 1977.

Signed Rev. Charles Hall
Official Designation Catholic
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 22 day of Nov., 1977.

FEMALE APPLICANT

Name Jackie Lynn Button
Date of Birth Nov. 16 1950
Place of Birth (State or foreign country) Irre Haute, Ind.
Residence Address 244 W. Broadway, Danville, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree # Ch 41 p 145

☐ 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 Richard Button
Residence of father (if deceased so state) 2210 Crest, Irre Haute
Birthplace of father (State or foreign country) Michigan

9. Full maiden name of mother Elizabeth Julie Vencel
Residence of mother (if deceased so state) 2210 Crest, Irre Haute
Birthplace of mother (State or foreign country) Irre Haute, Ind.

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

Signed Jackie L. Button
New Address 244 W. Broadway
Subscribed and sworn to before me this 14 day of Nov., 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, HENDRICKS ss: _____

Signed _____ Father
Signed _____ Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 436
File _____
Date of Application Nov. 14, 1977

MALE
Medical Examination Report Dated 11-9-77
Name of Physician A. N. Sudder MD

FEMALE
Medical Examination Report Dated 11-9-77
Name of Physician A. N. Sudder MD

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

MALE APPLICANT
Name First Daniel L. Smith Last
Date of Birth Month 3 Day 15 Year 1957
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 522 Enderly Dr. Brownsburg, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree 12991

FEMALE APPLICANT
Name First Nina Beth Mitchell Last
Date of Birth Month Aug Day 9 Year 1959
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 522 Enderly Dr. Brownsburg, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree William Hospital

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Michael Lewis Smith
Residence of father (if deceased so state) 522 Lebanon St. Ligon
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Helen Grace Schulze
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

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

Signed Daniel L. Smith
New Address 522 Enderly Dr. Brownsburg

Subscribed and sworn to before me this 14 day of November, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Eugene Mitchell
Residence of father (if deceased so state) 409 Mill St. Danville, In.
Birthplace of father (State or foreign country) Indpls In.

9. Full maiden name of mother Jennie Ophelia Disney
Residence of mother (if deceased so state) 9117 N. W. 10th Indpls In.
Birthplace of mother (State or foreign country) Kentucky

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

Signed Nina Beth Mitchell
New Address 522 Enderly Dr. Brownsburg

Subscribed and sworn to before me this 14 day of November, 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, HENDRICKS ss:
County of _____

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, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 Nov, 1977, authorizing the joining together as husband and wife of Daniel L. Smith and Nina Beth Mitchell.
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 19 day of November, one thousand nine hundred and 77 at Danville, County of HENDRICKS, State of Indiana, Groom Daniel Lewis Smith of HENDRICKS County, State of Indiana and, Bride Nina Beth Mitchell of HENDRICKS County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 19 day of November, 1977.
Signed Dr. Joseph D. Stump
Official Designation Pastor
Filed and recorded in accordance with the laws of the State of Indiana this 22 day of November, 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

No. 437
File Nov. 15, 1977
Date of Application

MALE
Medical Examination Report Dated 11-7-77
Name of Physician Joseph C. Kurlin

FEMALE
Medical Examination Report Dated Nov. 8, 1977
Name of Physician Joseph C. Kurlin M.D.

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

MALE APPLICANT
Name Lanny Ray Browning
Date of Birth Feb. 1942
Place of Birth (State or foreign country) Ind.
Residence Address 16 Hilltop Dr. Danville 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
 - If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

Deborah Browning
Lanny Robert Browning

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
- If answer is "yes", it is required that this Application be 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 Browning
Residence of father (if deceased so state) Bedford Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Dorothy Miller
Residence of mother (if deceased so state) Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Lanny R. Browning
New Address 16 Hilltop Drive Danville Ind.

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 21 day of Nov., 1977, authorizing the joining together as husband and wife of Lanny Ray Browning and Bonita S. Burrus.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John P. Roff, hereby certify that on the 27 day of November, 1977, at Danville, County of Hendricks, State of Indiana, Groom Lanny Ray Browning and, Bride Bonita Sue Burrus were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____ Indiana.

Dated this 27 day of November, 1977
Signed John P. Roff
Official Designation Episcopal Priest

Signed John M. Harvey
Clerk HENDRICKS Circuit Court

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

FEMALE APPLICANT
Name Bonita Sue Burrus
Date of Birth 2/17/1956
Place of Birth (State or foreign country) Ind.
Residence Address 5502A Charleston Speedway Ind.
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree # 56-015993

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
 - If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
- If answer is "yes", it is required that this Application be 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 Dean Burrus
Residence of father (if deceased so state) 40 Honeybrook Dr. Brownsburg Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Jane D. Greene
Residence of mother (if deceased so state) 40 Honeybrook Brownsburg Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed B. Burrus
New Address 16 Hilltop Drive Danville Ind.

Subscribed and sworn to before me this 15 day of November, 1977
Clerk John M. Harvey HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 438

File 39

County

11-15-77
Date of Application

MALE

Medical Examination Report Dated 11-1-77

Name of Physician E. Kaurany

FEMALE

Medical Examination Report Dated 10-25-77

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 Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
110 S. Church Brooklyn 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Claudious McKinley Land
Residence of father (if deceased so state): Deceased

Birthplace of father (State or foreign country): Tennessee

9. Full maiden name of mother: Maxine Howard
Residence of mother (if deceased so state): Brooklyn, In.

Birthplace of mother (State or foreign country): Virginia

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

Signed X Rathal K. Land
New Address: Frankfort, Germany

Subscribed and sworn to before me this 15 day of Nov, 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, HENDRICKS } ss:
County of

Signed Father

Signed Mother

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

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
19 Hyde Park Court Brownsburg 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Manuel Herbert White
Residence of father (if deceased so state): Brownsburg, In.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Bessie Louise Abbott
Residence of mother (if deceased so state): Same

Birthplace of mother (State or foreign country): Indiana

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

Signed X Sarajane White
New Address: Frankfort, Germany

Subscribed and sworn to before me this 15 day of Nov, 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, HENDRICKS } ss:
County of

Signed Father

Signed Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Nov, 1977, authorizing the joining together as husband and wife Rathal K. Land and Sarajane White

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

I, Joseph D. Stump hereby certify that on the 26 day of November, one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom Rathal K. Land of Morgan County, State of Indiana and, Bride Sarajane 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 HENDRICKS County.

Dated this 26 day of November, 1977

Signed Dr. Joseph D. Stump

Official Designation Pastor
29 day of November, 1977

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

No. 439
File 39
11-15-77
Date of Application

MALE
Medical Examination Report Dated 11-7-77
Name of Physician Wm. Wagner

FEMALE
Medical Examination Report Dated 11-7-77
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 Gregory Wright
Date of Birth April 15 1955
Place of Birth (State or foreign country) Indiana
Residence Address 37 Martin Dr. Danville 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) # 3683

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Roger Wright
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Margie Durham
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Gregory Allen Wright
New Address R #1 Box 100 Danville

Subscribed and sworn to before me this 15 day of Nov, 1977.
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, HENDRICKS ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of Nov, 1977, authorizing the joining together as husband and wife

I, _____ and _____ hereby certify that on the _____ day of _____, _____ County of _____, 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, State of _____.

Dated this _____ day of _____, 19____.

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

Signed _____
Official Designation _____
Signed _____, 19____.
Clerk

HENDRICKS Circuit Court

FEMALE APPLICANT

Name Maureen Misceli
Date of Birth December 1 1957
Place of Birth (State or foreign country) Indianapolis
Residence Address 641 Oak 100 Danville 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) # 15129

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "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 August Phillip Misceli
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Agnes Gardina
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Maureen Ann Misceli
New Address R 1 Box 100 Danville Ind.

Subscribed and sworn to before me this 15 day of Nov, 1977.
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, HENDRICKS ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 440
File _____
Date of Application 11-15-77

MALE
Medical Examination Report Dated _____
Name of Physician _____

FEMALE
Medical Examination Report Dated 11-4-77
Name of Physician Davis 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 Kenneth Alan Lack
Date of Birth 4 9 1957
Place of Birth (State or foreign country) West Virginia
Residence Address Box 273, Borden, S. Dakota
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

FEMALE APPLICANT
Name Kimberly Ann Burton
Date of Birth Feb 28 1959
Place of Birth (State or foreign country) Kentucky
Residence Address 616 Laurels, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Nelson Lack
Residence of father (if deceased so state) 121 N. Hill, Plainfield
Birthplace of father (State or foreign country) S. Va.
9. Full maiden name of mother Patricia Ann McNeil
Residence of mother (if deceased so state) 121 N. Hill, Plainfield
Birthplace of mother (State or foreign country) S. Va.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 C. Burton
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Ramona Wilton
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Wisc.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Finnell G. Lack
New Address Box 273, Borden, S. Dakota
Subscribed and sworn to before me this 21 day of Nov., 1977
Glen M. Harney Clerk **HENDRICKS** Circuit Court

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Kimberly Ann Burton
New Address Rapid City, South Dakota
Subscribed and sworn to before me this 15 day of Nov., 1977
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.

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

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

Clerk

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 November, 1977, authorizing the joining together as husband and wife Kenneth Alan Lack and Kimberly Ann Burton.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William M. Walter hereby certify that on the 26 day of November, one thousand nine hundred and 77 at Plainfield, County of Hendricks, State of Indiana, Groom Kenneth Alan Lack of Hendricks County, State of Indiana and, Bride Kimberly Ann Burton of Hendricks County, State of Indiana, were by me united 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 November, 1977.

Signed William M. Walter
Official Designation Cresbyterian Minister
1st day of December, 1977
Signed Glen M. Harney Clerk **HENDRICKS** Circuit Court

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

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 441
File 11-17-77
39
Date of Application

County

MALE
Medical Examination Report Dated 11-17-77
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 11-17-77
Name of Physician Larry D. Lovell

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

FEMALE APPLICANT

MALE APPLICANT
Name Casimir T. Kubiak
Date of Birth February 12, 1941
Place of Birth Indianapolis, Ind.
Residence Address 3413 Gaseway Dr., Indianapolis, 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.

Casimir T. Kubiak, Jr.
Timothy Lee Kubiak
Sammy Lynn Kubiak

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Casimir Kubiak
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Helen Parker
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Casimir T. Kubiak
New Address 627 Simmons Plainfield, Ind.

Subscribed and sworn to before me this 17 day of Nov, 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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 21 day of November, 19 77, authorizing the joining together as husband and wife of Casimir T. Kubiak and Rebecca W. Seagly

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dr. R. Chancey Wilson, hereby certify that on the 21st day of November, 19 77, at Indianapolis, County of Marion, State of Indiana, one thousand nine hundred and 77, Groom Casimir T. Kubiak and, Bride Rebecca W. Seagly were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____ Indiana.

Dated this 21st day of November, 19 77

Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19 77
Signed Dr. R. Chancey Wilson
Official Designation Baptist Minister

Signed Glen M. Harney
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. 442
File 39
County _____
Date of Application 11-18-77

MALE
Medical Examination Report Dated 11-14-77
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 11-14-77
Name of Physician Wm. E. 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 John E. Surber
Date of Birth June 23 1958
Place of Birth (State or foreign country) Springfield Illinois
Residence Address 5717 W. Ray #C City Indianapolis State Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

FEMALE APPLICANT

Name Lissa M. Mahoney
Date of Birth February 25 1956
Place of Birth (State or foreign country) Indianapolis
Residence Address 241 Bx 683 City Plainfield 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 E. Surber
260 N. Vine
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Doris A. Butler
945 Highlander
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Illinois

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

Signed John E. Surber
New Address 5717 W. Ray St. Apt. C, Indpls.

Subscribed and sworn to before me this 18 day of Nov., 1977.
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 A. Mahoney
241 Bx 683
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Linda Charlene Young
R1 Bx 683
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Michigan

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

Signed Lissa M. Mahoney
New Address 5717 W. Ray St. Apt. C, Indpls.

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

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, **HENDRICKS** } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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 23rd day of November, 1977, authorizing the joining together as husband and wife John E. Surber and Lissa M. Mahoney.

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

I, Glen M. Harvey hereby certify that on the 23rd day of November, at Plainfield, County of HENDRICKS, State of Indiana, Groom John E. Surber and, Bride Lissa M. Mahoney of HENDRICKS County, State of Indiana, were by me united 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 November, 1977.

Signed Glen M. Harvey
Official Designation Ordained Baptist Minister

Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of November, 1977.
Signed Glen M. Harvey
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. 443
File Nov. 18, 1977
Date of Application

MALE
Medical Examination Report Dated 11-11-77
Name of Physician Joseph Kulin M.D.

FEMALE
Medical Examination Report Dated 11-15-77
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 Donald Johnston
Date of Birth 12 21 1960
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address R #2 Box 162 Danville, 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: Leonard Glenn Johnston
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother: Joy Jean Plunkett
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Hendricks Co.

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

Signed Donald D. Johnston
New Address RR 2 Box 162 Danville, Ind.

Subscribed and sworn to before me this 18 day of Nov, 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, HENDRICKS ss:
County of _____

Signed Leonard G. Johnston Father

Signed Mrs. Joy Jean Johnston Mother

Subscribed and sworn to before me this 18 day of Nov, 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 _____ authorizes and directs the issuance of a marriage license to the above named parties. Age requirement

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 18 day of November, 1977, authorizing the joining together as husband and wife of Donald G. Johnston and Laura L. Stewart.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norman L. Weaver, hereby certify that on the 22nd day of November, 1977, at Danville, County of HENDRICKS, State of Indiana, Groom Donald G. Johnston and, Bride Laura Lucille 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 22nd day of November, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of November, 1977

Signed Norman L. Weaver
Official Designation Minister

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

No. 443
File _____
Date of Application Nov. 18 1977

MALE
Medical Examination Report Dated 11-11-77
Name of Physician Joseph Kuter M.D.

FEMALE
Medical Examination Report Dated 11-15-77
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, representa-

MALE APPLICANT
Name Donald Johnston
Date of Birth 6 21 1960
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address R #2 Box 162 Danville, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Leonard Glenn Johnston
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Joy Jean Plunkett
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Hendricks Co.
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Donald G Johnston
New Address RR 2 Bo

FEMALE APPLICANT
Name Laura Stewart
Date of Birth 12 8 1961
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R #2 Box 305 Danville, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree 1961
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 M. Stewart
Residence of father (if deceased so state) 2017 North Walls, Indps
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Kay Kaiser
Residence of mother (if deceased so state) R #2 Box 305 Danville Michigan
Birthplace of mother (State or foreign country) Michigan
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Subscribed and sworn to before me this 18
Glen M. Harvey

CONSENT OF PARENTS, PAREN
We, the parents, of this applicant b
signs, state facts which render the c

I, Jon B. Flathers, hereby give my consent f
my Daughter, Laura L. Stewart
marry DONALD G. Johnston.

State of Indiana, HENDRICKS
County of _____
Signed Leon
Signed Mrs

Subscribed and sworn to before me this 17th day of November
Thos Wayne Anderson
Notary Public

Subscribed and sworn to before me this
Glen M. Harvey

My Commission Expires 6-26-80
Clerk Glen M. Harvey

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 18 day of November, 1977, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norman L. Weaver, hereby certify that on the 22nd day of November,
one thousand nine hundred and 77, at Danville, County of HENDRICKS,
State of Indiana, Groom Donald G. Johnston, of HENDRICKS County, State of Indiana,
and, Bride Laura Lucille 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 22nd day of November, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of November, 1977.
Signed Norman L. Weaver
Official Designation Minister
Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 443
File _____
Date of Application Nov. 18, 1977

MALE
Medical Examination Report Dated 11-11-77
Name of Physician Joseph Keeler M.D.

FEMALE
Medical Examination Report Dated 11-15-77
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, represents, tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Donald Johnston
Date of Birth 6 21 1960
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address R #2 Box 162 Danville, 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 Leonard Glenn Johnston
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Penn.
9. Full maiden name of mother Joy Jean Plunkitt
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Hendricks Co.

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

Signed Donald D. Johnston
New Address RR 2 Box 162

Subscribed and sworn to before me this 18 day of Nov. 1977
Glenn M. Harvey

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

State of Indiana, HENDRICKS
County of _____

Signed Glenn M. Harvey
Subscribed and sworn to before me this

State of Indiana, HENDRICKS
County of _____

Subscribed and sworn to before me this

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County _____ Court _____ dated the _____ day of _____, 1977, authorizing the joining together as husband and wife _____ and _____

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

I, Norman L. Weaver, hereby certify that on the 22nd day of November, 1977, at Danville, County of HENDRICKS, State of Indiana, Groom Donald H. Johnston and, Bride Laura Lynn Stewart were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____.

Dated this 22nd day of November, 1977.

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

Signed Norman L. Weaver
Official Designation Minister
Signed Glenn M. Harvey
Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT
Name Laura Stewart
Date of Birth 12 8 1961
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R #2 Box 305 Danville, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree 1961

- ☐ 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 M. Stewart
Residence of father (if deceased so state) 2017 North Walls, Indps
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Nancy Kay Kaiser
Residence of mother (if deceased so state) R #2 Box 305 Danville
Birthplace of mother (State or foreign country) Michigan

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

Signed _____
New Address _____

Subscribed and sworn to before me this 18 day of Nov. 1977
Alice L. Criss
Notary Public

State of Indiana, HENDRICKS
County of _____

Signed _____
Subscribed and sworn to before me this

State of Indiana, HENDRICKS
County of _____

Subscribed and sworn to before me this

State of Indiana, HENDRICKS
County of _____

Subscribed and sworn to before me this

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County _____ Court _____ dated the _____ day of _____, 1977, authorizing the joining together as husband and wife _____ and _____

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

I, Norman L. Weaver, hereby certify that on the 22nd day of November, 1977, at Danville, County of HENDRICKS, State of Indiana, Groom Donald H. Johnston and, Bride Laura Lynn Stewart were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____.

Dated this 22nd day of November, 1977.

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

Signed Norman L. Weaver
Official Designation Minister
Signed Glenn M. Harvey
Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 444
File 39
Date of Application 11-21-77

MALE
Medical Examination Report Dated 11-17-77
Name of Physician Elmer L. Cook

FEMALE
Medical Examination Report Dated 11-17-77
Name of Physician Elmer L. Cook

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

MALE APPLICANT
Name Michael A. Cullison
Date of Birth January 19 1958
Place of Birth (State or foreign country) Indianapolis
Residence Address 2170 Waterbar City Indianapolis County Ind. 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 Theodore E. Cullison
3239 Canal Rd.
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Arita C. Mitchell
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Michael A. Cullison
New Address 2170 Waterbar, Indpls

Subscribed and sworn to before me this 21 day of Nov., 1977.
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT
Name Deborah L. Martin
Date of Birth November 13 1952
Place of Birth (State or foreign country) Wynnesburg
Residence Address 2170 Waterbar City Indianapolis County Ind. 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.
Angela Martin
Gregory Martin

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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. L. Bartolovich
Maple Hill Estate
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Penn.

9. Full maiden name of mother Mary Ann Lowell
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Penn.

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

Signed Deborah L. Martin
New Address 2170 Waterbar Dr, Indpls

Subscribed and sworn to before me this 21 day of Nov., 1977.
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Nov., 1977, authorizing the joining together as husband and wife of Michael A. Cullison and Deborah L. Martin.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Mowrer hereby certify that on the 28 day of November, one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom Michael A. Cullison of Hendricks County, State of Indiana and, Bride Deborah L. 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 28th day of November, 19 77.

Signed John C. Mowrer
Official Designation Judge Hendricks County Court
29 day of November, 19 77
Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 445
File _____
Date of Application 11-21-77

MALE
Medical Examination Report Dated 11-11-77
Name of Physician George O. Overy

FEMALE
Medical Examination Report Dated 11-11-77
Name of Physician George O. Overy

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

MALE APPLICANT
Name John Edward Barry
Date of Birth June 13 1938
Place of Birth (State or foreign country) Indiana
Residence Address R.R. 2 Box 176 J Brownsburg, 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) And Faces of US
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.
Maria Sue Barry

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Thomas Barry
Residence of father (if deceased so state) unknown
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Ruby Suzanne Peggaldett
Residence of mother (if deceased so state) 440 No 12th Ave, Beech Grove
Birthplace of mother (State or foreign country) Indiana

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

Signed John E Barry
New Address R.R. 2 Box 176 J Brownsburg Ind.

Subscribed and sworn to before me this 21 day of Nov., 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, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of Nov., 1977, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Glen E. Clarkson and Ursula Eva Ningraff

one thousand nine hundred and 77 hereby certify that on the 24 day of November, 1977, at Brownsburg, County of Hendricks, State of Indiana, Groom John Edward Barry and, Bride Ursula Eva Ningraff of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.

Dated this 21 day of November, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of Nov., 1977.

Signed Glen E. Clarkson
Official Designation Pastor - Whiteland U.M.C.

Signed Glen M. Harvey
HENDRICKS Clerk
Circuit Court

FEMALE APPLICANT
Name Ursula Eva Ningraff
Date of Birth March 30 1953
Place of Birth (State or foreign country) Germany
Residence Address R.R. 2 Box 176 J Brownsburg, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.
Martina Sabine

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Willy Titzschke
Residence of father (if deceased so state) Sinsheim, Germany
Birthplace of father (State or foreign country) Germany

9. Full maiden name of mother Emma Göda
Residence of mother (if deceased so state) Germany, Sinsheim
Birthplace of mother (State or foreign country) Germany

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

Signed Ursula Ningraff
New Address R.R. 2 Box 176 J Brownsburg IND.

Subscribed and sworn to before me this 21 day of Nov., 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, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 446
File _____
County _____
Date of Application 11-21-77

MALE
Medical Examination Report Dated 11-18-77
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 11-18-77
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 David Harold Quinn
Date of Birth Aug. 12 1956
Place of Birth (State or foreign country) Ind.
Residence Address 2328 First 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Quinn
Residence of father (if deceased so state) Castertown, Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Jane Cornwall
Residence of mother (if deceased so state) Castertown, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed David Harold Quinn
New Address 2328 1st Plainfield

Subscribed and sworn to before me this 21 day of Nov., 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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, HENDRICKS ss: _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Darla Jane Cox
Date of Birth Sept. 28 1957
Place of Birth (State or foreign country) Ind.
Residence Address 2328 First 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Cox
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Calif.

9. Full maiden name of mother Blaine Neier
Residence of mother (if deceased so state) Coatesville, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Darla Jane Cox
New Address 2328 1st St. Plainfield

Subscribed and sworn to before me this 21 day of Nov., 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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, HENDRICKS ss: _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

David Harold Quinn and Darla Jane Cox
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Russell Revell hereby certify that on the _____ day of _____, _____, at _____, County of _____, State of Indiana, Groom David Harold Quinn of _____ County, State of _____, and, Bride Darla Jane Cox of _____ County, State of _____, Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this _____ day of _____, 19____.

Signed Russell Revell
Official Designation Minister

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

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 447
File Nov. 22 1977
Date of Application

MALE
Medical Examination Report Dated 11-21-77
Name of Physician A. N. Scudder, M.D.

FEMALE
Medical Examination Report Dated 11-21-77
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, representa-

MALE APPLICANT
Name Kenneth Malney
Date of Birth May 25 1944
Place of Birth (State or foreign country) Ind.
Residence Address R.R. #1 Box 470 Clayton, 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 Willie W. Malney
Residence of father (if deceased so state) unknown
Birthplace of father (State or foreign country) Avon County, Tenn.
9. Full maiden name of mother Ethel Kennedy
Residence of mother (if deceased so state) Indianapolis Ind.
Birthplace of mother (State or foreign country) Avon Co., Tenn.

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

Signed Kenneth Malney
New Address P.O. Box 470 Clayton Ind 46118

Subscribed and sworn to before me this 22 day of November 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, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 22 day of November 19 77, authorizing the joining together as husband and wife of Kenneth Malney and Mary Ellen Baster.
Be it further remembered, the following marriage certificate was filed in my office, to-wit: Jewell Reed
I, Jewell Reed, hereby certify that on the 25 day of November 19 77, at Plainfield, County of SAVISON3H, State of Indiana, Groom Kenneth Malney and, Bride Mary Ellen Baster were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS _____ County, State of Indiana.
Dated this 25 day of November, 19 77.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19 77.
Signed Jewell Reed Official Designation Minister
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 448

File
Nov. 22 1977
Date of Application

MALE

Medical Examination Report Dated 11-22-77
Name of Physician Eric D. Clark

FEMALE

Medical Examination Report Dated 11-22-77
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, representa-

MALE APPLICANT

Name Milton Lloyd Russell
Date of Birth 8 13 1926
Place of Birth (State or foreign country) Indiana
Residence Address 11345 West Washington, Indianapolis, 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.
Richard Lee Russell

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Milton E. Russell
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marie Alice Conroy
Residence of mother (if deceased so state) 535 Kaiser St. Highland
Birthplace of mother (State or foreign country) Indiana

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

Signed Milton L. Russell

New Address 11345 West Washington, Indianapolis, Ind

Subscribed and sworn to before me this 22 day of Nov, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Billie Sharon Doran
Date of Birth 10 7 1944
Place of Birth (State or foreign country) Indiana
Residence Address 11335 West Washington, Indianapolis, 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.

Richard Lee Russell
Carlye Joyce Russell
Robby Doran

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 K. Doran
Residence of father (if deceased so state) 1542 S. Belmont, Indianapolis, Ind
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Phyllis C. Still
Residence of mother (if deceased so state) 1542 S. Belmont, Indianapolis, Ind
Birthplace of mother (State or foreign country) Indiana

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

Signed Billie Sharon Doran

New Address 11345 West Washington, Indianapolis, Ind

Subscribed and sworn to before me this 22 day of Nov, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 November and filed in Clarks Mill authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 19 77, authorizing the joining together as husband and wife Milton Lloyd Russell and Billie Sharon Doran. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Myron Barnard hereby certify that on the 23 day of November, one thousand nine hundred and 77 at Indianapolis, County of Marion, State of Indiana, Groom Milton Lloyd Russell of HENDRICKS County, State of Indiana and, Bride Billie Sharon Doran of HENDRICKS County, State of Indiana, were by me united 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 November, 19 77.

Signed Myron Barnard

Official Designation Judge
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of November, 19 77.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 449
File 39
Nov 22, 1977
Date of Application

MALE
Medical Examination Report Dated Nov 17, 1977
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated Nov 17, 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 Ted Lewis Comer
Date of Birth July 14 1955
Place of Birth (State or foreign country) Ind.
Residence Address 4015 E. Main, Apt. H, Danville, 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) # 7548
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Daniel Barts age - 11 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 Norman Sylvester Comer
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma Louise Schildmeier
Residence of mother (if deceased so state) 1 Blake St., Danville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Ted L. Comer
New Address 4015 E. Main Apt. H

Subscribed and sworn to before me this 22 day of November, 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, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be it Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of Nov., 1977, authorizing the joining together as husband and wife of Ted Lewis Comer and Elizabeth Ann Martin.
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 27 day of November, 1977, at Danville, County of Hendricks, State of Indiana, Groom Ted Lewis Comer and, Bride Elizabeth Ann Martin of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 27 day of November, 1977

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Dr. Joseph D. Stump Minister
Official Designation 29 day of November, 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

No. 450

File

County

11-23-77

Date of Application

MALE

Medical Examination Report Dated 11-21-77

Name of Physician James Black

FEMALE

Medical Examination Report Dated 11-21-77

Name of Physician James Black

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

MALE APPLICANT

Name Daniel Thomas Herring
Date of Birth 4 9 1958
Place of Birth Indiana
Residence Address 42 Suburban Dr. Danville, 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) Divine's License with picture

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
- Are you afflicted with a transmissible disease?
- Are you related to the female applicant closer than second cousin?
- Are you now under the influence of intoxicating liquor?
- Are you now under the influence of a narcotic drug?
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be 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 Dean Herring
Residence of father (if deceased so state) 42 Suburban Dr. Danville, Ill.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Jacqueline Pedraza Parker
Residence of mother (if deceased so state) 42 Suburban Dr. Danville, Ill.
Birthplace of mother (State or foreign country) Indiana

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

Signed Daniel Thomas Herring

New Address 115 N. East St. Plainfield

Subscribed and sworn to before me this 23 day of Nov., 1977.
John M. Harney Clerk HENDRICKS Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Tracy Jean Carr
Date of Birth 11 18 1959
Place of Birth Indiana
Residence Address Rt 1 Box 131 Hardy, Ind. 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) School Records

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed?
- Are you afflicted with a transmissible disease?
- Are you related to the male applicant closer than second cousin?
- Are you now under the influence of intoxicating liquor?
- Are you now under the influence of a narcotic drug?
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children?
If answer is "yes", it is required that this Application be 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 Howard Carr
Residence of father (if deceased so state) Rt 1 Box 131 Hardy, Ind. Ill.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Olga Jean Cook
Residence of mother (if deceased so state) Rt 1 Box 131 Hardy, Ind. Ill.
Birthplace of mother (State or foreign country) Kentucky

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

Signed Tracy Jean Carr

New Address 115 N. East St. Plainfield

Subscribed and sworn to before me this 23 day of Nov., 1977.
John M. Harney Clerk HENDRICKS Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 Nov., 1977, authorizing the joining together as husband and wife

of Daniel Thomas Herring and Tracy Jean Carr

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 10 day of December, one thousand nine hundred and 77, at Lafayette, County of Hendricks, State of Indiana,

Groom Daniel Thomas Herring of Hendricks County, State of Indiana, and, Bride Tracy Jean Carr of Hendricks County, State of Indiana, were by me united 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 November, 1977.

Signed Rev. Raymond L. Rader

Official Designation Pastor, 1st Baptist Church, Lafayette, Ind.

Signed John M. Harney Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of December, 1977.

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. 451
File _____
Date of Application 11-23-77

MALE
Medical Examination Report Dated 11-22-77
Name of Physician Dr. Edwards

FEMALE
Medical Examination Report Dated 11-22-77
Name of Physician Dr. 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 James Allen Asher
Date of Birth Month 24 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address 12 A S. Jefferson St., Danville, 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 David Lindsey Asher
Residence of father (if deceased so state) P. 2 Box 555, Danville
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty Jane Gleason
Residence of mother (if deceased so state) P. 2 Box 135 Danville
Birthplace of mother (State or foreign country) Indiana

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

Signed James A. Asher
New Address 12A South Jefferson
Subscribed and sworn to before me this 23 day of Nov., 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, HENDRICKS ss: _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 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 _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 Nov., 1977.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Harold Thomas and Robin Lynn Durham
one thousand nine hundred and 77 hereby certify that on the 27 day of November,
State of Indiana, Groom James Allen Asher at Midland, County of Greene,
and, Bride Robin Lynn Durham of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 27 day of November, 19 77.

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of November, 19 77.
Signed Rev. Harold Thomas
Official Designation Ordained Baptist Minister
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 452
File _____
Date of Application Nov 23, 1977

MALE
Medical Examination Report Dated 11-22-77
Name of Physician Thomas M. Walker M.D.

FEMALE
Medical Examination Report Dated 11-22-77
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 Robert Alan Linn
Date of Birth July 21, 1959
Place of Birth (State or foreign country) Indiana
Residence Address RR# 3 Box 231 W. Brownsburg 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Neil Eddy Linn
Residence of father (if deceased so state) Brownsburg Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Mary Ellen Welsh
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Chicago, Ill.

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

Signed Robert Alan Linn
New Address 40 N. Green St. Apt 14 Brownsburg

Subscribed and sworn to before me this 23rd day of November, 1977
Allen M. Harney Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, **HENDRICKS** ss: _____
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT
Name Mary Ann Spears
Date of Birth September 13, 1957
Place of Birth (State or foreign country) Indiana
Residence Address RR# 5 1494 Brownsburg 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Brennan
Residence of father (if deceased so state) Brownsburg Ind.
Birthplace of father (State or foreign country) Virginia

9. Full maiden name of mother Geneva Lawson
Residence of mother (if deceased so state) Brownsburg Ind.
Birthplace of mother (State or foreign country) Virginia

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

Signed Mary Ann Spears
New Address 40 N. Green St. Apt 14 Brownsburg

Subscribed and sworn to before me this 23rd day of November, 1977
Allen M. Harney Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, **HENDRICKS** ss: _____
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 1977, authorizing the joining together as husband and wife

of Robert Alan Linn and Mary Ann Spears
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 December, one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom Robert Alan Linn of Hendricks County, State of Indiana and, Bride Mary Ann Spears of Hendricks County, State of Indiana, were by me joined 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 December, 1977.

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

Signed Allen M. Harney Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of December, 1977.

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. 453
File _____
Date of Application 11-28-77

MALE
Medical Examination Report Dated 11-23-77
Name of Physician David B. Waggard

FEMALE
Medical Examination Report Dated 11-23-77
Name of Physician David B. Waggard

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

MALE APPLICANT
Name Charles LeRoy Brickert IV
Date of Birth March 28 1958
Place of Birth (State or foreign country) Indianapolis, In
Residence Address Rt. #2 Box 196 Clayton, 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 Charles LeRoy Brickert III
Residence of father (if deceased so state) Rt. #1 Box 196 Clayton, In
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Betty Lou Richard
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Charles F. Brickert IV
New Address Rt. 326 1/2 Leeds St

Subscribed and sworn to before me this 28th day of November, 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, HENDRICKS ss: 28th

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 December, 1977, authorizing the joining together as husband and wife of Charles LeRoy Brickert IV and Delona Layman.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John Hasseldene, hereby certify that on the 30 day of December, 1977, at Indianapolis, County of Marion, State of Indiana, Groom Charles Brickert IV and, Bride Delona Layman were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 30 day of December, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1978.
Signed John Hasseldene
Official Designation Judge
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. 455
File _____
Date of Application Nov 28, 1977

MALE
Medical Examination Report Dated Nov 7, 1977
Name of Physician A. N. Seudder, M.D.

FEMALE
Medical Examination Report Dated Nov 7, 1977
Name of Physician A. N. Seudder, M.D.

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

MALE APPLICANT
Name Thomas James Mahaney
Date of Birth July 11, 1977
Place of Birth (State or foreign country) Ind.
Residence Address 10136 Duwaco Dr., Indpls, Ind. 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) Dr. 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: Harlan Mahaney
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Ind.

9. Full maiden name of mother: Alta Strader
Residence of mother (if deceased so state): Indpls. In.
Birthplace of mother (State or foreign country): Ind.

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

Signed Thomas J. Mahaney
New Address 10136 Duwaco Dr.

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

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

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 _____ day of _____, 19____, authorizing the joining together as husband and wife of _____ and _____.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____, hereby certify that on the _____ day of _____, 19____, at _____, _____ County, State of _____, _____ and _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____, _____.

Dated this _____ day of _____, 19____.

Signed _____
Official Designation _____
Signed _____
Clerk _____

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

FEMALE APPLICANT
Name Evelyn S. Cooper
Date of Birth July 16, 1953
Place of Birth (State or foreign country) Indpls, Indiana
Residence Address 10136 Duwaco Dr., Indpls, 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.
Sherrie Lynn Crouch

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 R. Antelius
Residence of father (if deceased so state): R.R. 1 Box 23, Ligon, Ind.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Minnie L. Croston
Residence of mother (if deceased so state): R.R. 1 Box 23, Ligon, Ind.
Birthplace of mother (State or foreign country): Indiana

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

Signed Evelyn S. Cooper
New Address 10136 Duwaco Dr.

Subscribed and sworn to before me this 28 day of November, 1977.
Glen M. Harney Clerk HENDRICKS

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

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 456
File _____
Date of Application November 29, 1977

MALE
Medical Examination Report Dated 11-22-77
Name of Physician Lloyd Jerry M.D.

FEMALE
Medical Examination Report Dated 11-22-77
Name of Physician Lloyd Jerry

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

MALE APPLICANT
Name Leo Lieske
Date of Birth 9 9 1900
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address RR #5 Danville, In.
Previous Marital Status: Never Married ☐ OR 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☒ Judicial Decree Court order

FEMALE APPLICANT
Name Margaret Helen Hunnicuttt
Date of Birth Nov. 17 1925
Place of Birth (State or foreign country) Tennessee
Residence Address 201 Academy, Greenwood Ind.
Previous Marital Status: Never Married ☐ OR 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree 613

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Erdmann Lieske
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) East Prussia

9. Full maiden name of mother Wilhelmina Winner
Residence of mother (if deceased so state) East Prussia
Birthplace of mother (State or foreign country) East Prussia

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

Signed Glen M. Harvey
New Address RR 5 Box 187 Danville, In.
Subscribed and sworn to before me this 29 day of November, 1977
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Corbett Kelley
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Tennessee

9. Full maiden name of mother Martha Ann Groves
Residence of mother (if deceased so state) Galatin, Tenn.
Birthplace of mother (State or foreign country) Tennessee

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

Signed Margaret H. Hunnicutt
New Address _____
Subscribed and sworn to before me this 29 day of November, 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, **HENDRICKS** } ss: _____
County of _____

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, **HENDRICKS** } ss: _____
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 Dec., 1977, authorizing the joining together as husband and wife Leo Lieske and Margaret Helen Hunnicutt
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Raymond H. Duff hereby certify that on the 10 day of December, one thousand nine hundred and 77 at Maplewood, County of Hendricks, State of Indiana, Groom Leo Lieske of Hendricks County, State of Indiana and, Bride Margaret Helen Hunnicutt 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 **HENDRICKS** County.
Dated this 10 day of December, 1977
Signed Raymond H. Duff
Official Designation Christian Minister
Filed and recorded in accordance with the laws of the State of Indiana this 4th day of January, 1978
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. 457
File _____
Date of Application November 29, 1977

MALE
Medical Examination Report Dated 10-31-77
Name of Physician William Wagon, M.D.

FEMALE
Medical Examination Report Dated 10-31-77
Name of Physician William Wagon, M.D.

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

MALE APPLICANT
Name Robert E. Bailey
Date of Birth November 19, 1936
Place of Birth (State or foreign country) Miltonville, Lawrence Ind.
Residence Address R.R. 2 Box 168E Brownsburg Ind.

FEMALE APPLICANT
Name Janice E. Andrews
Date of Birth June 29, 1945
Place of Birth (State or foreign country) Lincoln, Ky.
Residence Address R.R. 2 Box 168E Brownsburg 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) Letter Air Line 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.

Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Unemployment Claim

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Smith Bailey
Residence of father (if deceased so state) Bedford Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Ellen Ethor
Residence of mother (if deceased so state) Bedford, Ind.
Birthplace of mother (State or foreign country) Miltonville Ind.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Woodard Cornett
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Lincoln, Ky.
9. Full maiden name of mother Melba Fulk
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Robert E. Bailey
New Address R.R. #2 Box 168E Brownsburg, Ind.
Subscribed and sworn to before me this 29 day of Nov., 1977
Ellen M. Sherry Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Janice E. Andrews
New Address R.R. 2 Box 168E Brownsburg
Subscribed and sworn to before me this 29 day of Nov., 1977
Ellen M. Sherry Clerk HENDRICKS Circuit Court

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

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

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

Clerk

State of Indiana, HENDRICKS ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 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 Dec., 1977, authorizing the joining together as husband and wife of Robert E. Bailey and Janice E. Andrews.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Harvey O. Coffey hereby certify that on the 4 day of January, one thousand nine hundred and 78, at Mooresville, County of Morgan, State of Indiana, Groom Robert E. Bailey and, Bride Janice E. Andrews of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 4 day of January, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1978.
Signed Rev. Harvey O. Coffey
Official Designation Pastor, Church of the Gospel, Inc.
Signed Ellen M. Sherry Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 458
File _____
Nov. 30, 1977
Date of Application

MALE
Medical Examination Report Dated 11-28-77
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 11-28-77
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 Jerry Joe Fisher
Date of Birth 3 5 1957
Place of Birth (State or foreign country) Indiana
Residence Address 19 Brenda Ct., Danville, 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 Club
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Arnold Franklin Fisher
Residence of father (if deceased so state) 19 Brenda Ct., Danville
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Barbara Kay Tripp
Residence of mother (if deceased so state) 19 Brenda Ct., Danville
Birthplace of mother (State or foreign country) Alabama
State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Jerry J. Fisher
New Address Box 152 TAFB FL
Subscribed and sworn to before me this 30 day of Nov., 1977.
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, **HENDRICKS** } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT
Name Tamela Dawn Mitchell
Date of Birth 10 27 1959
Place of Birth (State or foreign country) Indiana
Residence Address 364 E. Road 200 S. Danville, 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 David Mitchell
Residence of father (if deceased so state) 364 E. Road 200 S. Danville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sandra Sue Moody
Residence of mother (if deceased so state) 364 E. Road 200 S. Danville
Birthplace of mother (State or foreign country) Indiana
State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Tamela Dawn Mitchell
New Address 364 E. Rd. 200 S. Danville, Ind.
Subscribed and sworn to before me this 30 day of Nov., 1977.
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, **HENDRICKS** } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued 3 day unrevoked 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 30 day of November, 1977, authorizing the joining together as husband and wife Jerry Joe Fisher and Tamela Dawn Mitchell.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Rutherford C. Mitchen hereby certify that on the 2nd day of December, one thousand nine hundred and 77 at 6:00 p.m., County of Hendricks, State of Indiana, Groom Jerry Joe Fisher of Hendricks County, State of Indiana and, Bride Tamela Dawn Mitchell of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of **HENDRICKS** County.
Dated this 2 day of December, 1977.

Signed Rev. Rutherford C. Mitchen
Official Designation Minister
7th day of December, 1977
Signed Glen M. Harney Clerk **HENDRICKS** Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 459
File Nov. 30, 1977
Date of Application

MALE
Medical Examination Report Dated 11-29-77
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 11-29-77
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, representa-

MALE APPLICANT
Name George M. Gregory
Date of Birth 10/6/1953
Place of Birth Indiana
Residence Address 102 N. Main Street, 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) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 M. Gregory
Residence of father (if deceased so state) R. 9 Box 80, London, Ky.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Meriam Ellice
Residence of mother (if deceased so state) R. 9 Box 80, London, Ky.
Birthplace of mother (State or foreign country) Kentucky

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

Signed William Gregory
New Address 615 Marway Rd. Indianapolis

Subscribed and sworn to before me this 30 day of Nov, 1977
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, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 J. Day Trimmer 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 30 day of Nov, 1977, authorizing the joining together as husband and wife of William George Gregory and Marsha Elaine Ferguson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Hubert Green
one thousand nine hundred and 77 hereby certify that on the 3rd day of December
State of Indiana, Groom William George Gregory at Indianapolis, County of Marion
and, Bride Marsha Elaine 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 HENDRICKS County, State of Indiana.
Dated this 30 day of November, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of December, 1977
Signed Hubert Green
Official Designation Pastor
Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 460
File 38
Date of Application Nov 30, 1977

MALE
Medical Examination Report Dated Nov. 29, 1977
Name of Physician David B. Naggard

FEMALE
Medical Examination Report Dated Nov 29, 1977
Name of Physician David B. Naggard

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

MALE APPLICANT
Name Billy D. Jeffries
Date of Birth October 5, 1931
Place of Birth Shelbyville, Indiana
Residence Address 523 W. Mechanic, Shelbyville, 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.
Danell Ray Jeffries
Angela Ray Jeffries

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Clarence Jeffries
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Margaret McKinley
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

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

Signed Billy D. Jeffries
New Address 523 W. Mechanic, Shelbyville, Ind.
Subscribed and sworn to before me this 30 day of November, 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, **HENDRICKS** } ss:
County of

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

Clerk

FEMALE APPLICANT
Name Mary L. McKinley
Date of Birth November 30, 1942
Place of Birth Hamlet, N.Y.
Residence Address 245 N. Vine, 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) Insurance Policy
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "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.
Karen Sue McKinley
Jimmy Wayne McKinley

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 O. Blanagan
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Mary D. Kinnitt
Residence of mother (if deceased so state) R.R. 1, Hamlet, Kentucky
Birthplace of mother (State or foreign country) Kentucky

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

Signed Mary L. McKinley
New Address 523 W. Mechanic, Shelbyville, Ind.
Subscribed and sworn to before me this 30 day of November, 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, **HENDRICKS** } ss:
County of

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 December, 1977, authorizing the joining together as husband and wife Billy D. Jeffries and Mary L. McKinley.
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 December, one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom Billy D. Jeffries of Shelby County, State of Indiana and, Bride Mary L. McKinley of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of **HENDRICKS** County. 7th day of December, 1977.
Dated this _____ day of _____, 19____.

Signed John C. Mowrer
Official Designation Judge, Hendricks Co. Court
Filed and recorded in accordance with the laws of the State of Indiana this 8th day of December, 1977.
Signed Glen M. Harvey Clerk **HENDRICKS** Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 461
File Dec. 1, 1977
Date of Application

MALE
Medical Examination Report Dated 11-8-77
Name of Physician John Mott, Jr.

FEMALE
Medical Examination Report Dated 11-8-77
Name of Physician John Mott, Jr.

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

MALE APPLICANT
Name Gregory Laud Sanders
Date of Birth July 29 1958
Place of Birth (State or foreign country) Indiana
Residence Address Rt 2 Box 104 Coatsville 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.
Kristal Sanders

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Del Lee Sanders
Residence of father (if deceased so state) Coatsville, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Etchel Annon
Residence of mother (if deceased so state) Coatsville, Ind.
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Gregory Laud Sanders
New Address 11345 W. WASH. ST.
Subscribed and sworn to before me this 1 day of Dec., 1977.
Ellen M. Mowrer Clerk HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be it Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 5 day of Dec., 1977, authorizing the joining together as husband and wife _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
Gregory Laud Sanders and Brenda Kay Inman
John C. Mowrer hereby certify that on the 5th day of December, 1977, at Danville, County of Hendricks, State of Indiana, Groom Gregory Laud Sanders and, Bride Brenda Kay Inman of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 5th day of December, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed John C. Mowrer
Official Designation Judge, Hendricks Co. Court
Signed Ellen M. Mowrer Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 462

File _____
Date of Application Dec. 2, 1977

County _____

MALE

Medical Examination Report Dated Nov. 26, 1977

Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated Nov. 26, 1977

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 Michael Christian
Date of Birth 2 19 1958
Place of Birth (State or foreign country) Richland, Virginia
Residence Address 1204 Kelly Dr. Plainfield, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 S. Christian
Residence of father (if deceased so state) 1204 Kelly Dr. Plfld. In.
Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Shirley Sue Harrison
Residence of mother (if deceased so state) 1204 Kelly Dr. Plfld. In.
Birthplace of mother (State or foreign country) Virginia

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

Signed Michael P. Christian

New Address Plainfield

Subscribed and sworn to before me this 2 day of December, 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, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Virginia L. Shaw
Date of Birth Dec. 17 1952
Place of Birth (State or foreign country) Martinsville, In.
Residence Address R #1 Box 52 Clayton, In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1 time
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Andrew Setty
Residence of father (if deceased so state) R #1 Box 52 Clayton
Birthplace of father (State or foreign country) Terre Haute, In.
9. Full maiden name of mother Wilma Lou Jones
Residence of mother (if deceased so state) R #1 Box 52 Clayton
Birthplace of mother (State or foreign country) Terre Haute, In.

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

Signed Virginia L. Shaw

New Address Plainfield

Subscribed and sworn to before me this 2nd day of Dec., 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, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1977, authorizing the joining together as husband and wife Michael Christian and Virginia L. Shaw
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, C. Glen Burnside hereby certify that on the 17 day of December, one thousand nine hundred and 77 at Brownsville, County of Hendricks, State of Indiana, Groom Michael Christian of Hendricks County, State of Indiana and, Bride Virginia L. Shaw of Hendricks County, State of Indiana, were by me united 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 December, 1977.

Signed Charles G. Burnside

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of December, 1977.

Signed Glen M. Harvey

HENDRICKS

Clerk
Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 463
File Dec. 2, 1977
Date of Application

County

MALE
Medical Examination Report Dated 12-1-77
Name of Physician James Black

FEMALE
Medical Examination Report Dated 12-1-77
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 George W. Armstrong
Date of Birth Dec. 7, 1940
Place of Birth (State or foreign country) Ind.
Residence Address 2422 Tansel Rd. Indianapolis, 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 Douglas Armstrong
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Beatrice Johnson
Residence of mother (if deceased so state) Clement, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed George W. Armstrong
New Address 2422 Tansel Rd.

Subscribed and sworn to before me this 2 day of Dec., 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, HENDRICKS ss: _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 December, 1977, authorizing the joining together as husband and wife

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

Dated this _____ day of _____, 19____.
Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed _____
Official Designation _____
Signed _____ day of _____, 19____.
Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 464
File Dec 2, 1977
Date of Application

County

MALE
Medical Examination Report Dated 11-26-77
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 11-26-77
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 Hubert Harold Stiles
Date of Birth Dec 2 1923
Place of Birth (State or foreign country) Ind.
Residence Address 18 Perry 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Stiles
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Helen Hordwood
Residence of mother (if deceased so state) Bensenville, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Hubert H. Stiles
New Address 18 Perry Dr. Plainfield
Subscribed and sworn to before me this 2 day of Dec., 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, **HENDRICKS** } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

FEMALE APPLICANT
Name Virginia H. McCord
Date of Birth Sept. 17 1928
Place of Birth (State or foreign country) Ind.
Residence Address 2510 Brewster 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Goings
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Helen Hill
Residence of mother (if deceased so state) Indpls. Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Virginia H. McCord
New Address 18 Perry Dr. Plainfield
Subscribed and sworn to before me this 2 day of Dec., 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, **HENDRICKS** } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 Dec., 1977, authorizing the joining together as husband and wife Hubert Harold Stiles and Virginia H. McCord.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Hubert Green hereby certify that on the 17 day of December, one thousand nine hundred and 77, at Plainfield, County of Hendricks, State of Indiana, Groom Hubert Stiles of Hendricks County, State of Indiana, and, Bride Virginia McCord of Marietta County, State of Indiana, were by me united 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 December, 1977.

Signed Hubert Green
Official Designation Clerk
Filed and recorded in accordance with the laws of the State of Indiana this 20 day of December, 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

No. 465

File 39

12-5-77
Date of Application

County

MALE
Medical Examination Report Dated 12-2-77
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated 12-2-77
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, representa-
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Frank Middle Leuteritz Last
Date of Birth Month Day Year
Place of Birth Lebanon
Residence Address 17 City Clayton County State 1944
Previous Marital Status: Never Married ☐ OR ☒
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 E. Leuteritz
Residence of father (if deceased so state) Brownsburg, In.
Birthplace of father (State or foreign country) Brownsburg, In.
9. Full maiden name of mother Jay Genevieve Stanley
Residence of mother (if deceased so state) Indiana Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Frank A. Leuteritz
New Address Box 135 Clayton, Ind.
Subscribed and sworn to before me this 5 day of Dec, 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, **HENDRICKS** } ss:
County of _____

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
in Hendricks County Circuit Court by written order issued 5 day waiver and filed
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be it Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 5 day of December, 1977, authorizing the joining together as husband and wife
of Frank A. Leuteritz and Sandra Faye Trimble
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mowrer
one thousand nine hundred and 77 hereby certify that on the 7th day of December,
State of Indiana, Groom Frank A. Leuteritz at Danville County of Hendricks,
and, Bride Sandra Faye Trimble of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County, State of Indiana
Dated this 7th day of December, 1977.

Signed John C. Mowrer
Official Designation Judge, Hendricks Co. Court
8th day of December, 1977
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

FEMALE APPLICANT

Name First Sandra Middle Faye Last Trimble
Date of Birth Month Day Year
Place of Birth (State or foreign country) Louisville Kentucky
Residence Address 135 Street or R. R. Clayton City Kentucky 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Will Stanley Russell
Residence of father (if deceased so state) Willersall, Kentucky
Birthplace of father (State or foreign country) Putnam Co. Tennessee
9. Full maiden name of mother Dorothy Mae Pulley
Residence of mother (if deceased so state) Paducah, Kentucky
Birthplace of mother (State or foreign country) Tennessee

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

Signed Sandra F. Trimble
New Address P.O. Box 135 Clayton, Ind. 46118
Subscribed and sworn to before me this 5 day of Dec, 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, **HENDRICKS** } ss:
County of _____

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

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

FEMALE APPLICANT

Name First Sandra Middle Faye Last Trimble
Date of Birth Month Day Year
Place of Birth (State or foreign country) Louisville Kentucky
Residence Address 135 Street or R. R. Clayton City Kentucky 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Will Stanley Russell
Residence of father (if deceased so state) Willersall, Kentucky
Birthplace of father (State or foreign country) Putnam Co. Tennessee
9. Full maiden name of mother Dorothy Mae Pulley
Residence of mother (if deceased so state) Paducah, Kentucky
Birthplace of mother (State or foreign country) Tennessee

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

Signed Sandra F. Trimble
New Address P.O. Box 135 Clayton, Ind. 46118
Subscribed and sworn to before me this 5 day of Dec, 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, **HENDRICKS** } ss:
County of _____

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
in Hendricks County Circuit Court by written order issued 5 day waiver and filed
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be it Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 5 day of December, 1977, authorizing the joining together as husband and wife
of Frank A. Leuteritz and Sandra Faye Trimble
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mowrer
one thousand nine hundred and 77 hereby certify that on the 7th day of December,
State of Indiana, Groom Frank A. Leuteritz at Danville County of Hendricks,
and, Bride Sandra Faye Trimble of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County, State of Indiana
Dated this 7th day of December, 1977.

Signed John C. Mowrer
Official Designation Judge, Hendricks Co. Court
8th day of December, 1977
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 466
File 39
12-5-77
Date of Application

County

MALE

Medical Examination Report Dated 11-23-77

Name of Physician Wm. Edwards

FEMALE

Medical Examination Report Dated 11-23-77

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 Timothy D. Chastain
Date of Birth June 24 1958
Place of Birth (State or foreign country) Beech Grove
Residence Address RR #1 Monrovia City Ind. 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 Edward Edmond Chastain

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

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Viola Alvina Graves

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Indiana

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

Signed X Timothy D. Chastain

New Address RR #1 Box 27 Monrovia Ind.

Subscribed and sworn to before me this 5 day of Dec, 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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Mary D. Medlock
Date of Birth December 9 1959
Place of Birth (State or foreign country) Indianapolis
Residence Address Box 96 Mosserville City Ind. 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 Claude Chester Medlock

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

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Mildred Caroline Palmer

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Indiana

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

Signed X Mary Medlock

New Address RR #1 Box 27 Monrovia Ind.

Subscribed and sworn to before me this 5 day of Dec, 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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 December, 1977, authorizing the joining together as husband and wife

of Timothy D. Chastain and Mary D. Medlock

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

I, Gale M. Ashby hereby certify that on the 10 day of December,

one thousand nine hundred and 77 at Monrovia, County of Morgan,

State of Indiana, Groom Timothy D. Chastain of Morgan County, State of Indiana,

and, Bride Mary D. Medlock of Hendricks County, State of Indiana,

were by me united 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 December, 1977.

Signed Gale M. Medlock

Official Designation Minister

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of December, 1977.

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. 467
File
Date of Application Nov 7, 1977

MALE
Medical Examination Report Dated Nov. 29, 1977
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated Nov. 29, 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 Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ 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 Edward Clark
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mabel Joan Stanbaugh
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Illinois

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

Signed Michael W. Clark
New Address R#1 Box 94

Subscribed and sworn to before me this 7 day of December, 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 _____ 7th _____ day of _____ December _____, 1977, authorizing the joining together as husband and wife 1, _____ Michael W. Clark _____ and _____ Mari Lynn Hatcher _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ Raymond Gisser _____ hereby certify that on the _____ 16th _____ day of _____ December _____, 1977, at _____ New Winchester _____, County of _____ Hendricks _____, State of _____ Indiana _____, and, Bride _____ Mari Lynn Hatcher _____ of _____ Hendricks _____ County, State of _____ Indiana _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS _____ County, State of _____ Indiana _____.
Dated this _____ 16th _____ day of _____ December _____, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this _____ 17th _____ day of _____ December _____, 1977.
Signed _____ Raymond Gisser _____
Official Designation _____ Baptist Minister _____
Signed _____ Glen M. Harvey _____ Clerk
_____ HENDRICKS _____ Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 468

File 12-8-77

County

39
Date of Application

MALE

Medical Examination Report Dated 11-16-77

Name of Physician E. A. Ramirez

FEMALE

Medical Examination Report Dated 11-17-77

Name of Physician James Beach

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 L. Last McCard
Date of Birth Month April Day 11 Year 1909
Place of Birth (State or foreign country) Oakland
Residence Address 6345 E. 50th St. City Indpls. County Ind. 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) Board of Registration, Marion Co.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Connie C. McCard
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Emma Lafarge
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Indiana

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

Signed Howard L. McCard

New Address 1070 East Windsor Road

Subscribed and sworn to before me this 8 day of Dec, 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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Jessie Middle L. Last Clark
Date of Birth Month April Day 15 Year 1922
Place of Birth (State or foreign country) Shelby Twp
Residence Address 1070 E. Windsor City Brownsville County Ind. State Ind.
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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father B. H. Moore
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Rosa Phipps
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Virginia

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

Signed Jessie L. Clark

New Address 1070 E. Windsor Rd Brownsville, Ind.

Subscribed and sworn to before me this 8 day of Dec, 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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 Dec, 19 77, authorizing the joining together as husband and wife of Howard L. McCard and Jessie L. Clark.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George H. Hoag, hereby certify that on the 14 day of December, one thousand nine hundred and 77, at Brownsville, County of Hendricks, State of Indiana, Groom Howard L. McCard of Marion County, State of Indiana, and, Bride Jessie L. Clark of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 14 day of December, 19 77.

Signed George H. Hoag

Official Designation Lutheran Pastor
19 day of December, 19 77

Signed Ellen M. Harvey Clerk

HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 469
File 29
Date of Application 12-8-77

MALE
Medical Examination Report Dated 12-5-77
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 12-5-77
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 Daniel Middle Gayde Last
Date of Birth Month January Day 4 Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address RR 2 Box 91 Martinsville City Martinsville County Ind 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) Draft Discharge Papers
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Erwin Frederick Gayde
Residence of father (if deceased so state) Martinsville, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Marjorie Ann Murray
Residence of mother (if deceased so state) Martinsville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed X Daniel L Gayde
New Address RR 2 Box 91 Martinsville 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, HENDRICKS ss: _____
County of _____

Signed _____ Father

Signed _____ Mother

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

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Samuel W. Stewart, hereby certify that on the _____ day of _____, at _____ o'clock _____ County of _____ State of Indiana, Groom Daniel L. Gayde and, Bride Patricia Susan Holland 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____.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Official Designation Minister
Signed Rev. Sam Stewart
Signed Glen M. Harms Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Patricia Middle S Last Holland
Date of Birth Month November Day 23 Year 1954
Place of Birth (State or foreign country) Indiana
Residence Address RR 1 Box 394 Clayton City Clayton County Ind 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Wilson Holland
Residence of father (if deceased so state) Clayton, Ind.
Birthplace of father (State or foreign country) Tennessee

9. Full maiden name of mother Betty Jean Harbison
Residence of mother (if deceased so state) Clayton, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed X Patricia S. Holland
New Address RR 2, Box 91 Martinsville, 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, HENDRICKS ss: _____
County of _____

Signed _____ Father

Signed _____ Mother

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

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 470

File Dec. 9, 1977
Date of Application

County

MALE

Medical Examination Report Dated 11-28-77
Name of Physician James Black, M.D.

FEMALE

Medical Examination Report Dated 11-28-77
Name of Physician James Black, M.D.

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

MALE APPLICANT

Name Larry Bruce Bevans
Date of Birth June 11 1956
Place of Birth (State or foreign country) Indiana
Residence Address 7 Marina Ct Marietta 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 J. Bevans
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Marietta Co.

9. Full maiden name of mother Nelda Dorothy East
Residence of mother (if deceased so state) Brownsville Ind.
Birthplace of mother (State or foreign country) Hammond Ind.

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

Signed Larry Bruce Bevans
New Address 320 N Jefferson Apt B B'burg

Subscribed and sworn to before me this 9 day of December, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed Robert J. Bevans Father
Signed Nelda Dorothy East Mother

Subscribed and sworn to before me this 9 day of December, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Deborah Lynn Mingus
Date of Birth March 8 1960
Place of Birth (State or foreign country) Indiana
Residence Address 613 S. Jefferson Brownsville 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Mingus
Residence of father (if deceased so state) Brownsville Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Caroline Sue Strouse
Residence of mother (if deceased so state) Brownsville Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Deborah Lynn Mingus
New Address 320 N Jefferson Apt B B'burg

Subscribed and sworn to before me this 9 day of December, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed Phillip Mingus Father
Signed Caroline Sue Strouse Mother

Subscribed and sworn to before me this 9 day of December, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 19 77, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, G. B. Loheson hereby certify that on the 17 day of December, 19 77, at Indianapolis, County of Mason, State of Indiana, Groom Larry Bruce Bevans of Hendricks County, State of Indiana, and, Bride Deborah Lynn Mingus of Hendricks County, State of Indiana, were by me united 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 December, 19 77. Signed G. B. Loheson
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of December, 19 77. Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 471
File December 9, 1977
Date of Application

County

MALE
Medical Examination Report Dated 11-29-77
Name of Physician R.W. Kirtley, Md.

FEMALE
Medical Examination Report Dated 11-29-77
Name of Physician R.W. Kirtley, Md.

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

MALE APPLICANT
Name Seth B. Lewis
Date of Birth October 19, 1940
Place of Birth (State or foreign country) Indiana
Residence Address 211 Maplebrook Dr. Brownsburg, 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) Water Reg. #121797
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Lynn Lewis
Elizabeth Ann Lewis
William Andrew Lewis

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 B. Lewis
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Edinburg, Ind.

9. Full maiden name of mother Anna Margaret Haveriger
Residence of mother (if deceased so state) Warsaw, Ind.
Birthplace of mother (State or foreign country) North Union, Ind.

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

Signed John M. Maurer
New Address 211 Maplebrook Dr. P.O. Box 231 Brownsburg, Ind. 46112
Subscribed and sworn to before me this 11th day of Dec., 19 77
John M. Maurer Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 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 _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County _____ State of Indiana dated the 14th day of Dec., 19 77, authorizing the joining together as husband and wife of Seth B. Lewis and Carla R. Lawrence.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer, hereby certify that on the 17th day of December, 19 77, at Brownsburg, County of Hendricks, State of Indiana, one thousand nine hundred and 77, Groom Seth B. Lewis and, Bride Carla R. Lawrence of Marietta County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this _____ day of December, 19 77.

Signed John M. Maurer
Official Designation Judge, Hendricks Co. Court
Signed John M. Maurer Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 472
File 39
Date of Application 12-12-77

MALE
Medical Examination Report Dated 12-5-77
Name of Physician John E. Lett, Jr.

FEMALE
Medical Examination Report Dated 12-5-77
Name of Physician John E. Lett, 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 Larry W. Johnson
Date of Birth January 11, 1958
Place of Birth (State or foreign country) Crawfordsville, In
Residence Address RR 1 Box 61, Plainfield, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Grace Johnson
Residence of father (if deceased so state) Madaga, In
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Lucy M. Hart
Residence of mother (if deceased so state) 22 Coatesville, In
Birthplace of mother (State or foreign country) Kentucky

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

Signed X Larry W. Johnson
New Address Box 62, Plainfield, Ind.

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: _____
County of _____

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT
Name Dana S. Mantor
Date of Birth August 11, 1958
Place of Birth (State or foreign country) Marshall, Iowa
Residence Address RR 1 Box 61, Plainfield, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Gay Carter
Residence of father (if deceased so state) Adopted Father: Herald Mantor, Amo, Ind.
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Marlyse Jean Miller
Residence of mother (if deceased so state) Amo, In
Birthplace of mother (State or foreign country) Iowa

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

Signed X Dana Mantor
New Address RR 1-Box 61, 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, HENDRICKS ss: _____
County of _____

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

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

I, James W. Cunningham hereby certify that on the _____ day of _____, _____ at _____, County of _____, State of Indiana, Groom Larry W. Johnson of _____ County, State of _____, and, Bride Dana S. Mantor 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 James W. Cunningham
Official Designation Minister
Signed Alan M. Harrier Clerk
HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 473
File 39
12-12-77
Date of Application

MALE
Medical Examination Report Dated 12-2-77
Name of Physician Elmer Koch

FEMALE
Medical Examination Report Dated 12-1-77
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, representa-

MALE APPLICANT
Name Dale First A. Middle Vannatter Last
Date of Birth November Month 1 Day 1924 Year
Place of Birth (State or foreign country) Easton, Indiana
Residence Address 3633 Glenn Ave Rd., Indpls., Ind. Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1976 - Delaware Co.
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorce 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.
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 Charles Edward Vannatter
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Elizabeth Day Brooks
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS ss: I declare and state the information given in this application is true and correct.
County of HENDRICKS

Signed Dale A. Vannatter
New Address 3633-C Glen Ave Rd. Indpls.

Subscribed and sworn to before me this 12 day of December, 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, HENDRICKS ss: I declare and state the information given in this application is true and correct.
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED 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.

Be 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 Dec., 1977, authorizing the joining together as husband and wife of Dale A. Vannatter and Gleitha Sue Morton.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mawer, hereby certify that on the 16 day of December, 1977, at 11:00 A.M. Danville, County of Hendricks, State of Indiana, Groom Dale A. Vannatter and, Bride Gleitha Sue Morton of Mareon County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 16 day of December, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of December, 1977.

Signed John C. Mawer
Official Designation Judge, Hendricks Co. Court
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT
Name Gleitha First Sue Middle Morton Last
Date of Birth October Month 1 Day 1943 Year
Place of Birth (State or foreign country) Greensburg, Indiana
Residence Address 308 S. Mill St., Plainfield, Ind. Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1974 - Marion Co.
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Divorce 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.

Nola Matilda Johnson
Jennifer Lee Morton
Patricia Ann Morton
7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lonnie James King
Residence of father (if deceased so state) Seattle, Washington
Birthplace of father (State or foreign country) Wash. Kentucky
9. Full maiden name of mother Grace Matilda Shelton
Residence of mother (if deceased so state) Martinsville, Indiana
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS ss: I declare and state the information given in this application is true and correct.
County of HENDRICKS

Signed Gleitha Sue Morton
New Address 3633-C Glen Ave Rd. Ind.

Subscribed and sworn to before me this 12 day of December, 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, HENDRICKS ss: I declare and state the information given in this application is true and correct.
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 474
File Dec. 12, 1977
Date of Application

MALE
Medical Examination Report Dated 12-8-77
Name of Physician M. Keith Baird

FEMALE
Medical Examination Report Dated 12-8-77
Name of Physician M. Keith Baird

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

MALE APPLICANT

Name Richard Eugene Riggins
Date of Birth Dec. 17, 1956
Place of Birth (State or foreign country) Ind.
Residence Address Rt. 1 North Salem, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 E. Riggins
Residence of father (if deceased so state) Memphis, Tenn.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Patricia Giles
Residence of mother (if deceased so state) Memphis, Tenn.
Birthplace of mother (State or foreign country) Ind.

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

Signed Richard E. Riggins
New Address Rt. 1 Box 174-A North Salem, Ind.
Subscribed and sworn to before me this 12 day of Dec., 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Kathy Jo Smith
Date of Birth June 29, 1956
Place of Birth (State or foreign country) Ind.
Residence Address Rt. 1 North Salem, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Perkins
Residence of father (if deceased so state) Linden, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sharon Decker
Residence of mother (if deceased so state) Linden, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Kathy Jo Smith
New Address 2 #1 Box 174-A North Salem, Ind.
Subscribed and sworn to before me this 12 day of Dec., 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 19 77, authorizing the joining together as husband and wife

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

I, Stanley Q. Hall, hereby certify that on the 17 day of December, one thousand nine hundred and 77 at Crawfordsville, County of Montgomery, State of Indiana, Groom Richard Eugene Riggins of Hendricks County, State of Indiana, and, Bride Kathy Jo 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 17 day of December, 19 77.

Signed Stanley Q. Hall

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of December, 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. 475
File _____
Date of Application Dec. 12 1977

MALE
Medical Examination Report Dated 12-5-1977
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 12-5-77
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, represents."

MALE APPLICANT

Name Gary W. Padgett
Date of Birth Aug 11 1957
Place of Birth (State or foreign country) Indiana
Residence Address 1205 Keller 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) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Herbert Wayne Padgett
Residence of father (if deceased so state) 1205 Keller Dr. Plainfield, Ind.
Birthplace of father (State or foreign country) Farmersburg, Ind.
9. Full maiden name of mother Louis Marie Morin
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Gary W. Padgett
New Address 352 Southmore
Subscribed and sworn to before me this 12 day of Dec, 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Teresa A. Palmer
Date of Birth June 7 1960
Place of Birth (State or foreign country) Jeffersonville, Ind.
Residence Address 332 S. Vine 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) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Dale Palmer
Residence of father (if deceased so state) Arboretum
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elise Arlene Atwell
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Jeffersonville, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Teresa A. Palmer
New Address 332 Southmore st
Subscribed and sworn to before me this 12th day of December, 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, HENDRICKS ss: _____
County of _____
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, HENDRICKS ss: _____
County of _____
Signed _____ Father
Signed Mrs. Elise Atwell Mother
Subscribed and sworn to before me this 12 day of December, 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 _____ HENDRICKS Circuit Court of Indiana dated the 16 day of December, 1977, authorizing the joining together as husband and wife of Gary W. Padgett and Teresa A. Glover Palmer.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert L. Burris, hereby certify that on the 24th day of December, 1977, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and 77, of Hendricks County, State of Indiana, and, Bride Teresa A. Glover Palmer, of Hendricks County, State of Indiana, were by me united 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 December, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed Robert L. Burris
Official Designation Pastor, Plainfield Baptist Church
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 476
File Dec 12 1977
Date of Application

MALE
Medical Examination Report Dated 12-5-77
Name of Physician Elmer L. Koch M.D.

FEMALE
Medical Examination Report Dated 12-5-77
Name of Physician Elmer L. Koch M.D.

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

MALE APPLICANT
Name Arnold Forb Lycan Jr.
Date of Birth October 19 1947
Place of Birth (State or foreign country) Tuscola
Residence Address A.R. #1 Rockville Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

FEMALE APPLICANT
Name Brenda Sue Freeman
Date of Birth November 24 1953
Place of Birth (State or foreign country) Illinois
Residence Address R.R. #5 Box 188 Marion 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.

- ☐ 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 Arnold Forb Lycan
Residence of father (if deceased so state) Rockville Ind.
Birthplace of father (State or foreign country) Wright Co. Illinois
9. Full maiden name of mother Margaret Wypoff
Residence of mother (if deceased so state) Rockville Ind.
Birthplace of mother (State or foreign country) Tuscola, Ill.
State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Arnold Forb Lycan Jr.
New Address 1193 W. Lincoln Danville
Subscribed and sworn to before me this 12 day of Dec., 19 77
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Frank Freeman Jr.
Residence of father (if deceased so state) Marion Ind.
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Orma Marie Menden
Residence of mother (if deceased so state) Marion Ind.
Birthplace of mother (State or foreign country) Illinois
State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Brenda Sue Freeman
New Address 1193 W. Lincoln apt C-3 Danville
Subscribed and sworn to before me this 12 day of Dec., 19 77
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

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

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

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

Clerk

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 Dec., 19 77, authorizing the joining together as husband and wife of Arnold Forb Lycan Jr. and Brenda Sue Freeman.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norman L. Weaver hereby certify that on the 17 day of December, one thousand nine hundred and 77, at Danville, County of Hendricks, State of Indiana, Groom Arnold Forb Lycan Jr. of Cass County, State of Indiana, and, Bride Brenda Sue Freeman of Hendricks County, State of Indiana, were by me united 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 December, 19 77.

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of December, 19 77.
Signed Norman L. Weaver Minister
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. 477
File Dec. 12 1977
Date of Application

MALE
Medical Examination Report Dated 12-8-77
Name of Physician Dr. Wm. Edwards

FEMALE
Medical Examination Report Dated 12-8-77
Name of Physician Dr. 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 Clarence William Estes
Date of Birth March 5 1956
Place of Birth (State or foreign country) Ohio
Residence Address 2922 Embassy Row Apt 1136, Indpls
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 Clarence Mitchell Estes
Residence of father (if deceased so state) Florida
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Jacqueline Rose Davis
Residence of mother (if deceased so state) Indianapolis, In
Birthplace of mother (State or foreign country) Ohio

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

Signed Clarence William Estes
New Address 2922 Embassy Row Apt 1136
Subscribed and sworn to before me this 12 day of December, 19 77
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16 day of December, 19 77, authorizing the joining together as husband and wife of Clarence William Estes and Michael Ann Teskey.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry Q. Nash, hereby certify that on the 17 day of December, 19 77, at Brownsburg, County of Hendricks, State of Indiana, Groom Clarence William Estes of Marion County, State of Indiana, and, Bride Michael Ann Teskey of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 17 day of December, 19 77.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19 77.
Signed Jerry Q. Nash Official Designation Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 478
File Dec. 13, 1977
Date of Application

County

MALE
Medical Examination Report Dated 12-8-77
Name of Physician M.D. Scamaron

FEMALE
Medical Examination Report Dated 12-7-77
Name of Physician Bruce C. 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 Donald Walton Cornett
Date of Birth Sept. 8 1954
Place of Birth (State or foreign country) Ind.
Residence Address 612 Alpha Ave. Brownsburg 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 G. Cornett
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Ky

9. Full maiden name of mother Betty Garmir
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Donald W. Cornett
New Address 612 Alpha Brownsburg Ind.
Subscribed and sworn to before me this 13 day of Dec., 1977
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, HENDRICKS } ss: _____
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Donna Weylens Clingerman
Date of Birth Sept. 8 1959
Place of Birth (State or foreign country) Ind.
Residence Address Rt 18 Box 341 Snapp 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Weyl L. Clingerman
Residence of father (if deceased so state) Snapp, Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Weyl L. Ross
Residence of mother (if deceased so state) Snapp, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Donna V. Clingerman
New Address 612 Alpha Ave. Brownsburg, Ind.
Subscribed and sworn to before me this 13 day of Dec., 1977
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, HENDRICKS } ss: _____
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17 day of December, 1977, authorizing the joining together as husband and wife of Donald Walton Cornett and Donna Weylens Clingerman.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry A. Nash hereby certify that on the 17 day of December, one thousand nine hundred and 77 at Brownsburg, County of Hendricks, State of Indiana, Groom Donald Walton Cornett of Hendricks County, State of Indiana, and, Bride Donna Weylens Clingerman of Hendricks County, State of Indiana, were by me united 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 December, 1977.

Signed Jerry A. Nash
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 20 day of December, 1977.
Signed Glen M. Harney 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. 479
File Dec 14, 1977
Date of Application

MALE
Medical Examination Report Dated 12-12-77
Name of Physician Michael L. Neely

FEMALE
Medical Examination Report Dated 12-8-77
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 Ronald Wayne McCullough
Date of Birth 9 26 1955
Place of Birth Indiana
Residence Address 9740 Kanona Dr. Indianapolis, 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 Joseph McCullough
Residence of father (if deceased so state) 9740 Kanona Dr. Indianapolis
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Mary Jane Watson
Residence of mother (if deceased so state) 9740 Kanona Dr. Indianapolis
Birthplace of mother (State or foreign country) Indiana

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

Signed Donald W. McElvill
New Address _____

Subscribed and sworn to before me this 14 day of Dec, 1977
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, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 Dec, 1977, authorizing the joining together as husband and wife of Donald Wayne McCullough and Bernadean Loechel.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry L. Nebergall, one thousand nine hundred and 77 hereby certify that on the 24 day of December, State of Indiana, Groom Donald Wayne McCullough at Plainfield, County of Hendricks, and, Bride Bernadean Loechel of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 27 day of December, 1977

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Jerry L. Nebergall
Official Designation Minister
Signed Glen M. Harney 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. 480
File Dec. 16, 1977
Date of Application

MALE
Medical Examination Report Dated 12-8-77
Name of Physician Paul Stanley Lewis

FEMALE
Medical Examination Report Dated 12-10-77
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 Ralph Edwin McFarland
Date of Birth Dec. 24 1926
Place of Birth (State or foreign country) Ind.
Residence Address 4469 W. 34th St. City Indpls County Ind. 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) Annulment F.O.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.
Connie Sue McFarland

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Spencer C. McFarland
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Mattie Martin
Residence of mother (if deceased so state) Indpls. Ind.
Birthplace of mother (State or foreign country) Ky.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Ralph E. McFarland
New Address R 2 Box 403 Plainfield Ind.
Subscribed and sworn to before me this 16 day of Dec., 1977.
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Elsie May Hand
Date of Birth Oct 15 1931
Place of Birth (State or foreign country) Ill.
Residence Address Rt 2 Box 403 Plainfield Ind. City Plainfield County Ind. 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.
Barry Allen Hand

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Cunningham
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ill.
9. Full maiden name of mother Inez Armentrout
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Ill.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Elsie M. Hand
New Address Rt 2 Box 403 Plainfield Ind.
Subscribed and sworn to before me this 16 day of Dec., 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, HENDRICKS ss: _____
County of _____
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, HENDRICKS ss: _____
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1977, authorizing the joining together as husband and wife Ralph Edwin McFarland and Elsie May Hand.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Edw. A. Black hereby certify that on the 31 day of December, one thousand nine hundred and 77 at Indianapolis, _____ County of Marion, State of Indiana, Groom Ralph E. McFarland of Marion County, State of Indiana and, Bride Elsie M. Hand of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 31 day of December, 1977.
Signed Edward A. Black
Official Designation Presbyterian Clergyman
4 day of January, 1978.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 481
File 39
Date of Application 12-16-77

County _____

MALE
Medical Examination Report Dated 12-13-77
Name of Physician Larry D. Lovall

FEMALE
Medical Examination Report Dated 12-13-77
Name of Physician Larry D. Lovall

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

MALE APPLICANT
Name John D. Grider
Date of Birth May 16 1950
Place of Birth (State or foreign country) Indiana
Residence Address 531 Graham Row Trail Indianapolis, 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 Albert Grider
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother: Doris Ann Milligan
Residence of mother (if deceased so state) Indianapolis, In.
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed John D. Grider
New Address 301 E Broadway
Subscribed and sworn to before me this 16 day of Dec., 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, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 20th day of December, 1977, authorizing the joining together as husband and wife of John D. Grider and Peggy L. Eagle.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Earl T. Bonham _____ hereby certify that on the 30 day of December, 1977, at Danville, County of Hendricks, State of Indiana, Groom John Dean Grider and, Bride Peggy Lee Eagle of Marion County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of _____
Dated this 30 day of December, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1978.
Signed Earl T. Bonham
Official Designation Pastor (Methodist)
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Peggy L. Eagle
Date of Birth August 16 1950
Place of Birth (State or foreign country) Indiana
Residence Address 301 E Broadway Danville, 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) Water Reg. #13500

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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.
Ronnie Eagle - age 9 yrs.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Edward Bowman
Residence of father (if deceased so state) Sandborn, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother: Coleen Brower
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Peggy L. Eagle
New Address 301 East Broadway
Subscribed and sworn to before me this 16 day of Dec., 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, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 482
File 12-16-77
Date of Application

MALE
Medical Examination Report Dated 12-16-77
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 12-16-77
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 Robert Martin Murphy
Date of Birth 12 17 1948
Place of Birth (State or foreign country) Tenn
Residence Address 434 Lynwood Blvd Nashville Tenn
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Murphy
Residence of father (if deceased so state) Murfreesboro, Tenn.
Birthplace of father (State or foreign country) Tenn.
9. Full maiden name of mother Leona D. Neil
Residence of mother (if deceased so state) Murfreesboro, Tenn.
Birthplace of mother (State or foreign country) Tenn.

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

Signed Robert M. Murphy
New Address 434 Lynwood Blvd Nashville, Tenn.
Subscribed and sworn to before me this 16 day of Dec, 1977.
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, **HENDRICKS** ss:
County of _____

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

Clerk

FEMALE APPLICANT
Name Sheryl Dee McClain
Date of Birth Jan 10 1949
Place of Birth (State or foreign country) Ind
Residence Address 220 Keweenaw 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 McClain
Residence of father (if deceased so state) El Paso, Tex.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Sarah C. Stanley
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Sheryl Dee McClain
New Address 434 Lynwood Blvd Nashville, Tenn.
Subscribed and sworn to before me this 16 day of Dec, 1977.
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, **HENDRICKS** ss:
County of _____

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the **HENDRICKS** Circuit Court of Indiana dated the 22nd day of December, 1977, authorizing the joining together as husband and wife Robert Martin Murphy and Sheryl Dee McClain.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, J. Tom Burbrink hereby certify that on the 24 day of December, one thousand nine hundred and 77 at Plainfield, Hendricks Indiana, State of Indiana, Groom Robert Martin Murphy of Rutherford County, State of Tennessee and, Bride Sheryl Dee McClain of Hendricks County, State of Indiana were by me united 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 December, 1977.

Signed J. Tom Burbrink

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of December, 1977.

Signed Glen M. Harney 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. 483
File 39
12-19-77
Date of Application

County

MALE
Medical Examination Report Dated 11-23-77
Name of Physician Wm. L. Wagner

FEMALE
Medical Examination Report Dated 11-23-77
Name of Physician Wm. L. 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 John Morrison
Date of Birth July 30 1946
Place of Birth (State or foreign country) Ind.
Residence Address 207 Iron Ave. 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) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Joan Morrison
(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 Ray Morrison
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Juanita Evelyn Winsted
Residence of mother (if deceased so state) 207 Iron Ave. Plainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed John R. Morrison
New Address 303 Ellis St. Plainfield Ind

Subscribed and sworn to before me this 19 day of Dec., 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, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 19 day of Dec., 1977, authorizing the joining together as husband and wife of John R. Morrison and Vali E. Elizabeth Davis.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer, hereby certify that on the 19 day of Dec., 1977, at Danville, County of Hendricks, State of Indiana, Groom John R. Morrison and, Bride Vali E. Elizabeth 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 19 day of December, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of December, 1977.
Signed John C. Maurer
Official Designation Judge
Signed Glen M. Harvey
HENDRICKS Clerk
Circuit Court

FEMALE APPLICANT

Name Vali Elizabeth Davis
Date of Birth July 27 1955
Place of Birth (State or foreign country) Michigan
Residence Address 21 Oak 112 Clayton 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 Dale A. Davis
Residence of father (if deceased so state) R1 Oak 112 Clayton, Ind.
Birthplace of father (State or foreign country) Michigan

9. Full maiden name of mother Willie E. Stewart
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Pennsylvania

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

Signed Vali E. Davis
New Address 303 Ellis St. Plainfield Ind

Subscribed and sworn to before me this 19 day of Dec., 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, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

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. 484
File Dec. 19 1977
Date of Application

MALE
Medical Examination Report Dated 12-14-77
Name of Physician Joseph Hoover

FEMALE
Medical Examination Report Dated 12-15-77
Name of Physician John Ellett

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

MALE APPLICANT

Name Steven Frank Jones
Date of Birth Dec 27 1953
Place of Birth (State or foreign country) Ind.
Residence Address 3425 Alpine St. Stilesville Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

FEMALE APPLICANT

Name Rhonda Fay Johnson
Date of Birth Aug 25 1957
Place of Birth (State or foreign country) Ind.
Residence Address P.O. Box 227 Stilesville 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Samuel C. Jones
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Opal Jenkins
Residence of mother (if deceased so state) St. Wayne, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Steven F. Jones
New Address 3425 Alpine Ave

Subscribed and sworn to before me this 19 day of Dec, 1977
Glen M. Harvey Clerk HENDRICKS Circuit Court

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 R. Johnson
Residence of father (if deceased so state) Unknown
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Mary Ruth Winger
Residence of mother (if deceased so state) Unknown
Birthplace of mother (State or foreign country) Ind.

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

Signed Rhonda F. Johnson
New Address 3425 Alpine Ave

Subscribed and sworn to before me this 19 day of Dec, 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, HENDRICKS ss: _____
County of _____

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, HENDRICKS ss: _____
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Dec, 1977, authorizing the joining together as husband and wife Steven Frank Jones and Rhonda Fay Johnson.
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 7th day of January, one thousand nine hundred and 78 at Stilesville, County of Hendricks, State of Indiana, Groom Steven Frank Jones of Allen County, State of Indiana and, Bride Rhonda Fay Johnson of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. 7th JANUARY 78
Dated this _____ day of _____, 19____.

Signed Rev. B. Kent Duke
Official Designation Pastor, Stilesville Baptist Ch.
18 day of January, 1978
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 485
File _____
Date of Application Dec. 19 1977

MALE
Medical Examination Report Dated 12-6-77
Name of Physician Carl S. Heinlein

FEMALE
Medical Examination Report Dated 12-6-77
Name of Physician Carl S. Heinlein

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

MALE APPLICANT
Name Randall Eugene Huffman
Date of Birth 27 1954
Place of Birth (State or foreign country) Indiana
Residence Address 25 Owen Street, Brownsburg, Hendricks, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Stanley E. Huffman
Residence of father (if deceased so state) 25 Owen St., Brownsburg
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara D. Price
Residence of mother (if deceased so state) 25 Owen St., Brownsburg
Birthplace of mother (State or foreign country) Indiana

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

Signed Randall E. Huffman
New Address Plainfield, Ind.

Subscribed and sworn to before me this 19 day of Dec., 1977.
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, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 December, 1977, authorizing the joining together as husband and wife

of Randall Eugene Huffman and Julie Ann William
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Irwin D. West _____

hereby certify that on the 30 day of December, 1977, at _____

State of Indiana, Groom Randall Eugene Huffman at Clayton _____ County of Hendricks,
and, Bride Julie Ann William of Hendricks _____ County, State of Indiana

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

Dated this 30 day of December, 1977. _____

Signed Irwin D. West
Official Designation Baptist Minister
day of January, 1978

Signed Glen M. Harney Clerk
_____ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of _____, 19____.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 486
File 39
County _____
Date of Application 12-19-77

MALE

Medical Examination Report Dated 12-12-77
Name of Physician Joseph J. Gromley

FEMALE

Medical Examination Report Dated 12-12-77
Name of Physician Joseph J. Gromley

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

MALE APPLICANT

Name Charles L. Blacker
Date of Birth September 28, 1922
Place of Birth (State or foreign country) Greensburg, Ind.
Residence Address 92 Box 168 J, Brownsburg, 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 # 5304-28-5855

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 D. Blacker
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Lela Ocaltree
Residence of mother (if deceased so state) Deceased
Birthplace of mother (State or foreign country) Indiana

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

Signed Charles L. Blacker
New Address RR 2 Box 168 J Brownsburg, Ind.

Subscribed and sworn to before me this 19 day of Dec, 1977.
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, HENDRICKS ss: _____
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Freda L. Simmons
Date of Birth November 27, 1928
Place of Birth (State or foreign country) Cloverdale, Ind.
Residence Address 92 Box 168 J, Brownsburg, 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 # 5313-16-6396

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Goodpasture
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Ruby Single
Residence of mother (if deceased so state) 1714 Georgetown Rd., Speedway, Indiana
Birthplace of mother (State or foreign country) Florida

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

Signed Freda L. Simmons
New Address RR 2 Box 168 J Brownsburg, Ind.

Subscribed and sworn to before me this 19 day of Dec, 1977.
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, HENDRICKS ss: _____
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1977, authorizing the joining together as husband and wife of Charles L. Blacker and Freda L. Simmons.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gary Jenkins, hereby certify that on the 2 day of January, one thousand nine hundred and 78 at Indianapolis, County of Marion, State of Indiana, Groom Charles L. Blacker of Hendricks County, State of Indiana, and, Bride Freda Lucille Simmons of Hendricks County, State of Indiana, were by me united 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 January, 1978.
Signed Gary H. Jenkins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of January, 1978.
Signed Glen M. Harney 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. 487
File _____
Date of Application 12-21-77

County _____

MALE
Medical Examination Report Dated 12-19-77
Name of Physician James Black

FEMALE
Medical Examination Report Dated 12-19-77
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, representa-

MALE APPLICANT
Name Thomas Wilson Cullivan
Date of Birth 7 Nov. 2 1957
Place of Birth (State or foreign country) Ind.
Residence Address 43 Southridge Brownsburg 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 F. Cullivan
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Barbara A. Pate
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Thomas Wilson Cullivan
New Address 5006 Bobwhite Lane

Subscribed and sworn to before me this 21 day of Dec., 1977.
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be it Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of Dec., 1977, authorizing the joining together as husband and wife of Thomas Wilson Cullivan and Debra Lynn Kriech.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Wilson hereby certify that on the 24 day of December, 1977, at Brownsburg, County of Hendricks, State of Indiana, Groom Thomas Wilson Cullivan and, Bride Debra Lynn Kriech of Hendricks County, State of Indiana were by me united 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 December, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of December, 1977.
Signed Joseph D. Wilson Official Designation Minister
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 488

File 59

County

12-22-77

Date of Application

MALE

Medical Examination Report Dated 12-22-77

Name of Physician Lloyd Terry

FEMALE

Medical Examination Report Dated 12-22-77

Name of Physician Lloyd Terry

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

MALE APPLICANT

Name First Middle Last
George Clyde Jarrett
Date of Birth September 19 1953
Place of Birth (State or foreign country) Indianapolis
Residence Address 431 E. Broadway Danville, 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) Clerk's Office File Record

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Jarrett
Residence of father (if deceased so state): Danville, Ind.

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Jessie Cara Rose
Residence of mother (if deceased so state): Same

Birthplace of mother (State or foreign country): Indiana

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

County of: HENDRICKS

Signed: George Jarrett

New Address: 402 1/2 Jefferson Danville, Ind.

Subscribed and sworn to before me this 22 day of Dec, 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, HENDRICKS } ss:
County of: HENDRICKS

Signed: _____ Father

Signed: _____ Mother

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

_____, Clerk

FEMALE APPLICANT

Name First Middle Last
Mary Ellen Smiley
Date of Birth May 9 1954
Place of Birth (State or foreign country) Cleveland
Residence Address 401 1/2 Jefferson Danville, 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) Army I.D.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

Wilfred Dale Smiley

Michael Lynn Smiley

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: C. McKinney
Residence of father (if deceased so state): Deceased

Birthplace of father (State or foreign country): Unknown

9. Full maiden name of mother: Ellen Kneumack
Residence of mother (if deceased so state): Deceased

Birthplace of mother (State or foreign country): Unknown

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

County of: HENDRICKS

Signed: Mary Smiley

New Address: 402 1/2 Jefferson Danville, Ind.

Subscribed and sworn to before me this 22 day of Dec, 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, HENDRICKS } ss:
County of: HENDRICKS

Signed: _____ Father

Signed: _____ Mother

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

_____, Clerk

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

RETURN 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 Dec, 1977, authorizing the joining together as husband and wife

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

I, Jeffery V. Bales hereby certify that on the 22 day of December, one thousand nine hundred and 77 at Danville, _____ County of _____

State of Indiana, Groom: George Clyde Jarrett of _____ County, State of _____

and, Bride: Mary Ellen Smiley 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 22 day of December, 1977.

Signed: Jeffery V. Bales

Official Designation: Judge, Prob. Term

Signed: Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of December, 1977.

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

No. 489
File 39
Date of Application 12-23-77

MALE
Medical Examination Report Dated 12-23-77
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 12-23-77
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, representa-

MALE APPLICANT

Name Mark Alan Ballinger
Date of Birth October 19 1958
Place of Birth (State or foreign country) Illinois
Residence Address 253 N. Tennessee Danville 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Alfred Ballinger
253 N. Tennessee Danville, Ill.
Residence of father (if deceased so state) Illinois
Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Myrna Unida Garner
Same
Residence of mother (if deceased so state) Illinois
Birthplace of mother (State or foreign country) Illinois

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

Signed Mark Ballinger
New Address East Rockville Road

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be it Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of Dec, 1977, authorizing the joining together as husband and wife of Mark Alan Ballinger and Teresa Ann Cuzzart.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Rev. D. Wayne Dunlap hereby certify that on the third day of January, one thousand nine hundred and 78 at Danville, County of Hendricks, State of Indiana, Groom Mark Alan Ballinger and, Bride Teresa Ann Cuzzart of Hendricks County, State of Indiana were by me joined in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 3rd day of January, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed Rev. D. Wayne Dunlap
Official Designation Minister - Ch. of the Nazarene
Signed Elin M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Teresa Ann Cuzzart
Date of Birth April 13 1958
Place of Birth (State or foreign country) Kentucky
Residence Address Q.R. 6, Box #1 Danville 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Edward Cuzzart
Q.R. 6 Box #1 Danville, Ill.
Residence of father (if deceased so state) Kentucky
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Audrey Faye Morris
Same
Residence of mother (if deceased so state) Kentucky
Birthplace of mother (State or foreign country) Kentucky

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

Signed Teresa Cuzzart
New Address East Rockville Road

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be it Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife of _____ and _____.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. _____ hereby certify that on the _____ day of _____, one thousand nine hundred and _____ at _____, County of _____, State of _____, Groom _____ and, Bride _____ of _____ County, State of _____ were by me joined 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____.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed _____
Official Designation _____
Signed _____ Clerk _____ 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. 490

File

County

12-23-77
Date of Application

MALE

Medical Examination Report Dated 12-20-77

Name of Physician David M. Hadley

FEMALE

Medical Examination Report Dated 12-20-77

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 Mark Middle A. Last Campbell
Date of Birth Month March Day 5 Year 1954
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. 2944 S. Dix Points Rd City Indpls. 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 B. Campbell
Residence of father (if deceased so state) P.O. 18 Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Dorothy M. Cleary
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed: W. C. Call

New Address: 2944 S. Dix Points Rd, Indianapolis, IN 46231

Subscribed and sworn to before me this 23rd day of December, 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, HENDRICKS ss: 20318
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Karen Middle L. Last Hockstetter
Date of Birth Month Oct Day 19 Year 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. 42 Eldin Dr. City Plfld. 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 L. Hockstetter
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Patricia A. White
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed: Karen L. Hockstetter

New Address: 2944 S. Dix Points Rd, Indpls, IN 46231

Subscribed and sworn to before me this 23rd day of December, 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, HENDRICKS ss: 20318
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28th day of December, 1977, authorizing the joining together as husband and wife

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

1. Our Dellon Laffin hereby certify that on the 7 day of January, one thousand nine hundred and 78 at Plainfield, County of Hendricks,

State of Indiana, Groom Mark A. Campbell of Hendricks County, State of Indiana, and, Bride Karen L. Hockstetter of Hendricks County, State of Indiana,

were by me joined 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 December, 1977.

Signed: Our Dellon Laffin

Official Designation: Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of January, 1978.

Signed: Glen M. Harvey Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 491
File _____
Date of Application 12-23-77

MALE
Medical Examination Report Dated 12-23-77
Name of Physician Carl L. Heinlein

FEMALE
Medical Examination Report Dated 12-23-77
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 David M. Tipping
Date of Birth April 9, 1947
Place of Birth (State or foreign country) Indiana
Residence Address 2401 Marcy Dr. Apt. 105 Big Spring Texas
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Delma L. Tipping
Residence of father (if deceased so state) Box 5 Abbot Texas
Birthplace of father (State or foreign country) Bloomington, Ind.

9. Full maiden name of mother Martha N. M. Spadden
Residence of mother (if deceased so state) Box 5 Abbot Texas
Birthplace of mother (State or foreign country) Bloomington, Ind.

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

Signed David M. Tipping
New Address 2401 Marcy Dr. #105 Big Spring Texas 79720
Subscribed and sworn to before me this 23rd day of December, 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 December, 1977, authorizing the joining together as husband and wife of David M. Tipping and Janice E. Jones.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ronald E. McRae, hereby certify that on the 30 day of December, 1977, at Danville, County of Hendricks, State of Indiana, Groom David M. Tipping and, Bride Janice Jones of Howard County, State of Indiana were by me united 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 December, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of January, 1978.
Signed Ronald E. McRae Official Designation Senior Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 492
File _____
County _____
Date of Application 12-23-77

MALE
Medical Examination Report Dated 12-22-77
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 12-22-77
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 David P. Boyer
Date of Birth May 1, 1957
Place of Birth (State or foreign country) Fort Wayne, Ind.
Residence Address 2612 Cleburn Dr. Fort Wayne, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 W. Boyer
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Fort Wayne

9. Full maiden name of mother Mary Ann Nash
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Fort Wayne

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

Signed David P. Boyer
New Address 201 E. Pike Crawfordsville

Subscribed and sworn to before me this 23rd day of December, 1977.
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, HENDRICKS } ss: _____
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Natalie Dawn Hensley
Date of Birth Nov. 18, 1957
Place of Birth (State or foreign country) Ind.
Residence Address 156 Manor Dr. Brownsburg, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 L. Hensley
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Ky.

9. Full maiden name of mother Warline M. Ironsack
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 the information given in this application is true and correct.
County of _____

Signed Natalie Dawn Hensley
New Address 201 E. Pike Crawfordsville, Ind.

Subscribed and sworn to before me this 23 day of December, 1977.
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, HENDRICKS } ss: _____
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1977, authorizing the joining together as husband and wife of David P. Boyer and Natalie Hensley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert J. Gilday hereby certify that on the 30 day of December, one thousand nine hundred and 77 at St. Malachy Church, Brownsburg Hendricks State of Indiana, Groom David P. Boyer of Allen County, State of Indiana and, Bride Natalie Hensley of Hendricks County, State of Indiana were by me united 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 December, 1977.
Signed Robert J. Gilday

Official Designation Associate Pastor—St. Malachy Church
4 day of January, 1978

Signed Glen M. Harney Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

No. 493

File

12-23-77

Date of Application

MALE
Medical Examination Report Dated 12-23-77
Name of Physician Dr. Larry Louell

FEMALE
Medical Examination Report Dated 12-23-77
Name of Physician Dr. Larry Louell

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

MALE APPLICANT

Name First Middle Last
HAROLD WAYNE MEYER
Date of Birth Month Day Year
FEB 19 34
Place of Birth (State or foreign country) INDIANAPOLIS IND.
Residence Address Street or R. R. City County State
2623 BROOKVIEW DR. PLANO TEXAS
Previous Marital Status: Never Married ☐ OR 1 previous marriage
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 H. Meyer
Residence of father (if deceased so state): Ferguson Road, Indianapolis
Birthplace of father (State or foreign country): Indianapolis, Indiana
9. Full maiden name of mother: Elda S. Bode
Residence of mother (if deceased so state): same
Birthplace of mother (State or foreign country): Indianapolis, Indiana

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

Signed Harold Wayne Meyer

New Address 2623 Brookview Dr. Plano, Tex 75074

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

Signed _____ Father

Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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 23 day of Dec. 1977, authorizing the joining together as husband and wife

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

one thousand nine hundred and 77 hereby certify that on the 23 day of December

State of Indiana, Groom Harold Wayne Meyer at Danville _____ County of Hendricks
and, Bride Anna May Curtis of Collins _____ County, State of Texas
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.

Dated this 23 day of December 1977. HENDRICKS

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

Signed Glen M. Harvey
Official Designation Clerk Hendricks Co.
23 day of December 1977

Signed Glen M. Harvey
HENDRICKS Clerk
Circuit Court

FEMALE APPLICANT

Name First Middle Last
ANNA MAY CURTIS
Date of Birth Month Day Year
MARCH 9 34
Place of Birth (State or foreign country) CINCINNATI OHIO
Residence Address Street or R. R. City County State
1221, Box 218, CLAYTON IND
Previous Marital Status: Never Married ☐ OR 3 previous marriages
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.

Kenneth Stephen Curtis

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 WILLEY
Residence of father (if deceased so state): UNKNOWN
Birthplace of father (State or foreign country): ALABAMA

9. Full maiden name of mother: GLADYS V. BAKER
Residence of mother (if deceased so state): P.R.I. Box 218 CLAYTON
Birthplace of mother (State or foreign country): CINCINNATI, OHIO

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

Signed Anna May Curtis

New Address 2623 Brookview Dr., Plano, Ind.

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

Signed _____ Father

Signed _____ Mother

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

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 494
File Dec 23, 1977
Date of Application

County

MALE

Medical Examination Report Dated 12-20-77
Name of Physician William F. Sisson

FEMALE

Medical Examination Report Dated 12-17-77
Name of Physician William F. Sisson

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

MALE APPLICANT

Name John Randall Blosser
Date of Birth 11 21 1945
Place of Birth (State or foreign country) Indiana
Residence Address R.R. 4 Box 131, Mooresville, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Nicholas Blosser

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Robert Blosser
Residence of father (if deceased so state) unknown
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Marilyn Miller
Residence of mother (if deceased so state) 10000 Blvd #413, South Bend
Birthplace of mother (State or foreign country) Indiana

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

Signed John Blosser

New Address RR 4 Box 274A Mooresville Ind

Subscribed and sworn to before me this 23 day of Dec, 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, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Earnette Marie Virgin
Date of Birth 10 4 1948
Place of Birth (State or foreign country) Ind
Residence Address R.R. 4 Box 131, Mooresville, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Lynnette Virgin

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Earnest English
Residence of father (if deceased so state) R 2 Box 494, Plainfield, Ind
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Loretta Marie Flake
Residence of mother (if deceased so state) R 2 Box 494, Plainfield, Ind
Birthplace of mother (State or foreign country) Ind

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

Signed Earnette M. Virgin

New Address RR # 4 Box 274A

Subscribed and sworn to before me this 23 day of Dec, 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, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be it Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 28th day of December, 1977, authorizing the joining together as husband and wife

of John Randall Blosser and Earnette Marie Virgin
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John W. Montgomery hereby certify that on the 7 day of January, one thousand nine hundred and 78 at South Bend, County of St. Joseph, State of Indiana, Groom John Randall Blosser of Hendricks County, State of Indiana, and, Bride Earnette Marie Virgin of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of January, 1978.

Signed John W. Montgomery

Official Designation Judge, St. Joseph Circuit Court

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of January, 1978.

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. 495
File 39
12-23-77
Date of Application

MALE
Medical Examination Report Dated 12-21-77
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 12-21-77
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 Jon Morphew
Date of Birth October 17 1949
Place of Birth (State or foreign country) Indiana
Residence Address R-1 Danville, 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) water Reg. 9387

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Leonard Ruston Morphew
Residence of father (if deceased so state) Clayton, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Judith Ann Richardson
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Jon H. Morphew
New Address R-1 Danville, Ind.

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

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Linda M. Lewis
Date of Birth Dec. 2 1955
Place of Birth (State or foreign country) Ohio
Residence Address R-1 Danville, 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) School Record

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Logan Lewis
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Alabama

9. Full maiden name of mother Annie Rebecca Basley
Residence of mother (if deceased so state) St. John's Convalescent Center, Springfield
Birthplace of mother (State or foreign country) N. Carolina

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

Signed Linda M. Lewis
New Address R-1 Danville, Ind.

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

Signed _____ Father
Signed _____ Mother

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

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of Dec., 1977, authorizing the joining together as husband and wife of Jon H. Morphew and Linda M. Lewis.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Enoch S. Ralph hereby certify that on the 31st day of December, one thousand nine hundred and 77 at Plainfield, County of Hendricks, State of Indiana, Groom Jon H. Morphew and, Bride Linda M. Lewis of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 31st day of December, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of January, 1978.
Signed Enoch S. Ralph Minister, Church of Nazarene
Official Designation _____
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 496

File 39

County

Date of Application

MALE

Medical Examination Report Dated 12-19-77

Name of Physician James Black

FEMALE

Medical Examination Report Dated 12-19-77

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, representa-

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

MALE APPLICANT

Name First Robert Middle J Last Gatts
Date of Birth Month July Day 3 Year 1953
Place of Birth (State or foreign country) Cherry Point North Carolina
Residence Address 110 Buchanan Street or R. R. 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Ivan Gatts

Residence of father (if deceased so state) Clainfield

Birthplace of father (State or foreign country) Ohio

9. Full maiden name of mother Rose Mary Jennings

Residence of mother (if deceased so state) 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 Robert James Gatts

New Address 110 Buchanan Ave

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

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 Cheryl Middle J Last Hayden
Date of Birth Month July Day 22 Year 1955
Place of Birth (State or foreign country) Indianapolis
Residence Address 1636 Centennial Street or R. R. 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Frederick Hayden

Residence of father (if deceased so state) Indianapolis, In.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Joann June Morgan

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 Cheryl Kaye Hayden

New Address 110 Buchanan Ave

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

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

Be 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 December, 1977, authorizing the joining together as husband and wife

Robert J. Gatts and Cheryl J. Hayden

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

I, Rev. Dillon Laffin

hereby certify that on the 14 day of January

one thousand nine hundred and 78

at Clainfield

County of Hendricks

State of Indiana, Groom Robert J. Gatts

County, State of Indiana

and, Bride Cheryl J. Hayden

County, State of Indiana

were by me joined 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 December, 1977.

Signed Rev. Dillon Laffin

Official Designation Minister

Signed Glen M. Harney

Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of January, 1978.

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. 497
File Dec. 23, 1977
Date of Application

MALE
Medical Examination Report Dated 12-17-77
Name of Physician Patrick J. Foley

FEMALE
Medical Examination Report Dated 12-17-77
Name of Physician Patrick J. Foley

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

MALE APPLICANT

Name Lloyd Landon Jones
Date of Birth 1-1-1925
Place of Birth (State or foreign country) Indiana
Residence Address P.O. Box 53, North Salem, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Jones
Residence of father (if deceased so state) North Salem, Indiana
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Selen Bowen
Residence of mother (if deceased so state) North Salem, Ind
Birthplace of mother (State or foreign country) Indiana

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

Signed Lloyd L. Jones
New Address P.O. Box 53, North Salem, Ind.

Subscribed and sworn to before me this 23 day of Dec, 1977
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, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Linda Joyce Segall
Date of Birth 1-29-1945
Place of Birth (State or foreign country) Illinois
Residence Address 3556 Glen Arm Road, Indianapolis
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Jennifer Segall
Robert Segall

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Lowell John Jefferson
Residence of father (if deceased so state) Crown Point, Ind
Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Elizabeth Korach
Residence of mother (if deceased so state) Crown Point, Ind
Birthplace of mother (State or foreign country) Indiana

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

Signed Linda Joyce Segall
New Address P.O. Box 53, North Salem, Ind.

Subscribed and sworn to before me this 23 day of Dec, 1977
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, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 20 day of December, 1977, authorizing the joining together as husband and wife of Lloyd Landon Jones and Linda Joyce Segall.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Earl C. Davis hereby certify that on the 7th day of January, 1978,
one thousand nine hundred and 78 at North Salem Christian Church of Hendricks
State of Indiana, Groom Lloyd Landon Jones and, Bride Linda Joyce Segall of Marion County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 7th day of January, 1978

Signed Earl C. Davis BD
Official Designation Pastor-Conselor
10 day of January, 1978.
Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 498
File _____
County _____
Date of Application 12-27-77

MALE
Medical Examination Report Dated 12-20-77
Name of Physician Robert K. Stegemoller M.D.

FEMALE
Medical Examination Report Dated 12-20-77
Name of Physician Ronald K. 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 Daniel L. Walker
Date of Birth June 7 1958
Place of Birth (State or foreign country) Hawthorne, California
Residence Address 193 S. HOME Danville, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

- Full name of father Donald Low Walker
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Wisconsin
- Full maiden name of mother Janevée Buchanan
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) North Carolina

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

Signed Daniel L. Walker
New Address California

Subscribed and sworn to before me this 23 day of December, 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, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT
Name Diana Lynn Keeney
Date of Birth Nov. 23 1958
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address 324 N. Tennessee Danville, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

- Full name of father David James Keeney
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Beverly Jeanne Leonard
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Diana Lynn Keeney
New Address California

Subscribed and sworn to before me this 23 day of December, 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, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 3 day earlier 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 27th day of December, 1977, authorizing the joining together as husband and wife of Daniel L. Walker and Diana Lynn Keeney

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 30th day of December, one thousand nine hundred and 77 at Danville, County of Hendricks, State of Indiana, Groom Daniel L. Walker of Hendricks County, State of Indiana and, Bride Diana Lynn Keeney of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 30th day of December, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed Rev. B. Kent Duke
Official Designation Pastor, Stilesville Baptist Ch.
18 day of January, 1978.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

No. #499
File _____
Date of Application 12-27-77

MALE
Medical Examination Report Dated 12-15-77
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 12-15-77
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 Paul Western
Date of Birth Feb 22 1956
Place of Birth (State or foreign country) Putnam Co
Residence Address Cartersburg, In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Marriage Co. 1977
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 Clarence Carl Western
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Hendricks Co.
9. Full maiden name of mother Mary Bula Goff
Residence of mother (if deceased so state) Gen. Delivery Cartersburg
Birthplace of mother (State or foreign country) Georgia

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

Signed Paul M. Western
New Address Gen. Del. Cartersburg
Subscribed and sworn to before me this 27 day of Dec, 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, HENDRICKS } ss:
County of _____

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be it Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 27 day of December, 19____, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James E. Taylor and Denise L. Church
one thousand nine hundred and 77 hereby certify that on the 30th day of December
State of Indiana, Groom Paul Marty Western at Danville, County of Hendricks
and, Bride Denise Lynn Church of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____
Dated this 30th day of December, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1977.
Signed James E. Taylor
Official Designation Minister
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Denise L Church
Date of Birth May 22 1955
Place of Birth (State or foreign country) Terre Haute, In.
Residence Address Cartersburg, In.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Marriage Co. 1977
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 Lincoln Sears, Jr.
Residence of father (if deceased so state) Louisiana
Birthplace of father (State or foreign country) Terre Haute
9. Full maiden name of mother Phyllis Ann Owen
Residence of mother (if deceased so state) Louisiana
Birthplace of mother (State or foreign country) Linton, Ind.

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

Signed Denise L. Church
New Address Gen. Del. Cartersburg
Subscribed and sworn to before me this 27th day of Dec, 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, HENDRICKS } ss:
County of _____

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

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 500
File _____
Date of Application 12-27-77

MALE
Medical Examination Report Dated 12-27-77
Name of Physician Larry Lowell

FEMALE
Medical Examination Report Dated 12-27-77
Name of Physician Larry Lowell

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

MALE APPLICANT

Name James Wyane Boutchyard
Date of Birth Feb. 12 1950
Place of Birth (State or foreign country) Virginia
Residence Address 966 Highlands 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) Dr. 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.
Kamela Boutchyard
Jennifer Boutchyard

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 L. Boutchyard
Residence of father (if deceased so state) Chandler, Va.
Birthplace of father (State or foreign country) Va.

9. Full maiden name of mother Louise Wyatt
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Va.

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

Signed James Boutchyard
New Address 966 HIGHLANDED DR. PLAINFIELD

Subscribed and sworn to before me this 27 day of Dec, 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, **HENDRICKS** } ss: 201304
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Velma Joyce Winsted
Date of Birth June 15 1941
Place of Birth (State or foreign country) Ind.
Residence Address 966 Highlands 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) Court 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.
Kathi Winsted
Kristi Winsted
Kevin Winsted
Misti Jo Winsted
Mary Ann Winsted

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Lawell Hubbard
Residence of father (if deceased so state) Carmy, Ind.
Birthplace of father (State or foreign country) Ky.

9. Full maiden name of mother Mary Jane
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ark.

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

Signed Joy Winsted
New Address 966 Highlands Dr. Plfld. Ind.

Subscribed and sworn to before me this 27 day of Dec, 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, **HENDRICKS** } ss: 201304
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

We 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 Dec, 1977, authorizing the joining together as husband and wife James Wyane Boutchyard and Velma Joyce Winsted.
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 December, 1977, at Danville, County of Hendricks, State of Indiana, Groom James Wayne Boutchyard of Hendricks County, State of Indiana and, Bride Velma Joyce Winsted of Hendricks County, State of Indiana were by me joined 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 December, 1977.
Signed John C. Mowrer
Official Designation Judge, Hendricks County Court
28 day of December, 1977.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 501
File 12-28-77
Date of Application

MALE
Medical Examination Report Dated 12-28-77
Name of Physician Wm. Wagner

FEMALE
Medical Examination Report Dated 12-28-77
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 John Middle Michael Last McClain
Date of Birth Month Day Year 12 30 1953
Place of Birth (State or foreign country) New Mexico
Residence Address 3545 W. Washington St. Indianapolis, 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) Dr. Lerman
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "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 E. McClain
Residence of father (if deceased so state) Unknown
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Janice Dickey
Residence of mother (if deceased so state) Lexington, Ky.
Birthplace of mother (State or foreign country) Ohio

State of Indiana HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed John C. Maurer
New Address 121 Todd's Rd Lexington
Subscribed and sworn to before me this 28th day of Dec., 1977.
Alex 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 HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

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

in Clark's Office County Superior Court by written order issued 3 day waiver and filed
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be it Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 28th day of Dec., 1977, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. John C. Maurer and Virgian Ray Maness
one thousand nine hundred and 77 hereby certify that on the 30 day of December,
State of Indiana, Groom John Michael McClain at Danville, County of Hendricks,
and, Bride Virgian Ray Maness of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 30 day of December, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of December, 1977.

FEMALE APPLICANT
Name First Virgian Middle Ray Last Maness
Date of Birth Month Day Year June 25 1958
Place of Birth (State or foreign country) Kentucky
Residence Address 1103 Brookside 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) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "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 Maness
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Ky.
9. Full maiden name of mother Carol Fay Newman
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Mich.

State of Indiana HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Virgian Maness
New Address 121 Todd's Rd Lexington
Subscribed and sworn to before me this 28th day of Dec., 1977.
Alex 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 HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

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

in Clark's Office County Superior Court by written order issued 3 day waiver and filed
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be it Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 28th day of Dec., 1977, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. John C. Maurer and Virgian Ray Maness
one thousand nine hundred and 77 hereby certify that on the 30 day of December,
State of Indiana, Groom John Michael McClain at Danville, County of Hendricks,
and, Bride Virgian Ray Maness of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 30 day of December, 1977.

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of December, 1977.

Signed John C. Maurer
Official Designation Judge
Signed Alex M. Harney Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 502
File 39
County _____
Date of Application 12-30-77

MALE

Medical Examination Report Dated 12-19-77
Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 12-19-77
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 Curtis A. Juhlin
Date of Birth February 22 1959
Place of Birth (State or foreign country) Bay Shore
Residence Address 10531 W. Cambridge Indianapolis, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Lloyd Elmer Juhlin
Residence of father (if deceased so state) Oklahoma City, Ok.
Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Babbette Irene Keller
Residence of mother (if deceased so state) Oklahoma City, Ok.
Birthplace of mother (State or foreign country) Michigan

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

Signed Curtis A. Juhlin
New Address 2482 S. Dawson St., Indpls, IN.

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

FEMALE APPLICANT

Name Donna A. Brown
Date of Birth August 26 1960
Place of Birth (State or foreign country) Indianapolis
Residence Address 11024 W. Reeves Indianapolis, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Lewis Brown
Residence of father (if deceased so state) Indianapolis, IN
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Wilma Jean Skomp
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Donna A. Brown
New Address 2482 S. Dawson St. Indpls, 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 the
signs, state facts which

State of Indiana, HI
County of _____

Sign _____

Sign _____

Subscribed and sworn to

I, Wilma Jean Brown, hereby give my consent for
my daughter, Donna Annette Brown to
marry Curtis Allen Juhlin.

Wilma Jean Brown
Subscribed and sworn to before me this 9 day of December 1977

COMPLETE IF

in _____

CONSENT OF PARENTS, PARENT OR GUARDIAN

I, Wilma Jean Brown, hereby give my consent for
my daughter, Donna Annette Brown to
marry Curtis Allen Juhlin.

Wilma Jean Brown
Subscribed and sworn to before me this 9 day of December 1977

Geneva F. Sullivan
Notary Public
My Commission Expires 7/26/78

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 January, 1978, authorizing the joining together as husband and wife of Curtis A. Juhlin and Donna A. Brown

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

I, Johnie Edwards, hereby certify that on the 4th day of February, one thousand nine hundred and 78 at Avon, County of Hendricks, State of Indiana, Groom Curtis A. Juhlin of Marion County, State of Indiana and, Bride Donna A. 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 4th day of February, 1978

Signed Johnie Edwards
Official Designation Evangelist Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of February, 1978
Signed Don M. Hendricks Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 502

File 39

County

12-30-77

Date of Application

MALE

Medical Examination Report Dated 12-19-77

Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 12-19-77

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, representa-

MALE APPLICANT

Name First Curtis Middle A. Last Juhlin
Date of Birth February 22 1959
Place of Birth (State or foreign country) Bay Shore
Residence Address 10531 W. Combs Rd. City New York 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Lloyd Klean Juhlin
Residence of father (if deceased so state) Oklahoma City, Ok.
Birthplace of father (State or foreign country) Kansas
9. Full maiden name of mother Babbette Irene Keller
Residence of mother (if deceased so state) Oklahoma City, Ok.
Birthplace of mother (State or foreign country) Michigan

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

Signed X Curtis A. Juhlin

New Address 2482 S. Dawson St., Indpls, IN.

Subscribed and sworn to before me this day of 1977.
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Donna Middle A. Last Brown
Date of Birth August 26 1960
Place of Birth (State or foreign country) Indianapolis
Residence Address 11024 W. Reeves Street or R. R. City Indianapolis, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Lewis Brown
Residence of father (if deceased so state) 11024 W. Reeves Indianapolis, In.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Wilma Jean Skomp
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed X Donna A. Brown

New Address 2482 S. Dawson St. Indpls, IN.

Subscribed and sworn to before me this day of 1977.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of the

State of Indiana, H

County of

Sign

Sign

Subscribed and sworn to

COMPLETE IF

in

CONSENT OF PARENTS, PARENT OR GUARDIAN

I, C. Lewis Brown, hereby give my consent for my Daughter, Donna A. Brown, to marry CURTIS ALAN JUHLIN.

X C. Lewis Brown

Subscribed and sworn to before me this 27 day of Dec 1977

Clifford L. Hughes
Notary Public

My Comm expires 11-14-78

HENDRICKS Circuit Court

of Indiana dated to day of January 1978, authorizing the joining together as husband and wife

Curtis A. Juhlin

and Donna A. Brown

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

I, Johnie Edwards, hereby certify that on the 4th day of February

one thousand nine hundred and 78 at Avon, County of Hendricks

State of Indiana, Groom Curtis A. Juhlin of Marion County, State of Indiana

and, Bride Donna A. Brown of Hendricks County, State of Indiana

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

County.

Dated this 4th day of February, 1978.

Signed Johnie Edwards
Evangelist Church of Christ

Official Designation 8th day of February, 1978

Signed Glen M. Hendricks
HENDRICKS Circuit Court

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

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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. 503
File _____
Date of Application 12-30-77

MALE
Medical Examination Report Dated 12-30-77
Name of Physician Joseph C. Kurlin MD

FEMALE
Medical Examination Report Dated 12-30-77
Name of Physician Joseph C. Kurlin 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 John Thomas Pendleton
Date of Birth Nov 37 1955
Place of Birth (State or foreign country) Washington, D.C.
Residence Address 1024 High St. Logansport, 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) Veterans Benefit card
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Anton Pendleton
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Betty Cornelius
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Washington, D.C.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed John T. Pendleton
New Address Johnson Bible College, Evansville, Ind.

Subscribed and sworn to before me this 30 day of Dec, 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, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT
Name Sharolyn Kay Spurlock
Date of Birth June 23 1955
Place of Birth (State or foreign country) Indianapolis
Residence Address Rt 4 Box 291 Clayton
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 #2317-64-5904
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Spurlock
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Alberta Mapine Wedde
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Sharolyn K. Spurlock
New Address Johnson Bible College, Evansville, Ind. 37920

Subscribed and sworn to before me this 30 day of Dec, 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, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of January, 1978, authorizing the joining together as husband and wife of John Thomas Pendleton and Sharolyn Kay Spurlock.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norman L. Weaver hereby certify that on the 7th day of January, one thousand nine hundred and 78, at Danville, County of Hendricks, State of Indiana, Groom John Thomas Pendleton and, Bride Sharolyn Kay Spurlock of Martin, County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 7th day of January, 1978.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 1
File 39
1-3-78
Date of Application

County

MALE

Medical Examination Report Dated 12-30-77

Name of Physician James Black

FEMALE

Medical Examination Report Dated 12-30-77

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 John D. Gossett
Date of Birth October 10 1953
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address 407 William Dr., Brownsburg, Ind.
Previous Marital Status: Never Married ☐ OR ☒ 2 April 73
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Amber Lynn Gossett
Paul Edwin Gossett
Natalie Nicole Gossett

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Edwin Gossett

Residence of father (if deceased so state) Deceased

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Nancy Louise Jammal

Residence of mother (if deceased so state) PO Box 165, North Salem, Ind.

Birthplace of mother (State or foreign country) Indiana

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

Signed John D. Gossett

New Address 407 William Dr., Brownsburg, Ind.

Subscribed and sworn to before me this 3 day of January, 1978.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Sandra J. Gossett
Date of Birth February 13 1946
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 407 William Dr., Brownsburg, Ind.
Previous Marital Status: Never Married ☐ OR ☒ 2 April 73
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Paul Edwin Gossett
Natalie Nicole Gossett

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 LaForest Heath

Residence of father (if deceased so state) Deceased

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Dorothy Kathryn Stout

Residence of mother (if deceased so state) Deceased

Birthplace of mother (State or foreign country) Indiana

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

Signed Sandra J. Gossett

New Address 407 William Dr., Brownsburg, Ind.

Subscribed and sworn to before me this 3 day of January, 1978.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 7 day of January, 1978, authorizing the joining together as husband and wife

John D. Gossett

and Sandra J. Gossett

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

I, Earl C. Davis hereby certify that on the 7th day of January,

one thousand nine hundred and 78 North Salem Christian Church of Hendricks,

State of Indiana, Groom John D. Gossett of Hendricks County, State of Indiana,

and, Bride Sandra J. Gossett of Hendricks County, State of Indiana,

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

County. 7th day of January, 1978

Dated this _____ day of _____, 19____.

Signed Earl C. Davis, BD

Official Designation Pastor-Counselor

10 day of January, 1978.

Signed Earl C. Davis Clerk

HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 2
File June 4, 1978
Date of Application

MALE
Medical Examination Report Dated 1-3-78
Name of Physician William Wagner MD

FEMALE
Medical Examination Report Dated 1-3-78
Name of Physician William 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 Alan Dicks
Date of Birth Sept 11 1948
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 522 Lawndale Dr. Plainfield
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ (time)
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Driver's License # 306-50-5153

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children:
Christina D. Dicks
Jennifer L. Dicks

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be 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): P.O. 18 Clayton
Birthplace of father (State or foreign country): Indianapolis, In.

9. Full maiden name of mother: Alice W. Walker
Residence of mother (if deceased so state): P.O. 18 Clayton, In.
Birthplace of mother (State or foreign country): Indianapolis, In.

State of Indiana, 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, In.

Subscribed and sworn to before me this 4th day of January, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Victoria Lynn Walker
Date of Birth Feb 15 1949
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 522 Lawndale, Plainfield
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Ind. Co.
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children:
William D. Walker

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 G. Hack
Residence of father (if deceased so state): Indianapolis, In.
Birthplace of father (State or foreign country): Indianapolis, In.

9. Full maiden name of mother: Shirley Mae Shilley
Residence of mother (if deceased so state): 19 Steven Plainfield, In.
Birthplace of mother (State or foreign country): Indianapolis, In.

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

Signed Victoria L. Walker
New Address 522 Lawndale Dr. Plainfield, In.

Subscribed and sworn to before me this 4th day of January, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 January, 1978, authorizing the joining together as husband and wife of Alan Dicks and Victoria Lynn Walker.

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

one thousand nine hundred and 78 hereby certify that on the 8th day of January, 1978, at Speedway, County of Marion, State of Indiana, Groom Alan Dicks and, Bride Victoria Lynn 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 8th day of January, 1978

Signed Andrew P. Crawley Minister
Official Designation 10 day of January, 1978
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 3
File 39
1-4-78
Date of Application

County

MALE

Medical Examination Report Dated 1-3-78
Name of Physician Leon Levi

FEMALE

Medical Examination Report Dated 1-3-78
Name of Physician Leon Levi

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

MALE APPLICANT

Name George Western
Date of Birth May 6 1950
Place of Birth (State or foreign country) Barberton
Residence Address C. D. Box 58 Stilesville Ohio 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) Danville Police Dept. (Last)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Jimmy Western
Residence of father (if deceased so state) C. D. Box 58, Stilesville, Ind.
Birthplace of father (State or foreign country) Alabama
9. Full maiden name of mother Stella Peterson
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Illinois

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

Signed George R. Western
New Address 608 Wacker Rd. Lt 253

Subscribed and sworn to before me this 4 day of Jan, 1978.
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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Susan Watson
Date of Birth December 29 1957
Place of Birth (State or foreign country) Bucyrus
Residence Address C. D. Box 58 Stilesville Ohio 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) Danville Police Dept. (Last)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Washington Watson
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Helen E. Leaver George
Residence of mother (if deceased so state) 6821 Gedlow Dr. Fort Wayne, Ind.
Birthplace of mother (State or foreign country) Illinois

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

Signed Susan E. Watson
New Address 608 Wacker Rd. Lt 253

Subscribed and sworn to before me this 4 day of Jan, 1978.
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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 Assist 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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 4th day of January, 1978, authorizing the joining together as husband and wife George P. Western and Susan E. Watson.

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

I, John C. Maurer hereby certify that on the 4 day of January,
one thousand nine hundred and 78 at Danville, County of Hendricks,
State of Indiana, Groom George P. Western of Allen County, State of Indiana,
and, Bride Susan E. 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 4 day of January, 1978.

Signed John C. Maurer

Official Designation Judge
6 day of January, 1978.

Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 4
File January 4, 1978
Date of Application

MALE
Medical Examination Report Dated 1-4-78
Name of Physician Jerome E. Wurzburg

FEMALE
Medical Examination Report Dated 1-3-78
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 John W. Smith
Date of Birth October 12, 1959
Place of Birth (State or foreign country) Barre, Ind.
Residence Address RR # 2 Edinburg, 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 Winson Clay Smith
Residence of father (if deceased so state) Edinburg, Ind.
Birthplace of father (State or foreign country) Lebanon, Ind.

9. Full maiden name of mother Gwendolyn Fryer
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

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

Signed John W. Smith
New Address RR 2 Edinburg, Ind.

Subscribed and sworn to before me this 4 day of January, 1978
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 10 day of January, 1978, authorizing the joining together as husband and wife of John W. Smith and Leslie M. Saunders.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
Joseph D. Wilson hereby certify that on the 14th day of January, 1978, at Brownsburg, County of Hendricks, State of Indiana, Groom John W. Smith and, Bride Leslie M. Saunders of Bartholomew County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 14th day of January, 1978.

Signed Joseph D. Wilson
Official Designation Minister
18;th _____ day of January, 1978
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 5
File January 6, 1978
Date of Application

MALE
Medical Examination Report Dated 12-30-77
Name of Physician Thomas J. Wright M.D.

FEMALE
Medical Examination Report Dated 12-30-77
Name of Physician Thomas J. Wright 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 Max E. Carroll
Date of Birth January 11 1949
Place of Birth (State or foreign country) Washington Co. Ind.
Residence Address 41 Picadilly Rd. Brownsburg 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) Military DD 214 N
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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.
Jason James Carroll

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Willie Bevan Carroll Jr.
Residence of father (if deceased so state) Washington Co.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Madge Sproul
Residence of mother (if deceased so state) Washington Co.
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Max E. Carroll
New Address 41 Picadilly Rd. Brownsburg, Ind.
Subscribed and sworn to before me this 6 day of January, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

FEMALE APPLICANT
Name Suzanne L. Merry
Date of Birth June 26 1951
Place of Birth (State or foreign country) Shelby Co. Ind.
Residence Address 644 South Oak, Dupps 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) Employed Signature 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 Carl Elsworth Merry
Residence of father (if deceased so state) Shelby County Ind.
Birthplace of father (State or foreign country) Shelby Co.
9. Full maiden name of mother Vida Mae Marsh
Residence of mother (if deceased so state) Shelby Co. Ind.
Birthplace of mother (State or foreign country) Shelby Co. Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Suzanne L. Merry
New Address 41 Picadilly Rd. Brownsburg, Ind.
Subscribed and sworn to before me this 6 day of January, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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
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 January, 1978, authorizing the joining together as husband and wife of Maz E. Carroll and Suzanne L. Merry
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James H. Horner hereby certify that on the 14th day of January, one thousand nine hundred and 78 at Shelbyville, County of Shelby, State of Indiana, Groom Max E. Carroll of Hendricks County, State of Indiana and, Bride Suzanne L. Merry of Shelby County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 14th day of January, 1978

Signed James H. Horner Minister
Official Designation January, 1978
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 6
File 1-6-78
Date of Application

MALE
Medical Examination Report Dated 1-6-78

Name of Physician James Black

FEMALE
Medical Examination Report Dated 1-6-78

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 Ronald Vincent Glidden
Date of Birth Dec. 24 1958
Place of Birth (State or foreign country) Indiana
Residence Address 122 Greunacre Street or R. R. Brownburg City Ind. County Ind. 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 Norman Glidden
Residence of father (if deceased so state) Brownburg, Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Mary M. Hancock
Residence of mother (if deceased so state) Brownburg, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Ronald V. Glidden
New Address 9216 W 52nd St.

Subscribed and sworn to before me this 6 day of Jan, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Teresa Lynn Swinford
Date of Birth Jan 7 1960
Place of Birth (State or foreign country) Ind.
Residence Address 9216 W. 52nd St. Street or R. R. Ind. City Ind. County Ind. 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 Ronald Swinford
Residence of father (if deceased so state) Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Sandra Williams
Residence of mother (if deceased so state) Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Teresa L. Swinford
New Address 9216 W 52nd St.

Subscribed and sworn to before me this 6 day of Jan, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed Sandra Lynn Swinford Mother

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 10 day of Jan, 1978.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Ronald Vincent Glidden and Teresa Lynn Swinford

I, David J. VanCuren hereby certify that on the 14th day of January

one thousand nine hundred and _____ at Clermont, County of Marion

State of Indiana, Groom Ronald Vincent Glidden of Hendricks County, State of Indiana

and, Bride Teresa Lynn Swinford 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 10th day of January, 1978.

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

Signed David J. VanCuren

Official Designation Minister

18th day of January, 1978.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 7
File _____
Date of Application 1-6-78

MALE
Medical Examination Report Dated 1-3-78
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 1-3-78
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 Nelson Wayne Neighbors
Date of Birth Aug 30 1956
Place of Birth (State or foreign country) Bowling Green Ky
Residence Address 9155 W. 10th St. Apt. 9256 Indpls
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Insurance policy Transport Life
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father Willie Stanley Neighbors
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Bowling Green Ky
- Full maiden name of mother Elizabeth Marie Morgan
Residence of mother (if deceased so state) 9609 Harmony Dr. Indpls
Birthplace of mother (State or foreign country) Bowling Green Ky

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

Signed Nelson Wayne Neighbors
New Address 9155 W. 10th St. Apt. 9256
Subscribed and sworn to before me this 6th day of Jan, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT
Name Sandra Jean Driver
Date of Birth Apr 4 1959
Place of Birth (State or foreign country) Paducah Ky
Residence Address 952 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 Western Baptist

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father Norris Henry Driver
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Tenn
- Full maiden name of mother Betty Lou Braswell
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Paducah Ky

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

Signed Sandra Jean Driver
New Address 9155 W. 10th St. Apt. 9256
Subscribed and sworn to before me this 6th day of January, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 January, 1978, authorizing the joining together as husband and wife of Nelson Wayne Neighbors and Sandra Jean Driver

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

I, Thomas Earl Chittenden, Jr. hereby certify that on the 14th day of January, one thousand nine hundred and 78 at Plainfield, County of Hendricks, State of Indiana, Groom Nelson Wayne Neighbors of Marion County, State of Indiana and, Bride Sandra Jean Driver of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of January, 1978.

Signed Thomas E. Chittenden, Jr.
Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of January, 1978.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 8
File _____
Date of Application January 9, 1978

MALE
Medical Examination Report Dated 1-5-78
Name of Physician J. Kanner, M.D.

FEMALE
Medical Examination Report Dated 1-5-78
Name of Physician J. Kanner, M.D.

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

MALE APPLICANT
Name Robert C. Mc Ginnis
Date of Birth September 25, 1950
Place of Birth (State or foreign country) Bardonia Ky.
Residence Address R.R. #1 Box 516 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) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "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 Thomas M. Mc Ginnis
Residence of father (if deceased so state) Sp. Bardonia Ky.
Birthplace of father (State or foreign country) Springfield Ky.
9. Full maiden name of mother Sarah Carolyn Hurst
Residence of mother (if deceased so state) Bardonia Ky.
Birthplace of mother (State or foreign country) Bardonia Ky.

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

Signed Robert C. Mc Ginnis
New Address R1 Box 516 Plainfield Ind.

Subscribed and sworn to before me this 9th day of January, 1978
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 January, 1978, authorizing the joining together as husband and wife of Robert C. Mc Ginnis and Sara D. Landis.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer, hereby certify that on the 14 day of January, 1978, at Plainfield, County of Hendricks, State of Indiana, Groom Robert C. Mc Ginnis of Hendricks County, State of Indiana, and, Bride Sara D. Landis of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 14 day of January, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of January, 1978.
Signed John C. Maurer Official Designation Judge
Signed Ellen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Sara D. Landis
Date of Birth September 19, 1940
Place of Birth (State or foreign country) Kansas City Mo.
Residence Address R.R. #1 Box 516 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) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "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.

Katherine M. Landis Patrick S. Landis
Kelissa L. Jessica A.
Jeffrey J.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Samuel Egan Poisel
Residence of father (if deceased so state) Nixonsville, Mo.
Birthplace of father (State or foreign country) Nixonsville, Mo.
9. Full maiden name of mother Gertrude Carolyn Tuttle
Residence of mother (if deceased so state) Nixonsville, Mo.
Birthplace of mother (State or foreign country) Mo.

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

Signed Sara D. Landis
New Address R1 Box 516, Plainfield Ind 46168

Subscribed and sworn to before me this 9th day of January, 1978
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

115
No. # 9
File _____
Date of Application 1-9-78

MALE
Medical Examination Report Dated 12-28-77
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 12-28-77
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 Mark E. Lamm
Date of Birth Jan 28 1954
Place of Birth (State or foreign country) Jacksonville Fla.
Residence Address RR #5 Box 179 Danville, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Parrelli Lamm
Residence of father (if deceased so state) 725 Maple Ln Brownsburg
Birthplace of father (State or foreign country) North Carolina

9. Full maiden name of mother Jewel Alice Robey
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Zionsville, Ind

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

Signed Mark E. Lamm
New Address RR #5 Box 179 Danville

Subscribed and sworn to before me this 9th day of Jan, 1978.
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT
Name Leigh A. Taylor
Date of Birth Aug 15 1957
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address RR #2 Box 311B Clayton, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 J. Taylor
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indianapolis

9. Full maiden name of mother Barbara Ann Fisher
Residence of mother (if deceased so state) RR #2 Box 311B Clayton, Ind
Birthplace of mother (State or foreign country) Clayton, Ind

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

Signed Leigh A. Taylor
New Address RR #5 Box 179 Danville

Subscribed and sworn to before me this 9 day of Jan, 1978.
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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 January, 1978, authorizing the joining together as husband and wife Mark E. Lamm and Leigh A. Taylor
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, August V. Huber hereby certify that on the 14th day of January, one thousand nine hundred and 78 at Belleville, County of Hendricks, State of Indiana, Groom Mark E. Lamm of Hendricks County, State of Indiana and, Bride Leigh A. Taylor of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 14th day of January, 1978.
Signed August V. Huber
Official Designation Minister
18 day of January, 1978.
Signed Glenn M. Harvey Clerk
HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. # 10
File 1-9-78
Date of Application

MALE
Medical Examination Report Dated 12-30-77
Name of Physician D. Kaurang

FEMALE
Medical Examination Report Dated 12-30-77
Name of Physician D. Kaurang

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

MALE APPLICANT

Name Timothy Richard Gilbert
Date of Birth July 2, 1958
Place of Birth (State or foreign country) Virginia
Residence Address 11225 W. Washington 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) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Edward Gilbert
Residence of father (if deceased so state) Morrisville, Ind.
Birthplace of father (State or foreign country) Va.
9. Full maiden name of mother Rebecca Fee
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Va.

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

Signed Timothy R. Gilbert
New Address 11225 W. Washington St.

Subscribed and sworn to before me this 9 day of January, 19 78
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be it Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of January, 19 78, authorizing the joining together as husband and wife of Timothy Richard Gilbert and Kimberly Ann Estes.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, D. Dayle Cain,
one thousand nine hundred and 78 hereby certify that on the 4th day of February,
State of Indiana, Groom Timothy Richard Gilbert at Plainfield,
and, Bride Kimberly Ann Estes of Morgan, County of Hendricks,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 4th day of February, 19 78.

Signed G. Dayle Cain
Official Designation Minister Manilla Church of Christ
7th day of February, 19 78
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 11

File _____

County _____

Date of Application Jan 10, 1978

MALE

Medical Examination Report Dated 1-3-78

Name of Physician James Black M.D.

FEMALE

Medical Examination Report Dated 1-3-78

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 Russell Glidden
Date of Birth Dec 18 1957
Place of Birth (State or foreign country) Wurzburg Germany
Residence Address 122 Green Acre Dr. Brownsburg
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 D. Glidden
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary M. Hancock
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Russell D. Glidden
New Address 342 Hunter Dr. Plainfield, Ind.

Subscribed and sworn to before me this 10th day of Jan, 1978.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Rebecca Sims
Date of Birth Sept 7th 1959
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address 342 Hunter 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Sims
Residence of father (if deceased so state) 977 S. Broadway Dr. Plft.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judy K. Cowen
Residence of mother (if deceased so state) 977 S. Broadway Dr. Plft.
Birthplace of mother (State or foreign country) Indiana

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

Signed Rebecca A. Sims
New Address 342 Hunter Drive Plft. Ind.

Subscribed and sworn to before me this 10 day of Jan, 1978.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

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

RETURN 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 16th day of January, 1978, authorizing the joining together as husband and wife of Russell Glidden and Rebecca Sims

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

I, Rev. Dillon Laffin, hereby certify that on the 17 day of January,
one thousand nine hundred and 78, at Plainfield, County of Hendricks,
State of Indiana, Groom Russell Glidden of Hendricks County, State of Indiana,
and, Bride Rebecca Sims of Hendricks County, State of Indiana,

were by me united 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 January, 1978.
Signed Rev. Dillon Laffin
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of January, 1978.
Signed Don 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. 12
File 39
Date of Application 1-10-78

County

MALE
Medical Examination Report Dated 1-3-78
Name of Physician Ronald H. Stegemoller

FEMALE
Medical Examination Report Dated 1-3-78
Name of Physician Ronald H. Stegemoller

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

MALE APPLICANT
Name Steven Winkley
Date of Birth February 26 1959
Place of Birth (State or foreign country) Indianapolis
Residence Address 473 E. Rd. 100 North Danville, In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree 3303-74-8646

☒ 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: Lyman Maurice Winkley
Residence of father (if deceased so state) Unknown
Birthplace of father (State or foreign country) Unknown
9. Full maiden name of mother: Lulu Pearl Stewart
Residence of mother (if deceased so state) 473 E. 100 N Danville, In.
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of

Signed Steven Winkley
New Address 473 E. Rd. 100 North
Subscribed and sworn to before me this 10 day of Jan, 1978
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, HENDRICKS ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife of Steven R. Winkley and Eva L. Adams.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Young H. Lang, hereby certify that on the 21st day of January, one thousand nine hundred and seventy eight, at Indianapolis, County of Mason, State of Indiana, Groom Steven Paul Winkley of Hendricks County, State of Indiana, and, Bride Eva Lee Adams of Hendricks County, State of Indiana, were by me united 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 January, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Young H. Lang
Official Designation Recorder of Deeds
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 13

File

Date of Application

MALE

Medical Examination Report Dated 1-9-78

Name of Physician James Black

FEMALE

Medical Examination Report Dated 1-11-78

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 Gerald Lee Herring
Date of Birth December 15, 1956
Place of Birth (State or foreign country) Ligon
Residence Address P.O. Box 313 Street or R. R. Pittsburg City Ind. County Ind. 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 (Florida) H652-56-455

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 L. Herring
Residence of father (if deceased so state) P.O. Box 313, Pittsburg, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Samona Rae Hobson
Residence of mother (if deceased so state) W. Spring St., Danville, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Gerald Lee Herring
New Address P.O. Box 44 Ligon, Ind.

Subscribed and sworn to before me this 11 day of Jan, 1978
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, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Carol Lynne Lewis
Date of Birth May 28, 1959
Place of Birth (State or foreign country) Indianapolis
Residence Address P.O. Box 44 Street or R. R. Ligon City Ind. County Ind. 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 S313-74-6517

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 K. Lewis
Residence of father (if deceased so state) P.O. Box 44 Ligon, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Janet Carol Weillhomer
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Carol Lynne Lewis
New Address P.O. Box 44 Ligon, Ind.

Subscribed and sworn to before me this 11th day of Jan, 1978
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, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 11th day of Jan, 1978, authorizing the joining together as husband and wife of Gerald Lee Herring and Carol Lynne Lewis.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John P. Roof, hereby certify that on the 20th day of January, 1978, at Danville, County of Hendricks, State of Indiana, Groom Gerald Lee Herring of Hendricks County, State of Indiana, and, Bride Carol Lynne Lewis of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 20 day of January, 1978.

Signed John P. Roof
Official Designation Episcopal Priest
2nd day of February, 1978
Signed Ellen M. Harvey Clerk HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 14
File 39
Date of Application 1-12-78

MALE
Medical Examination Report Dated 1-6-78
Name of Physician Wm. E. Edwards

FEMALE
Medical Examination Report Dated 1-6-78
Name of Physician Wm. E. 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 David W. Pickereh
Date of Birth November 2, 1958
Place of Birth (State or foreign country) Indianapolis
Residence Address R4 Box 111B Mooresville
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. E. Pickereh
Residence of father (if deceased so state) Plainsfield, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wesley Lorraine English
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed David W. Pickereh
New Address R4 Box 111B Mooresville
Subscribed and sworn to before me this 12 day of Jan, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

FEMALE APPLICANT
Name Christmas D. Dilley
Date of Birth December 25, 1959
Place of Birth (State or foreign country) Indianapolis
Residence Address R1 Box 470 Plainsfield
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 Edward S. Dilley
Residence of father (if deceased so state) Plainsfield, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Shirley Jean Rose
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Christmas D. Dilley
New Address R4 Box 111B Mooresville
Subscribed and sworn to before me this 12 day of Jan, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 25 day of January, 1978, authorizing the joining together as husband and wife of David W. Pickereh and Christmas D. Dilley.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Willard B. Williams, _____ hereby certify that on the 4th day of February, _____ at Mooresville, _____ County of Morgan, State of Indiana, Groom David W. Pickereh and, Bride Christmas D. Dilley of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 4th day of February, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Willard B. Williams Official Designation Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed by
Indiana State Board of
Health under Authority
Chapter 128, Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 15
File 28
County _____
Date of Application 1-12-78

MALE

Medical Examination Report Dated 1-5-78
Name of Physician Erving Cohen

FEMALE

Medical Examination Report Dated 1-5-78
Name of Physician Erving Cohen

ALL APPLICANTS MUST BE ANSWERED. Chapter 128, Indiana Acts 1905 prescribes "False statements - Whoever procures the issuance of a license to marry by any false statement, represents him or her as being of legal age and not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Timothy W. Sampson
Date of Birth March 24, 1960
Place of Birth Indianapolis, Indiana
Residence Address 1801 Hamilton West Dr. Indianapolis, IN
Previous Marital Status: Never Married ☒ Yes ☐ No
Last Marriage Voided By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

Other (Specify):

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? ☐ Yes ☒ No
- Are you afflicted with a transmissible disease? ☐ Yes ☒ No
- Are you related to the female applicant closer than second cousin? ☐ Yes ☒ No
- Are you now under the influence of intoxicating liquor? ☐ Yes ☒ No
- Are you now under the influence of a narcotic drug? ☐ Yes ☒ No
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? ☐ Yes ☒ No

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

6. Full name of father: James L. Sampson
Residence of father (if deceased or state): Indianapolis, IN

Birthplace of father (State or foreign country): Indiana

7. Full mother name of mother: Doris E. Dewar
Residence of mother (if deceased or state): Same

Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } - I declare and make the information given in this application to be true and correct.

Signature: Timothy W. Sampson
New Address: West Washington, Chicago

Subscribed and sworn to before me this 12 day of Jan, 1978

Elen M. Harveys Notary Public, HENDRICKS

FEMALE APPLICANT

Name Anita K. Shugart
Date of Birth September 12, 1960
Place of Birth Indianapolis, Indiana
Residence Address 12112 Ridgely Dr. Indianapolis, IN
Previous Marital Status: Never Married ☒ Yes ☐ No
Last Marriage Voided By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

Other (Specify):

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? ☐ Yes ☒ No
- Are you afflicted with a transmissible disease? ☐ Yes ☒ No
- Are you related to the male applicant closer than second cousin? ☐ Yes ☒ No
- Are you now under the influence of intoxicating liquor? ☐ Yes ☒ No
- Are you now under the influence of a narcotic drug? ☐ Yes ☒ No
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? ☐ Yes ☒ No

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Mark W. Shugart
Residence of father (if deceased or state): Indianapolis, IN

Birthplace of father (State or foreign country): Indiana

9. Full mother name of mother: Earlyn Wiley
Residence of mother (if deceased or state): Same

Birthplace of mother (State or foreign country): Kentucky

State of Indiana, HENDRICKS } - I declare and make the information given in this application to be true and correct.

Signature: Anita K. Shugart
New Address: West Washington, Chicago

Subscribed and sworn to before me this 12 day of Jan, 1978

Elen M. Harveys Notary Public, HENDRICKS

I, Doris E. Sampson and James L. Sampson, hereby give my consent for
my son, Timothy Wayne Sampson to
marry Anita K. Shugart.

James L. Sampson
Doris E. Sampson

Subscribed and sworn to before me this 11 day of JAN, 1978

NOTARY PUBLIC, STATE OF INDIANA
MY COMMISSION EXPIRES OCT. 13, 1980
I HAVE THIS INDIANA NOTARY ASIDE

James L. Collingworth
Notary Public

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Me W. R. Rembert, 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 January, 1978, authorizing the joining together as husband and wife

of Timothy W. Sampson and Anita K. Shugart

Do I further recommend, the following marriage certificate was filed in my office, to-wit:

1. Thomas Ryan having sworn that on the 17 day of January,

one thousand nine hundred and 78 at Indianapolis, County of Marion

State of Indiana, Timothy W. Sampson is Married County, State of Indiana

and, Anita K. Shugart is Married County, State of Indiana

were by me united 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 January, 1978

Signature: Thomas Ryan
Official Designation: Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of January, 1978.

Signature: Elen M. Harveys Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 15
File 39
Date of Application 1-12-78

MALE
Medical Examination Report Dated 1-5-78
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 1-5-78
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 Timothy W. Sampson
Date of Birth May 24 1960
Place of Birth (State or foreign country) Indianapolis
Residence Address 1808 Hamblen West Dr. Indianapolis, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 L. Sampson
Residence of father (if deceased so state) Indianapolis, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Doris E. Dewar
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Tim W. Sampson
New Address West Washington Pld.
Subscribed and sworn to before me this 12 day of Jan, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Anita K. Shugart
Date of Birth September 10 1960
Place of Birth (State or foreign country) Richmond
Residence Address 10112 Medallion Dr. Indianapolis, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Mark W. Shugart
Residence of father (if deceased so state) Indianapolis, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn Miley
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Kentucky

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

Signed Anita Shugart
New Address W. Washington Pld.
Subscribed and sworn to before me this 12 day of Jan, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

I, Doris E. Sam
my son
marry Anita

we, Mark Shugart & Evelyn Shugart, hereby give our consent for
our daughter, Anita Kay Shugart to
marry Timothy W. Sampson

Subscribed and s

Subscribed and sworn to before me this 10 day of January, 1978

Conrad L. Ladd
Notary Public My Commission Expires September 6, 1980

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 January, 1978, authorizing the joining together as husband and wife of Timothy W. Sampson and Anita K. Shugart.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Thomas Ryan, hereby certify that on the 17 day of January, one thousand nine hundred and 78, at Indianapolis, County of Marietta, State of Indiana, Groom Timothy W. Sampson of Marietta County, State of Indiana, and, Bride Anita K. Shugart of Hendricks County, State of Indiana, were by me united 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 January, 1978.

Signed Thomas Ryan
Official Designation minister
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of January, 1978.

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. 16
File _____
Date of Application 1-13-78

County _____

MALE
Medical Examination Report Dated 1-18-78
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 1-18-78
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, representa-

MALE APPLICANT
Name Edward Lee Lucid
Date of Birth June 30 1944
Place of Birth (State or foreign country) Indiana
Residence Address 199 W. Broadway, In
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marion Co. 1977
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.
Stuart Andrew Lucid
Stephanie Lee Lucid
Mary Elizabeth Lucid
Patricia Ann Lucid
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 F. Lucid Sr.
Residence of father (if deceased so state) _____
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Flora L. Brinkman
Residence of mother (if deceased so state) 537 S. Keystone, Indpls.
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Edward L. Lucid
New Address 199 1/2 W. Broadway
Subscribed and sworn to before me this 18th day of January, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

FEMALE APPLICANT
Name Irma Patterson
Date of Birth April 4 1956
Place of Birth (State or foreign country) Indiana
Residence Address 199 W. Broadway
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 Ned Robert Patterson
Residence of father (if deceased so state) Clermont
Birthplace of father (State or foreign country) Iowa
9. Full maiden name of mother Carmen J. Hodgson
Residence of mother (if deceased so state) 398 E. North, Danville, In.
Birthplace of mother (State or foreign country) Ill.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Irma Patterson
New Address 199 1/2 W. Broadway Danville In
Subscribed and sworn to before me this 18th day of January, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 23 day of January, 1978, authorizing the joining together as husband and wife of EDWARD LEE LUCID and IRMA PATTERSON.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, EARL T. BONHAM hereby certify that on the 11th day of February, one thousand nine hundred and 78, at Danville, State of Indiana, Groom EDWARD LEE LUCID and, Bride Irma Patterson of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 11th day of February, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of February, 1978
Signed Earl T. Bonham
Official Designation _____
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. 17
File Jan 19 1978
Date of Application

MALE
Medical Examination Report Dated Jan. 9, 1978
Name of Physician James Southard

FEMALE
Medical Examination Report Dated Jan. 9, 1978
Name of Physician James Southard

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

MALE APPLICANT

Name James Jones
Date of Birth April 20 1955
Place of Birth (State or foreign country) Indianapolis, In
Residence Address RR #1 Box 164 North Salem, In.
Previous Marital Status: Never Married ☐ OR 1 time
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1974 - Ind.
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Driver's License - with picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 C. Jones Jr.
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Putnam Co. Ind.
9. Full maiden name of mother Louise M. Iragies
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed James A. Jones
New Address RR #2 Danville, In.
Subscribed and sworn to before me this 19 day of Jan., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Vickie L. Pitcock
Date of Birth Aug 30 1955
Place of Birth (State or foreign country) Louisville, Ky.
Residence Address 263 North Jefferson St. Danville, In.
Previous Marital Status: Never Married ☐ OR 1 time
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1974 - Ind.
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Driver's License - with picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 C. Pitcock
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Somersetville Ky.
9. Full maiden name of mother Shirley D. Hawkins
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Hart Co. Ky.

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

Signed Vickie L. Pitcock
New Address _____
Subscribed and sworn to before me this Jan day of 19, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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 24 day of January, 1978, authorizing the joining together as husband and wife of James Jones and Vickie L. Pitcock

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

I, Ruthford M. Mitchem hereby certify that on the 28th day of January, one thousand nine hundred and Seventy eight at Danville, County of Hendricks, State of Indiana, Groom James Jones of Hendricks County, State of Indiana, and, Bride Vickie L. Pitcock of Hendricks County, State of Indiana, were by me united 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 January, 1978.

Signed Rev. Ruthford Mitchem
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of February, 1978.
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. 18
File
Jan. 24, 1978
Date of Application

County

MALE
Medical Examination Report Dated Jan. 24, 1978
Name of Physician Larry D. Donnell, M.D.

FEMALE
Medical Examination Report Dated Jan. 24, 1978
Name of Physician Larry D. Donnell

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

MALE APPLICANT

Name First Myron Middle E. Last Western
Date of Birth Month March Day 2 Year 1922
Place of Birth (State or foreign country) Hendricks Co. Ind.
Residence Address Blainfield Street or R. R. City County State
Bot 411, Dayton, Hendricks, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Morgan Co. 1974
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Ind. Driver's License 5315-16-1101
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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.
Cynthia Jean Western - 16.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Vernon Howard Western
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Jamestown, Ky.
9. Full maiden name of mother: Cynthia Woolridge
Residence of mother (if deceased so state): Golden Rule Nursing Home
Birthplace of mother (State or foreign country): Danville, Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: HENDRICKS

Signed: Myron E. Western
New Address: 218 Bishop, Mooresville Ind.

Subscribed and sworn to before me this 24 day of Jan, 1978.
Glen M. Hawley, Clerk, HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19.

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30th day of January, 1978, authorizing the joining together as husband and wife of Myron E. Western and Ruby C. Wheeler. Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ralph P. Wade, hereby certify that on the 4th day of February, one thousand nine hundred and 78, at Friendswood, County of Marion, State of Indiana, Groom Myron E. Western and, Bride Ruby C. Wheeler, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 4th day of February, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of February, 1978.
Signed: Rev. Ralph P. Wade
Official Designation: Pastor, Friendswood Baptist Church
Signed: Glen M. Hawley, 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. 19
File 39
County _____
Date of Application 1-24-78

MALE
Medical Examination Report Dated 1-24-78
Name of Physician Joe Keelin

FEMALE
Medical Examination Report Dated 1-24-78
Name of Physician Joe Keelin

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

MALE APPLICANT
Name First Richard Middle Lee Last Battershell
Date of Birth February 16 1953
Place of Birth (State or foreign country) Palatine, Illinois
Residence Address 90 N. Kentucky, Danville, Ind.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

FEMALE APPLICANT
Name First Hinger Middle Lee Last Plunkett
Date of Birth December 4 1954
Place of Birth (State or foreign country) Oblong, Illinois
Residence Address 709 N. Kentucky, Oblong, Illinois
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivess 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.

☒ Other (Specify) Drivess 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.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 D. Battershell
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Helen Jean Schuch
Residence of mother (if deceased so state) Palatine, Illinois
Birthplace of mother (State or foreign country) Illinois

8. Full name of father Andrew M. Plunkett
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Dorothy Jane Finkhimer
Residence of mother (if deceased so state) Oblong, Illinois
Birthplace of mother (State or foreign country) Illinois

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

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

Signed Richard L. Battershell
New Address 90 N. Kentucky Danville, Ind.

Signed Hinger L. Plunkett
New Address 709 N. Kentucky, Danville, Ind.

Subscribed and sworn to before me this 24 day of Jan, 1978.
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

Subscribed and sworn to before me this 24 day of Jan, 1978.
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

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

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

State of Indiana, **HENDRICKS** ss:
County of _____

State of Indiana, **HENDRICKS** ss:
County of _____

Signed _____ Father
Signed _____ Mother

Signed _____ Father
Signed _____ Mother

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

Clerk

Subscribed and sworn to before me this _____ day of _____, 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 _____ 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 24 day of January, 1978, authorizing the joining together as husband and wife of Richard Lee Battershell and Hinger Lee Plunkett.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer hereby certify that on the 30th day of January, one thousand nine hundred and seventy eight at Danville County of Hendricks, State of Indiana, Groom Richard Lee Battershell and, Bride Hinger Lee Plunkett 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 30th day of January, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1978.
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. 70

File

Date of Application January 25, 1978

MALE
Medical Examination Report Dated Jan. 19, 1978
Name of Physician Wm. Wagner

FEMALE
Medical Examination Report Dated Jan. 19, 1978
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 Daniel W. Evans
Date of Birth March 29, 1957
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 201 W. Main Apt. 34, Rte. 34, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Arthur
Residence of father (if deceased so state): Wesley St. Indianapolis
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Margaret Ann Manning
Residence of mother (if deceased so state): Indianapolis, Ind.
Birthplace of mother (State or foreign country): Iowa

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

Signed Daniel W. EvansNew Address 201 W. Main Apt 34

Subscribed and sworn to before me this 25 day of January, 19 78
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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 25 day of January, 19 78, authorizing the joining together as husband and wife of Daniel W. Evans and Doris J. Mitchell.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Darrell W. Cox, hereby certify that on the 3rd day of February, 19 78, at 11405 Maple Lane, Indpls, County of Hendricks, State of Indiana, and, Bride Doris J. Mitchell of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 3rd day of February, 19 78.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1978.

Signed Darrell W. Cox
Official Designation Pastor Maple Grove Baptist Church
8th day of February, 1978
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Doris J. Mitchell
Date of Birth November 19, 1959
Place of Birth (State or foreign country) Laurel, Ind.
Residence Address RR # 2 Box 102, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Nelson Mitchell
Residence of father (if deceased so state): Plainfield, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Joanne Slay
Residence of mother (if deceased so state): Plainfield, Ind.
Birthplace of mother (State or foreign country): Massachusetts

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

Signed Doris J. MitchellNew Address 201 W. Main Apt 34

Subscribed and sworn to before me this 25 day of January, 19 78
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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 21
File 39
County _____
Date of Application 1-30-78

MALE
Medical Examination Report Dated 1-25-78
Name of Physician Adrian Oleck, M.D.

FEMALE
Medical Examination Report Dated 1-25-78
Name of Physician Adrian Oleck, 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 Kenneth Allan Kindler
Date of Birth September 16 1951
Place of Birth (State or foreign country) Washington County, Rhode Island
Residence Address 7742 Chaterley Ct., Indpls., Marion, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Allan Kindler
Residence of father (if deceased so state) 56 Ridgeway Dr., Brownsburg, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Sally Jean Brown
Residence of mother (if deceased so state) 56 Ridgeway Dr., Brownsburg, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Kenneth Kindler
New Address 68 Port of Call Dr. Indpls 46224

Subscribed and sworn to before me this 30 day of January, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Denise Jayne Lucas
Date of Birth July 13 1956
Place of Birth (State or foreign country) Lafayette, Indiana
Residence Address 106 Kathy Dr., Brownsburg, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Ellsworth Lucas
Residence of father (if deceased so state) 106 Kathy Dr., Brownsburg, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Nancy Jean Dusek
Residence of mother (if deceased so state) 106 Kathy Dr., Brownsburg, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Denise Jayne Lucas
New Address 68 Port of Call Dr. Indpls 46224

Subscribed and sworn to before me this 30 day of January, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 30th day of January, 1978, authorizing the joining together as husband and wife KENNETH ALLAN KINDLER and DENISE JAYNE LUCAS

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

I, Homer E. Henderson hereby certify that on the 4th day of February, 78, at Brownsburg, County of Hendricks, State of Indiana, Groom KENNETH ALLAN KINDLER of MARION County, State of INDIANA and, Bride DENISE JAYNE LUCAS of HENDRICKS County, State of INDIANA were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4th day of February, 1978.

Signed HOMER E. HENDERSON
Official Designation PASTOR
9th day of February, 1978
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 22

File 39

Date of Application January 30, 1978

County

MALE
Medical Examination Report Dated 1-24-78
Name of Physician Thomas Walker, M.D.

FEMALE
Medical Examination Report Dated 1-24-78
Name of Physician Glenn 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 Middle Last
Walter J. Smith Jr.
Date of Birth Month Day Year
April 4, 1960
Place of Birth (State or foreign country)
Pittsboro, Ind.
Residence Address Street or R. R. City County State
RR #1 Box 61, Pittsboro, Ind.

Previous Marital Status: Never Married ☒ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Walter J. Smith Sr.

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

Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Betty Jean Logston

Residence of mother (if deceased so state): Ellettsville

Birthplace of mother (State or foreign country): Indiana

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

County of: Hendricks } in this application is true and correct.

Signed: Walter J. Smith Jr.

New Address: Brownsburg, Ind.

Subscribed and sworn to before me this 30 day of January, 1978

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, Hendricks } ss:

Signed: _____ Father

Signed: _____ Mother

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

Clerk

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

Be 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 January, 1978, authorizing the joining together as husband and wife of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the 3 day of February, 1978, at New Market, _____ County, State of Indiana, _____ and _____ 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 3 day of February, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of February, 1978.
Signed: David Clark
Official Designation: Minister
Signed: Glen M. Harney
Clerk
Hendricks Circuit Court

FEMALE APPLICANT

Name First Middle Last
Wanda J. Beck
Date of Birth Month Day Year
October 1, 1959
Place of Birth (State or foreign country)
Pittsboro, Ind.
Residence Address Street or R. R. City County State
RR #1 Box 90A, North Salem, Ind.

Previous Marital Status: Never Married ☒ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Edward Beck

Residence of father (if deceased so state): North Salem, Ind.

Birthplace of father (State or foreign country): Tennessee

9. Full maiden name of mother: Myrtle Maxine Nicely

Residence of mother (if deceased so state): Indiana

Birthplace of mother (State or foreign country): Indiana

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

County of: Hendricks } in this application is true and correct.

Signed: Wanda J. Beck

New Address: Brownsburg, Ind.

Subscribed and sworn to before me this 30 day of January, 1978

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, Hendricks } ss:

Signed: _____ Father

Signed: _____ Mother

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 22

File 39

Date of Application January 30, 1978

County

MALE
Medical Examination Report Dated 1-24-78
Name of Physician Thomas Welker, MD

FEMALE
Medical Examination Report Dated 1-24-78
Name of Physician Glenn Baker, 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 Middle Last
Walter J. Smith Jr.
Date of Birth Month Day Year
April 4 1960
Place of Birth (State or foreign country)
Pittsboro, Ind.
Residence Address Street or R. R. City County State
R.R.#1 Box 61 Pittsboro 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Walter J. Smith Sr.
Residence of father (if deceased so state) Pittsboro, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Betty Jean Logston
Residence of mother (if deceased so state) Florida
Birthplace of mother (State or foreign country) Indiana

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

Signed Walter J. Smith Jr.
New Address Brownsburg, Ind.

Subscribed and sworn to before me this 30 day of January, 1978
Glenn M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Wanda J. Beck
Date of Birth Month Day Year
October 1 1959
Place of Birth (State or foreign country)
Brownsburg, Ind.
Residence Address Street or R. R. City County State
R.R.#1 Box 904 North Salem 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Edward Beck
Residence of father (if deceased so state) North Salem, Ind.
Birthplace of father (State or foreign country) Tennessee

9. Full maiden name of mother Myrtle Maxine Mundy
Residence of mother (if deceased so state) Indiana
Birthplace of mother (State or foreign country) Indiana

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

Signed Wanda J. Beck
New Address Brownsburg, Ind.

Subscribed and sworn to before me this 30 day of January, 1978
Glenn M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

only one parent

Walter J. Smith, Sr.
R.R.#1, Box 61
Pittsboro, Indiana 46167

Clerk of the Circuit Court
Hendricks County Court House
Danville, Indiana 46122

Re: Consent for marriage of Walter J. Smith, Jr.

of Indiana dated the 30 day of January, 1978, and I, David Clark, County Clerk of Hendricks County, State of Indiana, do hereby certify that on the 3 day of February, 1978, at New Market, Hendricks County, State of Indiana, Groom Walter J. Smith, Jr. and Bride Wanda J. Beck were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 3 day of February, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of February, 1978.
Signed David Clark
Official Designation Minister
Signed Glenn M. Harney
Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 23

File

Date of Application January 31, 1978

MALE

Medical Examination Report Dated 1/16/78

Name of Physician A. D. Suddow

FEMALE

Medical Examination Report Dated 1/16/78

Name of Physician A. D. Suddow

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

MALE APPLICANT

Name Norman Beberdick
Date of Birth May 23 1925
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R #8 Box 225, Indianapolis, Ind.
Previous Marital Status: Never Married ☐ OR 2 times
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1973 - Hendrick
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Beberdick

Residence of father (if deceased so state) R #8 Box 225, Indpls Ind.

Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Ernesta Matthews

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Indiana

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

Signed Norman J. Beberdick

New Address

Subscribed and sworn to before me this 31st day of January, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name Vickie Byrley
Date of Birth June 7 1955
Place of Birth (State or foreign country) Terre Haute
Residence Address R #8 Box 225 Indpls, 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)

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Byrley

Residence of father (if deceased so state) Terre Haute

Birthplace of father (State or foreign country) Terre Haute

9. Full maiden name of mother Vivian Paulke

Residence of mother (if deceased so state) R #8 Box 225, Indpls

Birthplace of mother (State or foreign country) Terre Haute

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

Signed Vickie L. Byrley

New Address R #8 Box 225

Subscribed and sworn to before me this 31st day of January, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 1978, authorizing the joining together as husband and wife

Norman Beberdick

and Vickie Byrley

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

I, David J. Halter

hereby certify that on the 25 day of February

one thousand nine hundred and 78

at Indianapolis, County of Hendricks

State of Indiana, Groom Norman Beberdick

of Hendricks County, State of Indiana

and, Bride Vickie Byrley

of Hendricks County, State of Indiana

were by me united 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 February, 1978

Signed David J. Halter

Official Designation Reverend

27 day of February, 1978

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 24
File _____
Date of Application 2-1-78

MALE
Medical Examination Report Dated 1-30-78
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 1-30-78
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 Alan Lee Dunn
Date of Birth 5 2 1959
Place of Birth (State or foreign country) Indpls, Ind
Residence Address P. 5 Box 107 B, Brownsburg, 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 Harland Dunn
Residence of father (if deceased so state) P. 5 Box 107 B, Brownsburg, Ind
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Norma Jean Coors
Residence of mother (if deceased so state) P. 5 Box 107 B, Brownsburg, Ind
Birthplace of mother (State or foreign country) Indiana

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

Signed Alan Lee Dunn

New Address 104 Jean Drive

Subscribed and sworn to before me this 1 day of Feb, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 1st day of February, 1978.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Alan Lee Dunn and Donna Jean Gaines

I, Dale L. Wilson hereby certify that on the 4th day of February, 1978, at Indianapolis, County of Marion, State of Indiana, Groom Alan Lee Dunn and, Bride Donna Jean Gaines of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4th day of February, 1978.

Signed Dale L. Wilson
Official Designation Evangelist
day of February, 1978

Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

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

FEMALE APPLICANT

Name Donna Jean Gaines
Date of Birth 7 16 1940
Place of Birth (State or foreign country) Indpls, Indiana
Residence Address 104 Jean Drive, Brownsburg
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 Records
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Donnie R. Gaines
Residence of father (if deceased so state) 104 Jean Drive, Brownsburg
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Stella Ann Smith
Residence of mother (if deceased so state) 104 Jean Drive, Brownsburg
Birthplace of mother (State or foreign country) Illinois

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

Signed _____

New Address _____

Subscribed and sworn to before me this 1 day of Feb, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed Donnie R. Gaines Father

Signed _____ Mother

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

_____, Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 25

File _____

County _____

Date of Application Feb. 1 1978

MALE

Medical Examination Report Dated 1-23-78

Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 1-23-78

Name of Physician David B. Haggard

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

MALE APPLICANT

Name Steven Karpy
Date of Birth March 18 1935
Place of Birth (State or foreign country) Cannonsburg, Penn.
Residence Address 808 Highland Dr. Pepp. Ind.
Previous Marital Status: Never Married ☐ OR 1 time
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1977-Ind.
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Drivers License #294-28-5630

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Stephen J. Karpy

Residence of father (if deceased so state) same

Birthplace of father (State or foreign country) Dungray

9. Full maiden name of mother Mary Superick

Residence of mother (if deceased so state) Chicago

Birthplace of mother (State or foreign country) Pennsylvania

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

Signed Steven Karpy

New Address 804 Highland Dr

Subscribed and sworn to before me this 1st day of Feb., 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Diana Kish
Date of Birth Aug 19 1946
Place of Birth (State or foreign country) Hammond, Ind.
Residence Address 7838 Maurer Terrace, Indpls.
Previous Marital Status: Never Married ☐ OR 1 time
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1974-Marion
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 C. Gruen

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

Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Jane Marie M. Quiston

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

Birthplace of mother (State or foreign country) Penn.

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

Signed Diana L. Kish

New Address 804 Highland Dr

Subscribed and sworn to before me this 1st day of Feb., 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 7 day of February, 1978, authorizing the joining together as husband and wife of STEVEN KARPY and DIANA L. KISH

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

I, JOHN C. MOWRER hereby certify that on the 10th day of February,

one thousand nine hundred and 78 at Danville, County of Hendricks,

State of Indiana, Groom STEVEN KARPY of HENDRICKS County, State of INDIANA

and, Bride DIANA L. KISH 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 10th day of February, 1978

Signed John C. Mowrer

Official Designation Judge Hendricks County Court

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of February, 1978

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. 26
File 2-2-78
Date of Application

County

MALE
Medical Examination Report Dated 1-24-78
Name of Physician David Heddy

FEMALE
Medical Examination Report Dated 1-24-78
Name of Physician David Heddy

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

MALE APPLICANT

Name David J Gatton
Date of Birth April 17 1956
Place of Birth (State or foreign country) Ind.
Residence Address Rt 2 Box 49A Danville 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Gatton
Residence of father (if deceased so state) Danville Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mildred R. Perry
Residence of mother (if deceased so state) Danville Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed David Jay Gatton

New Address 2520 DEBONAIR TERR. INDIANAPOLIS, IN.

Subscribed and sworn to before me this 2 day of Feb., 1978
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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of Feb., 1978, authorizing the joining together as husband and wife of DAVID J. GATTON and TINA MARIE BRUNNEMER.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Kenneth E. Vettters, hereby certify that on the 4th day of February, 1978, at Bartlett Chapel United Methodist, County of Hendricks, State of Indiana, one thousand nine hundred and 78 and, Bride Tina Marie Brunner of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 4th day of February, 1978.

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

Signed Rev. Kenneth E. Vettters

Official Designation Pastor, Bartlett Chapel

Signed Glen M. Harney Clerk HENDRICKS Circuit Court

day of February, 1978

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. 27

File _____

County _____

Date of Application 2-3-78

MALE

Medical Examination Report Dated 1-24-78
Name of Physician Joseph Kerlin

FEMALE

Medical Examination Report Dated 1-24-78
Name of Physician Joseph Kerlin

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

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

MALE APPLICANT

Name Charles David Byrdwell
Date of Birth Dec. 13 1950
Place of Birth (State or foreign country) Kentucky
Residence Address 200 W. Adams Danville, 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) Dr. Lic. M303-51-4177

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Byrdwell Jr.
Residence of father (if deceased so state) Shilohville, Ky.
Birthplace of father (State or foreign country) Tenn.

9. Full maiden name of mother Lillian Cornelius
Residence of mother (if deceased so state) Danville, Ind.
Birthplace of mother (State or foreign country) Ky.

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

Signed Charles D. Byrdwell
New Address 2906 EMBASSY ROW SPEEDWAY INDIANA

Subscribed and sworn to before me this 3rd day of Feb., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of _____

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

Clerk

FEMALE APPLICANT

Name Sharon Kay Newton
Date of Birth July 6 1954
Place of Birth (State or foreign country) Ind.
Residence Address 4009 Beaumont Snaps, 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) Dr. Lic. S306-62-4483

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 R. Newton Jr.
Residence of father (if deceased so state) Snaps, Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Rosemary Miller
Residence of mother (if deceased so state) Snaps, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Sharon Newton
New Address 2906 EMBASSY ROW SPEEDWAY

Subscribed and sworn to before me this 3 day of Feb., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of _____

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 3rd day of Feb., 1978, authorizing the joining together as husband and wife of Charles David Byrdwell and Sharon Kay Newton

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

I, Menlo J. Barnett hereby certify that on the 4th day of February, one thousand nine hundred and 78 at Danville, County of Hendricks

State of Indiana, Groom Charles David Byrdwell of Hendricks County, State of Indiana and, Bride Sharon Kay Newton 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 4th day of February, 1978
Signed Rev. Menlo J. Barnett
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of February, 1978
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. 28

File _____

Date of Application
2-7-78

MALE
Medical Examination Report Dated 1-31-1978
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 1-31-78
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 Clinton Allen Bailey
Date of Birth 11-8-1957
Place of Birth (State or foreign country) Indiana
Residence Address R.R. 1 Box 33AA, Lizton, Hendricks, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Walter Clifford Bailey
Residence of father (if deceased so state) R. 1 Pittsburg, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Elizabeth Spewe
Residence of mother (if deceased so state) R. 1 Prosser, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Clinton Allen BaileyNew Address RR 1, Box 33AA, Lizton, Ind.

Subscribed and sworn to before me this 7 day of Feb, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be it Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 14 day of February, 1978, authorizing the joining together as husband and wife of CLINTON ALLEN BAILEY and CHRISTINE YVONNE GARLAND.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, RAYMOND L. RADER hereby certify that on the 18th day of February, 1978, at Lizton, County of Hendricks, State of Indiana, one thousand nine hundred and 78 and, Bride CHRISTINE YVONNE GARLAND of Hendricks County, State of Indiana were by me united 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 February, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of February, 1978.

Signed Rev. Raymond L. Rader
Official Designation Pastor 1st Baptist Church, Lizton, IN.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Christine Yvonne Garland
Date of Birth 11-3-1957
Place of Birth (State or foreign country) Indiana
Residence Address Box 85, Lizton, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Clayton Earl Garland
Residence of father (if deceased so state) Box 85, Lizton, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Loretta Scott
Residence of mother (if deceased so state) Box 85, Lizton, Ind.
Birthplace of mother (State or foreign country) Kentucky

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

Signed Christine Yvonne GarlandNew Address RR 1 Box 33AA Lizton, Ind.

Subscribed and sworn to before me this 7 day of Feb, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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. 29
File _____
Date of Application Feb 7, 1978

MALE
Medical Examination Report Dated 2-6-78
Name of Physician Manuel Largaespada

FEMALE
Medical Examination Report Dated 2-6-78
Name of Physician Manuel Largaespada

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

MALE APPLICANT

Name Walter Strange
Date of Birth Nov. 23 1926
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 10056 Crawfordville Rd., Clmont 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) Inmiser, Sheriff card

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Strange
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Wona M. Gild
Residence of mother (if deceased so state) Indianapolis, In.
Birthplace of mother (State or foreign country) Kentucky

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

Signed Walter Strange
New Address 10056 Crawfordville Rd.

Subscribed and sworn to before me this 7th day of Feb, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Elma Bastin
Date of Birth March 30 1922
Place of Birth (State or foreign country) Marach
Residence Address 315 Welcomes Way Blvd. Indpls. 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) Hospital card - 087800 3

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 R. Buchanan
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indianapolis
9. Full maiden name of mother Deloris Johanson
Residence of mother (if deceased so state) Caton Ohio
Birthplace of mother (State or foreign country) Yellow Springs Ohio

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

Signed Elma Bastin
New Address 315 Welcomes Blvd - Indpls, Ind

Subscribed and sworn to before me this 7th day of Feb, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Feb, 1978, authorizing the joining together as husband and wife WALTER STRANGE and ELMA BASTIN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, ERNEST PHLWIPPEL hereby certify that on the 11th day of February, 78 at Indianapolis, County of Marion, State of Indiana, Groom WALTER STRANGE of HENDRICKS County, State of Indiana and, Bride ELMA BASTIN of Marion County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 11th day of February, 1978

Signed Ernest Phlwapel
Official Designation Judge
Feb., 1978

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 30
File _____
Date of Application 2-7-78

MALE
Medical Examination Report Dated 2-1-78
Name of Physician Jimmy Allen

FEMALE
Medical Examination Report Dated 2-1-78
Name of Physician Jimmy Allen

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

MALE APPLICANT

Name Jimmy Joe Exner
Date of Birth May 3, 1950
Place of Birth (State or foreign country) Ind.
Residence Address 222 Brookside 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Lynn Exner
Residence of father (if deceased so state): Indpls. Ind.
Birthplace of father (State or foreign country): Ind.

9. Full maiden name of mother: Gretchen J. Rinker
Residence of mother (if deceased so state): Indpls. Ind.
Birthplace of mother (State or foreign country): Ind.

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

Signed Jimmy Joe Exner
New Address 222 Brookside

Subscribed and sworn to before me this 7th day of Feb., 1978.
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Deborah Lynn Pryor
Date of Birth May 18, 1955
Place of Birth (State or foreign country) Ind.
Residence Address 108 Harding 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Glenn Pryor
Residence of father (if deceased so state): Plainfield, Ind.
Birthplace of father (State or foreign country): Ind.

9. Full maiden name of mother: Martha Morrison
Residence of mother (if deceased so state): Plainfield, Ind.
Birthplace of mother (State or foreign country): Ind.

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

Signed Deborah Lynn Pryor
New Address 222 Brookside

Subscribed and sworn to before me this 7th day of Feb., 1978.
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of February, 1978, authorizing the joining together as husband and wife of Jimmy Joe Exner and Deborah Lynn Pryor.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. Kent Allen hereby certify that on the 4th day of March, one thousand nine hundred and 78 at Plainfield State of Indiana, Groom Jimmy Joe Exner and, Bride Deborah Lynn Pryor of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 4th day of March, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1978.
Signed R. Kent Allen Official Designation Minister
Signed Alex 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. 31
File _____
County _____
Date of Application Feb 7, 1978

MALE
Medical Examination Report Dated 2-1-78
Name of Physician John F. Mac, M.D.

FEMALE
Medical Examination Report Dated 2-1-78
Name of Physician John F. Mac, M.D.

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

MALE APPLICANT
Name Perry L. Hackleman
Date of Birth November 30, 1957
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address R.R. #1 Box 160 North Salem 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father John Haden Hackleman
Residence of father (if deceased so state) Baughbridge Ind.
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Lois Ann Woodbridge
Residence of mother (if deceased so state) Indianapolis Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Perry L. Hackleman
New Address R.R. #1 Box 160 North Salem Ind.
Subscribed and sworn to before me this 7 day of February, 1978
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, **HENDRICKS** ss:

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

Clerk

FEMALE APPLICANT
Name Shirley J. Disney
Date of Birth July 18, 1955
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address R.R. #1 Box 160 North Salem 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father Paul Leroy Disney
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Virginia Louise Disney (Campbell)
Residence of mother (if deceased so state) Marion Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Shirley J. Disney
New Address R.R. #1 Box 160 North Salem Ind.
Subscribed and sworn to before me this 7 day of February, 1978
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, **HENDRICKS** ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 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 February, 1978, authorizing the joining together as husband and wife of Perry L. Hackleman and Shirley J. Disney.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ronald Stovall, hereby certify that on the 3rd day of April, one thousand nine hundred and 78, at Terra Haute, County of Wigo, State of Indiana, Groom Perry L. Hackleman of Hendricks County, State of Indiana, and, Bride Shirley J. Disney of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 3rd day of April, 1978.

Signed Ronald Stovall
Official Designation Minister of the Gospel
5th day of April, 1978
Signed Ellen M. Harvey Clerk **HENDRICKS** Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 32
File 2-8-78
Date of Application

MALE
Medical Examination Report Dated 1-30-78
Name of Physician H. P. Jones

FEMALE
Medical Examination Report Dated 1-31-78
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 Jeffrey Wayne Dixon
Date of Birth Sept. 23 1958
Place of Birth (State or foreign country) Ind.
Residence Address RR 2 Box 245 Clayton 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Theron Dixon
Residence of father (if deceased so state) Meron, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Esther Louise Fagan
Residence of mother (if deceased so state) RR 2 Box 245 Clayton Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Jeffrey W Dixon
New Address LaComa, Washington
Subscribed and sworn to before me this _____ day of _____, 19____
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

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

Clerk

FEMALE APPLICANT

Name Roberta Jean Faulk
Date of Birth Oct 3 1958
Place of Birth (State or foreign country) Ind.
Residence Address RR 2 Box 243 Clayton 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Faulk
Residence of father (if deceased so state) Clayton, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Lynne M. Asa
Residence of mother (if deceased so state) Clayton Ind.
Birthplace of mother (State or foreign country) Illinois

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

Signed Roberta J Faulk
New Address LaComa, Washington
Subscribed and sworn to before me this 8 day of Feb., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 13 day of Feb., 1978, authorizing the joining together as husband and wife of JEFFREY WAYNE DIXON and ROBERTA JEAN FAULK.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Enoch S. Ralph hereby certify that on the 14th day of February, one thousand nine hundred and 78 at Plainfield, County of Hendricks State of Indiana, Groom JEFFREY WAYNE DIXON and, Bride Roberta Jean Faulk of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 14th day of February, 1978.

Signed Enoch S. Ralph
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 22 day of February, 1978.
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. 33
File _____
Date of Application Feb. 9, 1978

County _____

MALE

Medical Examination Report Dated Feb. 7, 1978
Name of Physician William Wagner

FEMALE

Medical Examination Report Dated Feb. 7, 1978
Name of Physician William 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 Scott Dilley
Date of Birth Oct 7 1958
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address RR #1 Box 470 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Edward A. Dilley
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indianapolis, Ind.
9. Full maiden name of mother Shirley Jean Rose
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Scott E. Dilley

New Address _____

Subscribed and sworn to before me this 9 day of Feb, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Peggy Kizzee
Date of Birth March 11 1959
Place of Birth (State or foreign country) Johnson County, Ind.
Residence Address 37 Sunset Manor, Mooresville, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Frederick Kizzee
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indianapolis
9. Full maiden name of mother Shirley Marie Baker
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

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

Signed Peggy Marie Kizzee

New Address _____

Subscribed and sworn to before me this 9th day of Feb, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 February, 1978, authorizing the joining together as husband and wife of SCOTT E. DILLEY and PEGGY M. KIZZEE

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, STEVE BREWER hereby certify that on the 18th day of February,
one thousand nine hundred and 78 at Deliverance Temple, County of Marion,
State of Indiana, Groom Scott E. Dilley of Hendricks County, State of Indiana
and, Bride PEGGY M. KIZZEE 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 18th day of February, 1978

Signed Rev. Steve Brewer

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of February, 1978
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. 34

File
February 9, 1978
Date of Application

County

MALE
Medical Examination Report Dated 2-9-78
Name of Physician David M. Hally

FEMALE
Medical Examination Report Dated 2-9-78
Name of Physician David M. Hally

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Douglas Last Lewis
Date of Birth Month 11 Day 11 Year 1958
Place of Birth (State or foreign country) Richmond, Ind.
Residence Address RR #2 Box 400T-4 Canby, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Lewis
Residence of father (if deceased so state) Canby, Ind.
Birthplace of father (State or foreign country) Missouri
9. Full maiden name of mother Wilma Joyce Trantstad
Residence of mother (if deceased so state) Canby, Ind.
Birthplace of mother (State or foreign country) Kentucky

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

Signed Mark Douglas Lewis
New Address RR #1 Box 365A, Plainfield, Ind.

Subscribed and sworn to before me this 9 day of February, 1978
Alex 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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 9th day of February, 1978, authorizing the joining together as husband and wife of MARK DOUGLAS LEWIS and JULIE ANN BLANTON.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, HARRY LEE LEWIS, one thousand nine hundred and 78 hereby certify that on the 9th day of February, State of Indiana, Groom MARK DOUGLAS LEWIS at Lewis Residence, County of Morgan, and, Bride JULIE ANN BLANTON of MORGAN, County, State of INDIANA, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of INDIANA.
Dated this 9th day of February, 1978.

Signed Harry Lee Lewis
Official Designation Preacher
14th day of February, 1978
Signed Alex M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Julie Middle Ann Last Blanton
Date of Birth Month May Day 21 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address RR #1 Box 365A, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 P. Blanton
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Linda L. Franklin
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Julie Ann Blanton
New Address RR #1 Box 365A, Plainfield, Ind.

Subscribed and sworn to before me this 9 day of February, 1978
Alex 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, HENDRICKS } ss:
County of _____

Signed John P. Blanton Father
Signed _____ Mother

Subscribed and sworn to before me this 9th day of Feb., 1978
Alex M. Harney Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 35

File
February 10, 1978
Date of Application

County

MALE

Medical Examination Report Dated 2-8-78
Name of Physician Irving Cohen, M.D.

FEMALE

Medical Examination Report Dated 2-8-78
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 Stephen Gregory Clay
Date of Birth November 1, 1956
Place of Birth (State or foreign country) Hancock Co. Ind.
Residence Address R.R. #1 Box 278 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Earl Clay
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Ellen Shummers
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Stephen Gregory Clay
New Address R.R. #1 Box 278 Plainfield Ind. 46168

Subscribed and sworn to before me this 10 day of February, 1978
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, HENDRICKS ss:
County of

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

Name Susan Jane Daum
Date of Birth November 9, 1954
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address R.R. #1 Box 278 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Albert Daum
Residence of father (if deceased so state) Plainfield Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Estelle Charlene Edwards
Residence of mother (if deceased so state) Plainfield Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Susan Jane Daum
New Address R.R. #1 Box 278, Plainfield, Ind. 46168

Subscribed and sworn to before me this 10 day of February, 1978
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, HENDRICKS ss:
County of

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 1978, authorizing the joining together as husband and wife of STEPHEN GREGORY CLAY and SUSAN JANE DAUM

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Kent Allen hereby certify that on the 18th day of February, 1978, at Plainfield, County of Hendricks, State of Indiana, Groom STEPHEN GREGORY CLAY of Marion County, State of Indiana and, Bride SUSAN JANE DAUM of Hendricks County, State of Indiana were by me united 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 February, 1978

Signed Rev. Kent Allen
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of February, 1978
Signed Glen M. Harney 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. 36
File _____
Date of Application Feb 10, 1978

MALE
Medical Examination Report Dated 2-2-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated Jan 23, 1978
Name of Physician Richie Coons

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

MALE APPLICANT
Name Robert Victor Overman
Date of Birth July 20, 1958
Place of Birth (State or foreign country) Michigan City, In
Residence Address 35 Jackson Dr. Brownsburg, 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 Victor Overman
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Westfield, In
9. Full maiden name of mother Martina Susan Rapp
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Spacass, Ind.

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

Signed Robert Victor Overman
New Address R#2, Box 189B Brownsburg
Subscribed and sworn to before me this 10 day of Feb, 1978
Glen M. Hawley Clerk: HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

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

Clerk

FEMALE APPLICANT
Name Paula Thomas
Date of Birth Nov 7, 1958
Place of Birth (State or foreign country) Delaware, In
Residence Address R#2 Box 189-B Brownsburg
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 Paul William Thomas
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indianapolis, In
9. Full maiden name of mother Heany Marie Smith
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indianapolis, In

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

Signed Paula Pamela Thomas
New Address R#2 Box 189B Brownsburg
Subscribed and sworn to before me this 10 day of Feb, 1978
Glen M. Hawley Clerk: HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16 day of February, 1978, authorizing the joining together as husband and wife of Robert Victor Overman and Paula Thomas.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Clifford L. Carmichael hereby certify that on the 17th day of February, one thousand nine hundred and seventy eight at Brownsburg, County of Hendricks, State of Indiana, Groom Robert Victor Overman of Hendricks County, State of Indiana, and, Bride Paula Thomas of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 16th day of February, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of February, 1978.
Signed Clifford L. Carmichael
Official Designation _____
Signed Glen M. Hawley 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. 37
File _____
Date of Application 2-10-78

County _____

MALE
Medical Examination Report Dated 2-6-78
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 2-6-78
Name of Physician Eric Clark

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

MALE APPLICANT

Name Michael Lynn McKnight
Date of Birth Dec 15 1955
Place of Birth (State or foreign country) Ind.
Residence Address Rt 1 Box 112 Street or R. R. Plainfield City Ind. County Ind. 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 McKnight
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Mary B. Russell
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Ind.

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

County of _____
Signed Michael L. McKnight
New Address 6364 Maidstone Rd. Apt. 126

Subscribed and sworn to before me this 10 day of Feb, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS ss: _____
County of _____
Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Mary Bertha Pike
Date of Birth Oct 29 1957
Place of Birth (State or foreign country) Ind.
Residence Address 648 S. East St. Street or R. R. Plainfield City Ind. County Ind. 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 M. Pike
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Ida A. Hessler
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Ind.

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

County of _____
Signed Mary B. Pike
New Address 6364 Maidstone Rd. Apt. 126

Subscribed and sworn to before me this 10 day of Feb, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS ss: _____
County of _____
Signed _____ Father
Signed _____ Mother

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

Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 17th day of Feb, 1978, authorizing the joining together as husband and wife

of Michael Lynn McKnight and Mary Bertha Pike
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marc S. Hays hereby certify that on the 4th day of March, one thousand nine hundred and 78 at Plainfield, County of Hendricks

State of Indiana, Groom Michael Lynn McKnight of Hendricks County, State of Indiana

and, Bride Mary Bertha Pike of Hendricks County, State of Indiana

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

Dated this 4th day of March, 1978
Signed Marc S. Hays
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of March, 1978
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. 38
File _____
Date of Application 2-14-78

MALE
Medical Examination Report Dated 2-8-78
Name of Physician D. T. Scudder

FEMALE
Medical Examination Report Dated 2-8-78
Name of Physician D. T. 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 Ronald Lee Haffner
Date of Birth 3 3 1959
Place of Birth (State or foreign country) Indiana
Residence Address Rt. 1, Dayton, Hendricks, 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 Lee Haffner
Residence of father (if deceased so state) Rt. 1, Dayton, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Evelyn Marie Garland
Residence of mother (if deceased so state) Rt. 1, Dayton, Ind.
Birthplace of mother (State or foreign country) Indiana

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

Signed Ronald Lee Haffner
New Address 119th North Maple, Pittsboro, Ind.

Subscribed and sworn to before me this 14 day of Feb, 1978
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, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 February, 1978, authorizing the joining together as husband and wife of Ronald Lee Haffner and Lisa Rena Para.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Raymond L. Rader, hereby certify that on the 25 day of February, one thousand nine hundred and 78, at First Baptist Church, County of Hendricks, State of Indiana, Groom Ronald Lee Haffner of Hendricks County, State of Indiana and, Bride Lisa Rena Para of Hendricks County, State of Indiana were by me united 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 February, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of February, 1978.
Signed Raymond L. Rader
Official Designation Pastor, 1st Baptist Church, Lizton, IN
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 39
File _____
Date of Application Feb. 16, 1978

MALE
Medical Examination Report Dated 2-10-78
Name of Physician Donald A. Rothbaum

FEMALE
Medical Examination Report Dated 2-8-78
Name of Physician Donald A. Rothbaum

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

MALE APPLICANT
Name Richard Kenneth Coy
Date of Birth May 31 1950
Place of Birth (State or foreign country) Indpls., Indiana
Residence Address 5847 Buick Dr., Indpls., Marion, 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 Neschel Kyle Coy
Residence of father (if deceased so state) 6176 Northgate Rd, Columbus, OH
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Anna Mae Beck
Residence of mother (if deceased so state) 6176 Northgate Rd, Columbus, OH
Birthplace of mother (State or foreign country) Indiana

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

Signed Richard K Coy
New Address 5847 Buick Dr. Indpls, In

Subscribed and sworn to before me this 16 day of February, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT
Name Brenda Kay Tuttle
Date of Birth April 28 1954
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address 425 E. College Ave, Brownsburg, 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 Tuttle
Residence of father (if deceased so state) 425 E. College, Brownsburg.
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Maggie Pearl Cobb
Residence of mother (if deceased so state) 105 E. College, Brownsburg
Birthplace of mother (State or foreign country) Kentucky

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

Signed Brenda Kay Tuttle
New Address 5847 Buick Dr. Indpls, Ind.

Subscribed and sworn to before me this 16 day of February, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 Feb., 1978, authorizing the joining together as husband and wife of Richard Kenneth Coy and Brenda Kay Tuttle
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Francis J. Reine hereby certify that on the 25 day of February, 1978, at Speedway, County of Marion, State of Indiana, Groom Richard Kenneth Coy of Marion County, State of Indiana and, Bride Brenda Kay Tuttle of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 27 day of February, 1978.

Signed Rev. Francis J. Reine
Official Designation Catholic Priest
1 day of March, 1978
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 40
File 2-16-78
Date of Application

County

MALE
Medical Examination Report Dated 2-8-78
Name of Physician J. Thomas Benson

FEMALE
Medical Examination Report Dated _____
Name of Physician _____

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

MALE APPLICANT
Name Ronald Vernon Riggins
Date of Birth 9 6 1945
Place of Birth (State or foreign country) Washington, Indiana
Residence Address 12 Janice Drive, Brownsburg, 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 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 Vernon S. Riggins
Residence of father (if deceased so state) R. 2 Eden, Indiana
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Catherine Butcher
Residence of mother (if deceased so state) R. 2 Eden, Indiana
Birthplace of mother (State or foreign country) Indiana

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

Signed Ronald V. Riggins
New Address 12 Janice Drive Brownsburg, Ind.
Subscribed and sworn to before me this 16 day of February, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of Feb., 1978, authorizing the joining together as husband and wife of Ronald Vernon Riggins and Janice Sue McWilliams.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, G. Philip Isgrigg, hereby certify that on the 25th day of February, 1978, at Indianapolis, County of Marion, State of Indiana, Groom Ronald Vernon Riggins and, Bride Janice Sue McWilliams of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 22 day of February, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of February, 1978.

FEMALE APPLICANT
Name Janice Sue McWilliams
Date of Birth 2 17 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 2309 So. Burke, Indianapolis, 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 Arthur Hechinger
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Vera Lucille Bell
Residence of mother (if deceased so state) 2239 So. Burke, Indianapolis
Birthplace of mother (State or foreign country) Indiana

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

Signed Janice S. McWilliams
New Address 12 Janice Drive Brownsburg, Ind.
Subscribed and sworn to before me this 16 day of February, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

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

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 41
File _____
County _____
Date of Application 2-16-78

MALE
Medical Examination Report Dated 2-16-78
Name of Physician Glen Baker

FEMALE
Medical Examination Report Dated 2-16-78
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 Richard A. Dickson
Date of Birth 6 24 1934
Place of Birth (State or foreign country) Florida
Residence Address R. 2 Box 10, Fairland, 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Allan L. Dickson
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Mildred Miller
Residence of mother (if deceased so state) R. 4 Shelbyville
Birthplace of mother (State or foreign country) Indiana

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

Signed Richard A. Dickson
New Address R. 2 Box 10, Fairland, Ind

Subscribed and sworn to before me this 16 day of February, 1978.
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, HENDRICKS ss: _____
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Mary A. Hollis
Date of Birth 5 27 1926
Place of Birth (State or foreign country) Tennessee
Residence Address R. 1 Box 134A, Pittsburg, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Edene Dean Travis
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Lura Alice Allen
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Tennessee

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

Signed Mary A. Hollis
New Address Box 134A, R. 1, Pittsburg

Subscribed and sworn to before me this 16 day of February, 1978.
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, HENDRICKS ss: _____
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Feb, 1978, authorizing the joining together as husband and wife of Richard A. Dickson and Mary A. Hollis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Raymond H. Duff hereby certify that on the 25 day of February, one thousand nine hundred and 78 at Maplewood, County of Hendricks, State of Indiana, Groom Richard A. Dickson of Shelby County, State of Indiana and, Bride Mary A. Hollis of Hendricks County, State of Indiana were by me united 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 February, 1978.
Signed Raymond H. Duff

Official Designation Christian Minister
28 day of February, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed Glen M. Harney 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. 42

File

Date of Application 2-17-78

County

MALE
Medical Examination Report Dated 2-16-78Name of Physician A. N. ScudderFEMALE
Medical Examination Report Dated 2-16-78Name of Physician A. N. Scudder

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

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

MALE APPLICANT

Name Donald Eugene Stout
Date of Birth May 21 1944
Place of Birth (State or foreign country) Ind.
Residence Address 247 N. Adams Brownsburg Ind.
Street or R. R. City County State

Previous Marital Status: Never Married ☐ ORLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree☒ Other (Specify) Life Ins Policy1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐If answer is "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.

Donald Stout
Douglas Stout
Nancy Stout

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Sam Eugene StoutResidence of father (if deceased so state) Croftsville, Ind.Birthplace of father (State or foreign country) Ind.9. Full maiden name of mother Pearl SpallResidence of mother (if deceased so state) Croftsville, Ind.Birthplace of mother (State or foreign country) Ind.State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of

Signed Donald StoutNew Address 247 N. AdamsSubscribed and sworn to before me this 17 day of Feb., 1978Elmer M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Linda Sue Brankham
Date of Birth Sept. 12 1940
Place of Birth (State or foreign country) Ind.
Residence Address 247 N. Adams Brownsburg Ind.
Street or R. R. City County State

Previous Marital Status: Never Married ☐ ORLast 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.

James Bubb, Thomas Bubb,
Robert Bubb, Wendy Brankham

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 BarryResidence of father (if deceased so state) Chicago, Ill.Birthplace of father (State or foreign country) Ind.9. Full maiden name of mother Ruby MezenhardtResidence of mother (if deceased so state) Beech Grove, Ind.Birthplace of mother (State or foreign country) Ind.State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of

Signed Linda S BrankhamNew Address 247 N. Adams Brownsburg Ind.Subscribed and sworn to before me this 17 day of Feb., 1978Elmer M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

in Clerks Office County Circuit Court by written order issued 3 day waiver 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 17 day of Feb., 1978, authorizing the joining together as husband and wife

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

1. Garry L. Nash hereby certify that on the 18th day of February, 1978, at Brownsburg, County of Hendricks, State of Indiana, Groom Donald Eugene Stout and, Bride Linda Sue Brankham of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.

Dated this 18th day of February, 1978.

Signed Garry L. Nash
Official Designation Minister
21st day of February, 1978
Signed Elmer M. Harvey Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 43
File
2-17-78
Date of Application

MALE
Medical Examination Report Dated 2-13-78
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 2-13-78
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 William Last Ford
Date of Birth Month Oct Day 12 Year 1955
Place of Birth (State or foreign country) Ohio
Residence Address Rt 2 Box 145 Street or R. R. Snaps City Hend. Co. 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Ford
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother V. Catherine De Long
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed John W. Ford
New Address Rt 2 Box 145 Snaps Ind.

Subscribed and sworn to before me this 17 day of Feb. 1978.
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

Name First Susan Middle Gay Last Speer
Date of Birth Month Oct Day 24 Year 1944
Place of Birth (State or foreign country) Ind.
Residence Address Rt 2 Box 145 Street or R. R. Snaps City Hend. Co. 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Vernon D. Jackson
Residence of father (if deceased so state) Bedford Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Evelyn C. Jones
Residence of mother (if deceased so state) Bedford Ind.
Birthplace of mother (State or foreign country) Ind.

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

Signed Susan G. Speer
New Address Rt 2 Box 145 Snaps Ind.

Subscribed and sworn to before me this 17 day of Feb. 1978.
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued 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 22 day of Feb. 1978, authorizing the joining together as husband and wife John William Ford and Susan Gay Speer

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

I, Garry L. Close hereby certify that on the 25 day of February one thousand nine hundred and 78 at Plainfield Bible Church, County of Hendricks State of Indiana, Groom John W. Ford of Hendricks County, State of Indiana and, Bride Susan G. Speer of Hendricks County, State of Indiana were by me united 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 February 1978.

Signed Garry L. Close

Official Designation Pastor 2 day of March 1978

Signed Alex M. Harvey Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 44
File Feb 17 1978
Date of Application

MALE
Medical Examination Report Dated 2-9-78
Name of Physician Dr. Kenneth Shuck, MD.

FEMALE
Medical Examination Report Dated 2-9-78
Name of Physician Dr. Kenneth Shuck, 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 Leonard K. Thibo
Date of Birth Feb 15 1958
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 4734 C. Mansfield, Indpls 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 J. Thibo
Residence of father (if deceased so state) 5230 Norcroft, Indpls.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Maxine M. Collins
Residence of mother (if deceased so state) 5230 Norcroft, Indpls.
Birthplace of mother (State or foreign country) Indiana

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

Signed Leonard K. Thibo
New Address 4734 C Mansfield Dr.

Subscribed and sworn to before me this 17 day of Feb, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 Feb, 1978, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Sara E. Harad hereby certify that on the 20 day of February, 1978, at Mooresville, County of Morgan

State of Indiana, Groom Leonard K. Thibo and, Bride Barbara D. Bennett of Marion County, State of Indiana

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

Dated this 20 day of February, 1978.

Signed Sara E. Harad
Official Designation Town Judge
Filed and recorded in accordance with the laws of the State of Indiana this 27 day of February, 1978

Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 45
File 39
Date of Application 2-21-78

County

MALE

Medical Examination Report Dated 2-19-78

Name of Physician A. N. Scudder

FEMALE

Medical Examination Report Dated 2-19-78

Name of Physician A. N. Scudder

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

MALE APPLICANT

Name First Mark Middle Anthony Last Moore
Date of Birth Month December Day 5 Year 1948
Place of Birth (State or foreign country) Hendricks, Ind.
Residence Address 36 Ledgewood Ln., Danville, Ind.
Previous Marital Status: Never Married ☐ OR 1 - Delaware Co. 1972
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Anthony Nellbrook Moore age 8

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Dwight Moore

Residence of father (if deceased so state) St Francis, South Dakota

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Marjorie Mae Lamer

Residence of mother (if deceased so state) St Francis, South Dakota

Birthplace of mother (State or foreign country) Indiana

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

Signed Mark A. Moore

New Address 36 Ledgewood Ln., Danville, Ind.

Subscribed and sworn to before me this 21 day of February, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1978.

Clerk

FEMALE APPLICANT

Name First Helen Middle Louise Last Schrier
Date of Birth Month November Day 8 Year 1946
Place of Birth (State or foreign country) Eastland, Tennessee
Residence Address 36 Ledgewood Ln., Danville, Ind.
Previous Marital Status: Never Married ☐ OR 2 - Hendricks Co. 1977
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Robert Allen Schrier - Age 11

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Pete Smith

Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Scotland

9. Full maiden name of mother Annie Lee Dodson

Residence of mother (if deceased so state) deceased

Birthplace of mother (State or foreign country) Tennessee

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

Signed Helen Schrier

New Address 36 Ledgewood Ln., Danville, Ind.

Subscribed and sworn to before me this 21 day of February, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1978.

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

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 21 day of February, 1978, authorizing the joining together as husband and wife Mark Anthony Moore and Helen Louise Schrier

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

I, Ralph P. Wade hereby certify that on the 25 day of February

one thousand nine hundred and 78 at Friendswood, County of Marion

State of Indiana, Groom Mark Anthony Moore of Marion County, State of Indiana

and, Bride Helen Louise Schrier of Hendricks County, State of Indiana

were by me united 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 February, 1978.

Signed Ralph P. Wade

Official Designation Pastor Friendswood Baptist Church

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of February, 1978.

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. 46
File _____
Date of Application 2-22-78

MALE
Medical Examination Report Dated 2-19-78
Name of Physician M. O. Scamaron

FEMALE
Medical Examination Report Dated 2-19-78
Name of Physician M. O. Scamaron

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

MALE APPLICANT

Name James Maxwell Adams
Date of Birth July 24 1959
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R #1 Box 44A, Linton
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 H. Adams
Residence of father (if deceased so state) Unknown
Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Dorothy Mae Williams
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Kentucky

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

Signed James M. Adams
New Address R #1 Box 44A Linton Ind
Subscribed and sworn to before me this 22 day of Feb, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 1978, authorizing the joining together as husband and wife of James Maxwell Adams and Laurie Lynn Hadley.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Archie R. Snodgrass hereby certify that on the 3 day of March, 1978, at Linton, County of Hendricks, State of Indiana, Groom James Maxwell Adams of Hendricks County, State of Indiana, and, Bride Laurie L. Hadley of Hendricks County, State of Indiana, were by me united 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 March, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of Feb, 1978.
Signed Archie R. Snodgrass
Official Designation Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Laurie Lynn Hadley
Date of Birth March 25 1960
Place of Birth (State or foreign country) Moore County
Residence Address R #1 Box 44A, Linton
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 L. Hadley
Residence of father (if deceased so state) R #1 Box 44A, Linton
Birthplace of father (State or foreign country) Johnson Co. Ind.
9. Full maiden name of mother Barbara Fay Green
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Kentucky

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

Signed Laurie Lynn Hadley
New Address RR #1 Box 44A Linton
Subscribed and sworn to before me this 22 day of Feb, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed Frederick L. Hadley Father
Signed Barbara F. Hadley Mother
Subscribed and sworn to before me this 22 day of Feb, 1978
Glen M. Harvey Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 47

File
Feb. 22, 1978
Date of Application

County

MALE

Medical Examination Report Dated 2-20-78

Name of Physician Irving Cohen

FEMALE

Medical Examination Report Dated 2-20-78

Name of Physician Irving Cohen

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

MALE APPLICANT

Name First Curtis Middle Lee Last Totten
Date of Birth Month March Day 4 Year 1954
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 11335 W. Washington St. #45 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 F. Totten

Residence of father (if deceased so state) Plainfield Ind.

Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Wanda L. Scott

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

Birthplace of mother (State or foreign country) Ind.

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

Signed X Curtis L. Totten

New Address 11335 W. WASHINGTON ST. #45

Subscribed and sworn to before me this 22 day of Feb. 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Kathleen Middle Ann Last Farris
Date of Birth Month Aug. Day 25 Year 1960
Place of Birth (State or foreign country) Ind.
Residence Address Street or R. R. 141 N. Vine City Plainfield County Ind. 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Farris

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

Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Barbara Carnoal

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

Birthplace of mother (State or foreign country) Ind.

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

Signed X Kathleen A. Farris

New Address 11335 W. Washington St. #45

Subscribed and sworn to before me this 22 day of Feb. 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:

Signed X Delbert R. Farris Father

Signed X Barbara J. Farris Mother

Subscribed and sworn to before me this 22 day of Feb. 1978
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 27 day of Feb. 1978, authorizing the joining together as husband and wife

Curtis Lee Totten and Kathleen Ann Farris

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

I, Glen M. Harvey hereby certify that on the 27 day of February

one thousand nine hundred and 78 at Danville, County of Hendricks

State of Indiana, Groom Curtis Lee Totten of Hendricks County, State of Indiana

and, Bride Kathleen Ann Farris of Hendricks County, State of Indiana

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

County. 27 day of February 1978

Dated this _____ day of _____, 19____

Signed Glen M. Harvey

Official Designation County Clerk

27 day of February 1978

Signed X Glen M. Harvey Clerk

HENDRICKS Circuit Court

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

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 48
File
Feb. 22, 1978
Date of Application

County

MALE
Medical Examination Report Dated 2/20/78
Name of Physician Thomas Walker M.D.

FEMALE
Medical Examination Report Dated 2/20/78
Name of Physician Thomas Walker M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name Timothy A. Spoor
Date of Birth February 6, 1952
Place of Birth Fulton, Indiana
Residence Address 610 Saratoga Dr. Brownsburg, Ind.
Previous Marital Status: Never Married
Last Marriage Ended By: Death
Date of birth verified by: Birth Certificate

FEMALE APPLICANT
Name Renee Weiske
Date of Birth May 5, 1954
Place of Birth Fulton, Indiana
Residence Address 610 Saratoga Dr. Brownsburg, Ind.
Previous Marital Status: Never Married
Last Marriage Ended By: Death
Date of birth verified by: Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? 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
8. Full name of father Richard C. Spoor
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth A. Hart
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Timothy A. Spoor
New Address 610 Saratoga Dr.
Subscribed and sworn to before me this 22 day of February, 1978
Glen M. Harney Clerk HENDRICKS Circuit Court

1. Are you now or have you ever been adjudged to be of unsound mind? 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
8. Full name of father Arnold A. Weiske
Residence of father (if deceased so state) Carmel, Ind.
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Lucie A. Gibson
Residence of mother (if deceased so state) Carmel, Ind.
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Renee Weiske
New Address 610 Saratoga Dr.
Subscribed and sworn to before me this 22 day of February, 1978
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, 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, HENDRICKS ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 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 _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County _____, 19____, authorizing the joining together as husband and wife of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the _____ day of _____, 19____, at _____, County 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 _____ County.
Dated this _____ day of _____, 19____.

Signed Robert A. Schilling
Official Designation Assoc. Minister, North United Methodist
Signed _____ day of February, 1978
Glen M. Harney Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 49
File 39
Feb 28, 1978
Date of Application

County

MALE

Medical Examination Report Dated 2-27-78
Name of Physician David Haggard

FEMALE

Medical Examination Report Dated 2-27-78
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 Jim D. Weatherman
Date of Birth August 30 1956
Place of Birth (State or foreign country) Putnam County, Indiana
Residence Address R 3, Box 386, Clayton, 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Merald Dean Weatherman
Residence of father (if deceased so state) RR 3 Box 386, Clayton, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Mae Lewis
Residence of mother (if deceased so state) RR 3, Box 386, Clayton, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of

Signed Jim D. Weatherman

New Address P.O. Box 255 Apt 17 Clayton Ind.

Subscribed and sworn to before me this 28 day of February, 1978.

Glen M. Hawey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT

Name Paula L. Smith
Date of Birth November 9 1958
Place of Birth (State or foreign country) Marion County, Indiana
Residence Address P.O. Box 255, Apt. 17, Clayton, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 E. Smith
Residence of father (if deceased so state) R 1 Box 290, Clayton, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marilyn L. Littleton
Residence of mother (if deceased so state) R 1 Box 990, Clayton, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of

Signed Paula L. Smith

New Address P.O. Box 255 Apt 17 Clayton Ind.

Subscribed and sworn to before me this 28 day of February, 1978.

Glen M. Hawey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 March, 1978, authorizing the joining together as husband and wife

of Jim D. Weatherman and Paula L. Smith
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, C. Kent Allen, hereby certify that on the 15 day of April,

one thousand nine hundred and 78 at Clainfield, County of Hendricks,

State of Indiana, Groom Jim D. Weatherman of Hendricks County, State of Indiana,

and, Bride Paula L. 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 15 day of April, 1978.

Signed C. Kent Allen

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of April, 1978.

Signed Glen M. Hawey 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. 50
File 39
Date of Application March 1, 1978

MALE
Medical Examination Report Dated 3-1-78
Name of Physician Joseph C. Keelin M.D.

FEMALE
Medical Examination Report Dated 2-10-78
Name of Physician Eric W. 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 Roger Bridwell
Date of Birth June 27 1957
Place of Birth (State or foreign country) Hammond, Louisiana
Residence Address 30 E 200 S Danville, 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
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Everett Bridwell
Residence of father (if deceased so state) same
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Phyllis V. Hoehn
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Roger Bridwell

New Address _____

Subscribed and sworn to before me this 1st day of March, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____

Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 6 day of March, 1978, authorizing the joining together as husband and wife of Roger Dale Bridwell and Vickie L. Wagner.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John J. Clark, hereby certify that on the 11 day of March, one thousand nine hundred and 78, at Danville, County of Hendricks, State of Indiana, Groom Roger Dale Bridwell and, Bride Vickie Lynn of Hendricks County, State of Indiana were by me united 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 March, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1978.

Signed John J. Clark
Official Designation minister
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT
Name Vickie L Wagner
Date of Birth March 18 1960
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address Berkeley Rd. Danville, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Roger Wagner
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Colorado

9. Full maiden name of mother Bonnie Evelyn Crews
Residence of mother (if deceased so state) RR #2 Box 33 Danville
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Vickie L. Wagner

New Address 370 E 200 South Danville

Subscribed and sworn to before me this 6 day of March, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____

Signed Bonnie E. Wagner

Subscribed and sworn to before me this 6 day of March, 1978
Glen M. Harvey Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 51
File _____
County _____
Date of Application 3-1-78

MALE

Medical Examination Report Dated 2-28-78
Name of Physician E. J. O'Brien

FEMALE

Medical Examination Report Dated 2-28-78
Name of Physician E. J. O'Brien

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Ernest Blackmon
Date of Birth 12 19 1928
Place of Birth (State or foreign country) Alabama
Residence Address 3501 West 10th Street, Indpls
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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Deborah
Frank
Missie & George

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Frank Albert Blackmon

Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Alabama

9. Full maiden name of mother Sola Mae Meacham

Residence of mother (if deceased so state) deceased

Birthplace of mother (State or foreign country) Alabama

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Ernest Blackmon

New Address 6008 Ruskin Place West, Indpls, Ind 46228

Subscribed and sworn to before me this 1 day of March, 1978

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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

FEMALE APPLICANT

Name Victoria Johnson
Date of Birth 2 1 1932
Place of Birth (State or foreign country) Kentucky
Residence Address R. 3 Box 14, Nashville, Tenn
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Donna Johnson

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 E. Brock

Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Mo

9. Full maiden name of mother Mittie Webb

Residence of mother (if deceased so state) deceased

Birthplace of mother (State or foreign country) Ky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Victoria J. Johnson

New Address 6008 Ruskin Pl. W.

Subscribed and sworn to before me this 1 day of March, 1978

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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 10th day of March, 1978, authorizing the joining together as husband and wife

Ernest F. Blackmon and Victoria J. Johnson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Buford Brock hereby certify that on the 24th day of March

one thousand nine hundred and 78 at Indianapolis County of Marion

State of Indiana, Groom Ernest F. Blackmon of Marion County, State of Indiana

and, Bride Victoria J. Johnson 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 24th day of March, 1978

Signed Buford Brock

Official Designation Minister

Signed Glen M. Harney Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of March, 1978

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 52
File 7
March 3, 1978
Date of Application

MALE
Medical Examination Report Dated 2-15-78
Name of Physician D. N. Scudder

FEMALE
Medical Examination Report Dated 2-15-78
Name of Physician D. N. Scudder

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

FEMALE APPLICANT
Name Clark Alan Sigmund
Date of Birth 2 30 1958
Place of Birth (State or foreign country) Indiana
Residence Address Rt 1 Box 265 Brownsburg
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 Edward Sigmund
Residence of father (if deceased so state) Brownsburg, In
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Frances Louise Castledge
Residence of mother (if deceased so state) Brownsburg, In
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Clark A. Sigmund
New Address Rt 3 Box 245 Danville

Subscribed and sworn to before me this 3 day of March, 1978
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 10 day of March, 1978, authorizing the joining together as husband and wife of Clark Alan Sigmund and Rose Marie Vicars.
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 March, 1978,
one thousand nine hundred and 78 at Brownsburg, County of Hendricks
State of Indiana, Groom Clark Alan Sigmund and, Bride Rose Marie Vicars of Hendricks County, State of Indiana
were by me united 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 March, 1978

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of March, 1978
Signed Jerry R. Nash Minister
Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 52
File 7
March 3, 1978
Date of Application

MALE
Medical Examination Report Dated 2-15-78
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 2-15-78
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)".

FEMALE APPLICANT
Name Clark Alan Sigmund
Date of Birth 2 30 1958
Place of Birth (State or foreign country) Indiana
Residence Address Rt. 1 Box 265 Brownsburg
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 Edward Sigmund
Residence of father (if deceased so state) Brownsburg, In
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Frances Louise Castledge
Residence of mother (if deceased so state) _____
Birthplace of mother (State or foreign country) _____

State of Indiana, HENDRICKS
County of _____

Signed _____
New Address _____

Subscribed and sworn to before me
Glen M. Nash

CONSENT OF PARENTS, PARENTS
We, the parents, of this applicant
sign, state facts which render the

State of Indiana, HENDRICKS
County of _____

Signed _____
Signed _____

Subscribed and sworn to before me

COMPLETE IF MARRIAGE

in _____

FEMALE APPLICANT
Name Rose Marie Vicars
Date of Birth 2 18 1962
Place of Birth (State or foreign country) Florida
Residence Address Rt. 3 Danville, 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 Walter Ernest Vicars
Residence of father (if deceased so state) Danville, In
Birthplace of father (State or foreign country) Tennessee

9. Full maiden name of mother Brenda Kaye Platt

I, Walter E. Vicars, hereby give my consent for
my Daughter, Rose Marie Vicars to
marry Clark A. Sigmund.

Subscribed and sworn to before me this 10th day of March
19 78.

Lowell E. King
Notary Public
commission expires 5/11/81

authorizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 March, 19 78, authorizing the joining together as husband and wife
of Clark Alan Sigmund and Rose Marie Vicars
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 March, 19 78,
one thousand nine hundred and 78, at Brownsburg, County of Hendricks,
State of Indiana, Groom Clark Alan Sigmund and Bride Rose Marie Vicars
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County, State of Indiana.
Dated this 18 day of March, 19 78.

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of March, 19 78.
Signed Jerry R. Nash Minister
Signed Glen M. Nash Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 53
File _____
Date of Application March 6 1978

MALE

Medical Examination Report Dated 2-27-78

Name of Physician Jarvis L. Macy

FEMALE

Medical Examination Report Dated 2-27-78

Name of Physician Jarvis L. Macy

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Charles E. Burnett
Date of Birth 2 23 1946
Place of Birth (State or foreign country) Kentucky
Residence Address 655 South Cross Street, Danville, 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Burnett
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Bertha Mae Camel
Residence of mother (if deceased so state) Danville, Ind.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Charles E. Burnett

New Address 655 S. Cross Danville Ind.

Subscribed and sworn to before me this 6 day of March, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Telettha M. Simmerman
Date of Birth 2 27 1947
Place of Birth (State or foreign country) Greencastle, Indiana
Residence Address 655 South Cross St., Danville, 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Leon Pitro
Residence of father (if deceased so state) Texas
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Kathleen Bradtko
Residence of mother (if deceased so state) Indiana, Marion
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Telettha M. Simmerman

New Address 655 S. Cross St. Danville Ind.

Subscribed and sworn to before me this 6 day of March, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 March, 1978, authorizing the joining together as husband and wife

CHARLES E. BURNETT and TELETHA M. SIMMERMAN

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, C. Thomas Steiner hereby certify that on the 11th day of March,
78 at Greencastle, County of Putnam,
one thousand nine hundred and _____, County of Hendricks, State of Indiana,
State of Indiana, Groom Charles E. Burnett of Hendricks County, State of Indiana,
and, Bride Telettha M. Simmerman of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

Dated this 11th day of March, 1978

Signed C. Thomas Steiner

Official Designation Minister

Signed Glen M. Harvey Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 54
File 39
3-6-78
Date of Application

MALE
Medical Examination Report Dated 3-2-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 3-2-78
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 Jay Dean Sudduth
Date of Birth July 11 1959
Place of Birth (State or foreign country) Marion Co., Indiana
Residence Address 3144 Wright, Indianapolis, Marion, 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 Myron Joseph Sudduth
Residence of father (if deceased so state) 641 E Jackson, Muncie, Ind.
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Barbara June Sponder
Residence of mother (if deceased so state) 605 E. Parkway, Indianapolis, Ind.
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Jay Dean Sudduth
New Address 3222 W. 10th St. Indianapolis, 46222
Subscribed and sworn to before me this 6 day of March, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 7 day of March, 1978, authorizing the joining together as husband and wife of Jay Dean Sudduth and Barla Rae Perry.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Joseph H. Eck, Jr., hereby certify that on the 7 day of March, 1978,
one thousand nine hundred and 78, at Avon, County of Hendricks,
State of Indiana, Groom Jay Dean Sudduth and, Bride Barla Rae Perry of Marion, County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 9 day of March, 1978.

Signed Rev. Joseph H. Eck, Jr.
Official Designation Asst. Pastor
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 7 day of April, 1978.

FEMALE APPLICANT

Name Barla Rae Perry
Date of Birth August 3 1959
Place of Birth (State or foreign country) Marion Co., Indiana
Residence Address 113 E. Tilden, Brownsburg, Hendricks, 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) 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 Clayton Howard Perry
Residence of father (if deceased so state) 113 E. Tilden, Brownsburg, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Jean Nicholas
Residence of mother (if deceased so state) 113 E. Tilden, Brownsburg, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Barla Rae Perry
New Address 3222 West 10th St. Indianapolis, 46222
Subscribed and sworn to before me this 6 day of March, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
_____. Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 55

File _____

County _____

Date of Application March 7, 1978

MALE

Medical Examination Report Dated 2-22-78

Name of Physician Bruce E. Beatty

FEMALE

Medical Examination Report Dated 2-22-78

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, representa-

MALE APPLICANT

Name Wm. First E. Middle Ireland Last Jr.
Date of Birth 4 Month 26 Day 1943 Year
Place of Birth (State or foreign country) Peru, Indiana
Residence Address 944 Ridgewood Drive, Plainfield
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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. E. Ireland Sr.
Residence of father (if deceased so state) Florida
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Roberta Jane Pigeonfield
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed William C. Hendricks
New Address 5833 Rosslyn Ave. Indpls

Subscribed and sworn to before me this 7 day of March, 1978
Glen M. Harney Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Sharon First Eileen Middle May Last
Date of Birth 2 Month 7 Day 1954 Year
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 5833 Rosslyn Ave. Indpls, 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father V. Arthur Ray
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Eileen Jane Campbell
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Sharon Eileen May
New Address 5833 Rosslyn Ave.

Subscribed and sworn to before me this 7 day of March, 1978
Glen M. Harney Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 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 12 day of March, 1978, authorizing the joining together as husband and wife

William E. Ireland, Jr. and Sharon Eileen May
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Russell F. Blowers hereby certify that on the 25 day of March, 1978, at Indianapolis, County of Marion, State of Indiana, Groom William E. Ireland of Hendricks County, State of Indiana, and, Bride Sharon Eileen May 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 March, 1978. Signed Russell F. Blowers Minister

Official Designation _____ day of March, 1978
Signed Glen M. Harney Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of March, 1978
Signed Glen M. Harney 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. 56
File March 7, 1978
Date of Application

MALE
Medical Examination Report Dated 2/28/78
Name of Physician Charles E. James M.D.

FEMALE
Medical Examination Report Dated 2/28/78
Name of Physician Charles E. James 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 Scott S. Hauss
Date of Birth September 1, 1943
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address RR 5 Box 107 Brownsburg 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) Marriage License (Driver's 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.
Mark S. Hauss

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 S. Hauss
Residence of father (if deceased so state) Indianapolis Ind.
Birthplace of father (State or foreign country) New Indiana
9. Full maiden name of mother Marjorie Ryan
Residence of mother (if deceased so state) Indianapolis Ind.
Birthplace of mother (State or foreign country) Indiana
State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Scott S. Hauss
New Address RR 5 Box 107 Brownsburg Ind.
Subscribed and sworn to before me this 7 day of March, 19 78
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, **HENDRICKS** ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 March, 19 78, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald K. Gohen hereby certify that on the 18 day of March,
one thousand nine hundred and 78 at Indianapolis, County of Marion
State of Indiana, Groom Scott S. Hauss of Hendricks County, State of Indiana
and, Bride Karen Terhume of Hendricks County, State of Indiana
were by me united 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 March, 19 78

Signed Donald K. Gohen, Pastor
Official Designation Bethel U.M. Church
day of March, 19 78
Signed Donald K. Gohen Ellen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Karen Terhume
Date of Birth February 18, 1951
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address RR 5 Box 107 Brownsburg 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) # 113-51-012105

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "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.
Benjamin I. Terhume

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Brownsburg
Residence of father (if deceased so state) Indianapolis Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wendy M. Gardner
Residence of mother (if deceased so state) Indianapolis Ind.
Birthplace of mother (State or foreign country) Indiana
State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Karen Terhume
New Address RR 5 Box 107 Brownsburg, Ind.
Subscribed and sworn to before me this 7 day of March, 19 78
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, **HENDRICKS** ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 57
File _____
Date of Application 3-8-78

MALE

Medical Examination Report Dated 3-6-78
Name of Physician John Elliott Jr. M.D.

FEMALE

Medical Examination Report Dated 3-6-78
Name of Physician John Elliott Jr. M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name David Wingler
Date of Birth 12 22 1947
Place of Birth (State or foreign country) Indianapolis, In
Residence Address Box 117 Coatesville, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Jesse Junior Wingler
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indianapolis, In
9. Full maiden name of mother Jean Myers
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICK ss: I depose and state the information given in this application is true and correct.

Signed David A. Wingler

New Address _____

Subscribed and sworn to before me this 8 day of March, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICK ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Melinda Joy Hubble
Date of Birth 12 12 1959
Place of Birth (State or foreign country) Greencastle, In
Residence Address Box 19 Coatesville, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Austin Hubble
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Cecelia A. Witt
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Melinda Hubble

New Address _____

Subscribed and sworn to before me this 8 day of March, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 13 day of March, 1978, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David A. Wingler and Melinda Joy Hubble

hereby certify that on the 18 day of _____ at Coatesville, County of Hendricks, State of Indiana

one thousand nine hundred and 78, of Hendricks County, State of Indiana

State of Indiana, Groom David A. Wingler and, Bride Melinda Hubble of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 13 day of March, 1978

Signed Frank Bunn

Official Designation Christian Minister

27 day of March, 1978

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 58
File _____
Date of Application March 6, 1978

MALE
Medical Examination Report Dated March 6, 1978
Name of Physician James Black

FEMALE
Medical Examination Report Dated James Black
Name of Physician March 6, 1978

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name David Sommers
Date of Birth November 24 1951
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 9503 W. 59th St., Indpls.
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 Francis Sommers
Residence of father (if deceased so state) 9503 W. 59th St. Indpls.

Birthplace of father (State or foreign country) Indianapolis, Ind.

9. Full maiden name of mother Worothy Joanne Swift
Residence of mother (if deceased so state) same

Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed David F. Sommers
New Address 4HC 3/20th ARMOR FT. POLK, LA.

Subscribed and sworn to before me this March day of 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

in 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 _____ day of March, 1978, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, JERRY L. WILLIAMS

one thousand nine hundred and 78 hereby certify that on the 11th day of March

State of Indiana, Groom David F. Sommers at Indianapolis, County of Marion

and, Bride Soon Kyung Kim of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11th day of March, 1978.

Signed Jerry L. Williams
Official Designation Minister, Ben Davis Christian Church
14th day of March, 1978
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

FEMALE APPLICANT
Name Soon Kyung Kim
Date of Birth March 27 1953
Place of Birth (State or foreign country) Pusan Korea
Residence Address 9503 W. 59th St. Indpls.
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 Kim, My Chong
Residence of father (if deceased so state) Korea

Birthplace of father (State or foreign country) Korea

9. Full maiden name of mother Kang, Su Yon
Residence of mother (if deceased so state) Korea

Birthplace of mother (State or foreign country) Korea

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Soon Kyung Kim
New Address _____

Subscribed and sworn to before me this 8th day of March, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 59

File _____

County _____

Date of Application March 9, 1978

MALE

Medical Examination Report Dated 3-6-78

Name of Physician James Black M.D.

FEMALE

Medical Examination Report Dated 3-6-78

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, representa-

MALE APPLICANT

Name Thomas R. Walsh
Date of Birth Aug 31 1951
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 407 N. Warman
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) Selective Service

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Thomas J. Walsh

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be 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 J. Walsh

Residence of father (if deceased so state) 407 N. Warman

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Mildred L. Clark

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Thomas R. Walsh

New Address 929 Winding Brook Apt. C Nappsville, Ind 46234

Subscribed and sworn to before me this 9 day of March, 1978.

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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Jean Ann Clark
Date of Birth June 16 1947
Place of Birth (State or foreign country) Frankfort, Ind.
Residence Address Box 46 North Salem, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 B. Clark

Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Jean Paul Ruff

Residence of mother (if deceased so state) Box 46 North Salem, Ind.

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Jean Ann Clark

New Address 929 Winding Brook Apt. C Nappsville, Ind 46234

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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 14 day of March, 1978, authorizing the joining together as husband and wife

Thomas R. Walsh and Jean Ann Clark

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Earl C. Davis hereby certify that on the 25 day of March,

one thousand nine hundred and 78 at North Salem, County of Hendricks,

State of Indiana, Groom Thomas R. Walsh of North Salem County, State of Indiana

and, Bride Jean Ann Clark of Hendricks County, State of Indiana

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 March, 1978

Signed Earl C. Davis, B.D.

Official Designation Clergyman

28 day of March, 1978

Signed Ellen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 60
File March 10, 1978
Date of Application

MALE
Medical Examination Report Dated 2-13-78
Name of Physician Justin Lane

FEMALE
Medical Examination Report Dated 2-13-78
Name of Physician Justin Lane

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name Martin Leonard Schreiber
Date of Birth 12 24 1947
Place of Birth (State or foreign country) West Virginia
Residence Address 5796 Rena Lane, Indpls, 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 S.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.
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 Ralph Henry Schreiber Jr.
Residence of father (if deceased so state) Indpls, In
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Thelma Bernice Davis
Residence of mother (if deceased so state) Indpls, In
Birthplace of mother (State or foreign country) West Virginia

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Martin L. Schreiber
New Address 323 S. Vine Plainfield, Ind
Subscribed and sworn to before me this 10 day of March, 1978
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, HENDRICKS ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 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 _____ of Indiana dated the 14 day of March, 1978, authorizing the joining together as husband and wife of Martin Leonard Schreiber and Patricia Ann Wade.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Myron Bernard, hereby certify that on the 28th day of April, 1978, at Indianapolis, County of Marion, State of Indiana, Groom Martin Leonard Schreiber and, Bride Patricia Ann Wade were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.
Dated this 28th day of April, 1978.

Signed Myron Bernard Judge
Official Designation 1st day of May, 1978
Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 61
File 39
3-10-78
Date of Application

MALE

Medical Examination Report Dated 3-6-78

Name of Physician O. Kourany, M.D.

FEMALE

Medical Examination Report Dated 3-6-78

Name of Physician O. Kourany, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name R. Michael Skillman
Date of Birth May 28 1957
Place of Birth (State or foreign country) Marion County, Indiana
Residence Address 11225 W. Washington, Lot 75, Indianapolis, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Wayne Skillman
Residence of father (if deceased so state) RR 1, Box 679, Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Shirley Anne Wrenn
Residence of mother (if deceased so state) RR 1, Box 679, Plainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed R. Michael Skillman

New Address 11225 W. Washington #75

Subscribed and sworn to before me this 10 day of March, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Cynthia Sue Murat
Date of Birth May 3 1958
Place of Birth (State or foreign country) Marion County, Indiana
Residence Address RR 1 Box 417, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Gene Murat
Residence of father (if deceased so state) RR 1 Box 417, Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Loris Carlene Balty
Residence of mother (if deceased so state) RR 1 Box 417, Plainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Cynthia Sue Murat

New Address 11225 W. Wash Lot 75 Indpls

Subscribed and sworn to before me this 10 day of March, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 March, 1978, authorizing the joining together as husband and wife of R. Michael Skillman and Cynthia Sue Murat.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald E. Herman hereby certify that on the 18 day of March, one thousand nine hundred and 78 at Plainfield, County of Hendricks, State of Indiana, Groom R. Michael Skillman of Hendricks County, State of Indiana and, Bride Cynthia Sue Murat of Hendricks County, State of Indiana were by me united 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 March, 1978.

Signed Donald E. Herman

Official Designation Minister

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Mar, 1978.

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. 62
File _____
Date of Application 3-13-78

MALE
Medical Examination Report Dated 2-20-78
Name of Physician D. H. Jones

FEMALE
Medical Examination Report Dated 2-20-78
Name of Physician D. H. Jones

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Richard M. Arnold
Date of Birth 6-14-1938
Place of Birth Indpls, Ind
Residence Address 866 Harlan 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) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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.
Richard Scott Arnold

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Arnold
Residence of father (if deceased so state) Indpls, Ind
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Louise Jones
Residence of mother (if deceased so state) Indpls, Ind
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard M. Arnold
New Address 866 Harlan Plainfield, Ind.
Subscribed and sworn to before me this 13 day of March, 1978
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

in _____ County _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 17th day of March, 1978, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Richard M. Arnold and Debbie E. Nugent

I, Andrew R. Stirsman hereby certify that on the 17 day of March, 1978, at Indianapolis, County of Marion, State of Indiana, Groom Richard M. Arnold and, Bride Debbie E. Nugent 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 17 day of March, 1978.

Signed Andrew R. Stirsman Minister

Official Designation _____ day of March, 1978

Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

FEMALE APPLICANT

Name Debbie E. Nugent
Date of Birth 5-21-1953
Place of Birth Martinsville, Ind
Residence Address R. R. 2 Box 51, Monrovia, 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.
Rickey Lee Nugent, Jr.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Eugene Ferguson, Jr.
Residence of father (if deceased so state) Monrovia, Ind
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Estelle Irene Brizgar
Residence of mother (if deceased so state) Monrovia, Ind
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debbie E. Nugent
New Address 866 Harlan Plainfield, Ind.

Subscribed and sworn to before me this 13 day of March, 1978
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 63

File _____

County _____

Date of Application March 13 1978

MALE

Medical Examination Report Dated 3-7-1978

Name of Physician Thomas M. Walker

FEMALE

Medical Examination Report Dated 3-7-1978

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 Donald Jay Barnes
Date of Birth 12 19 1957
Place of Birth (State or foreign country) California
Residence Address 4484 Mission Dr Apt 119, Indpls, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 D Barnes
Residence of father (if deceased so state) Indpls, Ind
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Betha May Pruitt
Residence of mother (if deceased so state) Indpls, Ind
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Donald J Barnes
New Address 4484 Mission Dr #119

Subscribed and sworn to before me this 13 day of March, 1978
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, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Robin Nicole Smither
Date of Birth 6 26 1960
Place of Birth (State or foreign country) Indiana
Residence Address R. R. 2 Box 358, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Carroll R. Smither
Residence of father (if deceased so state) Plainfield, Ind
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Joan Stevens
Residence of mother (if deceased so state) Plainfield, Ind
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Robin N. Smither
New Address 4484 Mission Dr #119 Indpls

Subscribed and sworn to before me this 13 day of March, 1978
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, HENDRICKS ss:
County of _____

Signed Carroll R. Smither Father
Signed Jo Ann Smither Mother

Subscribed and sworn to before me this 13 day of March, 1978
Glen M Harney Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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 March, 1978, authorizing the joining together as husband and wife

Donald Jay Barnes and Robin Nicole Smither
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 March,
one thousand nine hundred and 78 at Brownsburg, County of Hendricks

State of Indiana, Groom Donald Jay Barnes of Marion County, State of Indiana
and, Bride Robin Nicole Smither of Hendricks County, State of Indiana

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 March, 1978
Signed Joseph D. Wilson Minister

Official Designation _____
23 day of March, 1978
Signed Glen M Harney Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Clerk

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. 64
File March 13, 1978
Date of Application

MALE
Medical Examination Report Dated 3-10-78
Name of Physician Wm. Wagner

FEMALE
Medical Examination Report Dated 3-10-78
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 Marc First Wayne Middle Davidson Last
Date of Birth March Month 18 Day 1955 Year
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 810 S. Tennessee St. Nashville, 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 Harold Wayne Davidson
Residence of father (if deceased so state) Nashville, Ind.
Birthplace of father (State or foreign country) Union Ross, Ind.

9. Full maiden name of mother Suzanne May Long
Residence of mother (if deceased so state) Nashville, Ind.
Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marc Wayne Davidson
New Address 140 Seacrest Ave.
Subscribed and sworn to before me this 13 day of March, 1978
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT
Name Sandra First Carol Middle Hawkins Last
Date of Birth September Month 28 Day 1955 Year
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 140 Seacrest Ave. Nashville, 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) 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 Harold Wayne Davidson
Residence of father (if deceased so state) Nashville, Ind.
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Stacy Evelyn Bundy
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Belfast Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra Carol Hawkins
New Address 140 Seacrest Ave.
Subscribed and sworn to before me this 13 day of March, 1978
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 March, 1978, authorizing the joining together as husband and wife of Marc Wayne Davidson and Sandra Carol Hawkins.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norman L. Weaver hereby certify that on the 17th day of March, one thousand nine hundred and 78 at Danville, County of Hendricks, State of Indiana, Groom Marc Wayne Davidson and, Bride Sandra Carol 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 HENDRICKS County, State of Indiana.
Dated this 17th day of March, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Norman L. Weaver Minister
Official Designation 20th day of March, 1978
Signed Ellen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 65
File March 13, 1978
Date of Application

MALE
Medical Examination Report Dated 3-9-78
Name of Physician Joseph C. Kordis M.D.

FEMALE
Medical Examination Report Dated 3-9-78
Name of Physician Joseph C. Kordis M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Dallas H. Halcomb Jr.
Date of Birth November 11, 1959
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address RR #1 Box 77, Riley, 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) School Record

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Dallas H. Halcomb Sr.
Residence of father (if deceased so state) Pittsburg, Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Anna Alberta Quinn
Residence of mother (if deceased so state) Pittsburg, Ind.
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Dallas H. Halcomb Jr.
New Address Ellettsville, Indiana

Subscribed and sworn to before me this 15 day of March, 1978
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Barbara Jo Russell
Date of Birth September 30, 1960
Place of Birth (State or foreign country) Indianapolis
Residence Address RR #2 Box 243, Boone, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Allen Wayne Russell
Residence of father (if deceased so state) P.O. Box 181, North Salem, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary Helen Clark
Residence of mother (if deceased so state) Warrick, Indiana
Birthplace of mother (State or foreign country) Indiana

State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Barbara Jo Russell
New Address Ellettsville, Ind.

Subscribed and sworn to before me this 15 day of March, 1978
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Mar, 1978, authorizing the joining together as husband and wife Dallas H. Halcomb, Jr. and Barbara Jo Russell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen M. Harvey hereby certify that on the 24 day of March, one thousand nine hundred and 78 at North Salem, County of Hendricks, State of Indiana, Groom Dallas H. Halcomb of Hendricks County, State of Indiana and, Bride Barbara Jo Russell of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of **HENDRICKS** County.
Dated this 24 day of March, 1978.

Signed Glen M. Harvey
Official Designation Clerk, Hendricks County

28 day of March, 1978
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 65
File March 13, 1978
Date of Application

MALE
Medical Examination Report Dated 3-9-78
Name of Physician Joseph C. Kordis M.D.

FEMALE
Medical Examination Report Dated 3-9-78
Name of Physician Joseph C. Kordis 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 Dallas H. Halcomb Jr.
Date of Birth November 11, 1959
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address RR #1 Box 77, Pittsboro, 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) 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 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: Dallas H. Halcomb Sr.
Residence of father (if deceased so state) Pittsboro, Ind.
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother: Alma Roberts Quinn
Residence of mother (if deceased so state) Pittsboro, Ind.
Birthplace of mother (State or foreign country) Indianapolis, Ind.
State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed Dallas H. Halcomb Jr.
New Address 2101 N. Indiana

FEMALE APPLICANT
Name Barbara Jo Russell
Date of Birth September 30, 1960
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address RR #2 Box 243, Muncie, 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: Alvin Wayne Russell
Residence of father (if deceased so state) RR #1 North Liberty, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother: Mary Helen Clark
Residence of mother (if deceased so state) Winnona, Indiana
Birthplace of mother (State or foreign country) Indiana
State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed Barbara Jo Russell

CONSENT OF PARENTS, PAI
We, the parents, of this applica
signs, state facts which render

State of Indiana, **HEN**
County of Hendricks

Signed
Signed

Subscribed and sworn to before me

COMPLETE IF MARRIAC

in

Be It Remembered

of Indiana dated the

Dallas H. Halcomb Jr.

Be it further remembered, the

Glen M. Harvey

one thousand nine hundred and

State of Indiana, Groom Dallas H. Halcomb Jr.

and, Bride Barbara Jo Russell

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 March, 19 78.

Filed and recorded in accordance with the laws of the State of Indiana this

Signed Glen M. Harvey
Official Designation Clerk, Hendricks County
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. 66

File

March 16 1978
Date of Application

MALE
Medical Examination Report Dated 3-10-78
Name of Physician Glenn Baker

FEMALE
Medical Examination Report Dated 3-10-78
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 Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Minor Leases
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Crowe
Residence of father (if deceased so state) Naples Florida
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Albertine Rose Burdett
Residence of mother (if deceased so state) Brownsburg Ind.
Birthplace of mother (State or foreign country) Indiana Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Donald E. Crowe
New Address 208 N. Grant St.

Subscribed and sworn to before me this 16 day of March, 19 78
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, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 21 day of March, 19 78, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
Donald E. Crowe and Pamela S. Flinn
Clifford L. Carmichael hereby certify that on the 25 day of March

one thousand nine hundred and 78 at Brownsburg, County of Hendricks
State of Indiana, Groom Donald E. Crowe of Hendricks County, State of Indiana

and, Bride Pamela S. Flinn of Hendricks County, State of Indiana
were by me united 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 March, 19 78

Signed Clifford L. Carmichael
Official Designation United Methodist Minister
28 day of March, 19 78

Signed Glenn M. Harvey
HENDRICKS Clerk
Circuit Court

FEMALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
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 Harvey Flinn
Residence of father (if deceased so state) Brownsburg Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Maudie Mildred Nester
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Pamela S. Flinn
New Address 208 N Grant

Subscribed and sworn to before me this 16 day of March, 19 78
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, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 67

File _____

Date of Application 3-16-78

MALE

Medical Examination Report Dated 3-16-78

Name of Physician John Szynal

FEMALE

Medical Examination Report Dated 3-16-78

Name of Physician John Szynal

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Robert M. Talley
Date of Birth 10/27/1943
Place of Birth (State or foreign country) Bloomfield, Ind.
Residence Address RR #3 Box 115 Danville, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Morton A. Talley
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother: Frieda M. Funkhouser
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of _____
Signed Robert M. Talley
New Address RR #3 Box 115 Danville, Ind. 46122

Subscribed and sworn to before me this 16 day of March, 1978

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, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Patty Bryant
Date of Birth May 31, 1942
Place of Birth (State or foreign country) Shelby County, Ind.
Residence Address RR #3 Box 115 Danville, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 H. Van Scoyoc
Residence of father (if deceased so state) 4022 Royal Palm, Fla.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother: Margaret A. Bohmer
Residence of mother (if deceased so state) 517 Indian Spring Rd. Lebanon, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of _____
Signed Patty S. Bryant
New Address RR #3 Box 115 Danville, Ind. 46122

Subscribed and sworn to before me this 16 day of March, 1978

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, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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

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 March, 1978, authorizing the joining together as husband and wife of Robert M. Talley and Patty Bryant

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Edward Dean Dickinson hereby certify that on the 7th day of April, 1978, at Brownsburg, County of Hendricks, one thousand nine hundred and 78

State of Indiana, Groom Robert Melvin Talley of Hendricks County, State of Indiana and, Bride Patty S. 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 _____ County.

Dated this 7th day of April, 1978

Signed Edward Dean Dickinson

Official Designation Minister of the Gospel

11th day of April, 1978

Signed Glen M. Harney Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 68
File March 17, 1978
Date of Application

MALE
Medical Examination Report Dated 3-15-78
Name of Physician Carl L. Hurlin M.D.

FEMALE
Medical Examination Report Dated 3-15-78
Name of Physician Carl L. Hurlin 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 Virgil Eugene Burnham
Date of Birth April 18, 1958
Place of Birth (State or foreign country) Ill.
Residence Address RR#3 Box 49 Brownsburg 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) discharge paper from 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 Bobby Joe Burnham
Residence of father (if deceased so state) Brownsburg Ind.
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Rosalie Rushing
Residence of mother (if deceased so state) Brownsburg Ind.
Birthplace of mother (State or foreign country) Illinois
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Virgil Eugene Burnham
New Address RR#3 Box 49 Brownsburg Ind.
Subscribed and sworn to before me this 17 day of March, 1978
Glen M. Hurray Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT
Name Roberta Lynn Rushing
Date of Birth July 8, 1954
Place of Birth (State or foreign country) Ill.
Residence Address RR#3 Box 49 Brownsburg 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 Leville Rushing
Residence of father (if deceased so state) Illinois
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Shirley Mae Fought
Residence of mother (if deceased so state) Illinois
Birthplace of mother (State or foreign country) Illinois
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Roberta Lynn Rushing
New Address RR#3 Box 49 Brownsburg Ind.
Subscribed and sworn to before me this 17 day of March, 1978
Glen M. Hurray Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ 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 17 day of March, 1978, authorizing the joining together as husband and wife of Virgil Eugene Burnham and Roberta L. Rushing.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Charles G. Burnside hereby certify that on the 19 day of March, 1978,
one thousand nine hundred and 78 at Brownsburg, County of Hendricks,
State of Indiana, Groom Virgil E. Burnham and, Bride Roberta L. Rushing of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 19 day of March, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of March, 1978.
Signed Charles G. Burnside Minister
Signed Glen M. Hurray Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 69

File March 19, 1978
Date of Application

MALE

Medical Examination Report Dated 3-14-78

Name of Physician Leroy J. Hs

FEMALE

Medical Examination Report Dated 3-14-78

Name of Physician Leroy J. Hs

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Robert Marshall Briney
Date of Birth February 18 1959
Place of Birth (State or foreign country) Indianapolis
Residence Address 5831 Labadie Blvd. Indianapolis 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) Nurses License (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 Robert Eugene Briney
Residence of father (if deceased so state) Brownsburg Ind.
Birthplace of father (State or foreign country) Frankfurt, Ind.

9. Full maiden name of mother Patricia Ann Sharpe
Residence of mother (if deceased so state) Brownsburg Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given
County of in this application is true and correct.

Signed Robert Marshall Briney

New Address 101 Crawford St. Terre Haute

Subscribed and sworn to before me this 17 day of March, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name Donna Jean Thompson
Date of Birth February 24 1959
Place of Birth (State or foreign country) Indianapolis
Residence Address 1710 Hemlock Lane, 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) Student ID 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 Donald John Thompson
Residence of father (if deceased so state) Plainfield Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Arvilla Mae Waller
Residence of mother (if deceased so state) Plainfield Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given
County of in this application is true and correct.

Signed Donna Jean Thompson

New Address 101 Crawford St. Terre Haute

Subscribed and sworn to before me this 17 day of March, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued 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 County of Indiana dated the 21 day of March, 1978, authorizing the joining together as husband and wife of Robert Marshall Briney and Donna Jean Thompson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1, Marc S. Hays hereby certify that on the 23rd day of March, 1978, at Plainfield, Indiana, County of Hendricks, State of Indiana, Groom Robert Marshall Briney and, Bride Donna Jean 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 23rd day of March, 1978.

Signed Marc S. Hays

Official Designation Pastor

6th day of April, 1978

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 70
File March 20, 1978
Date of Application

County

MALE
Medical Examination Report Dated 3-16-78
Name of Physician D. J. O'Brien

FEMALE
Medical Examination Report Dated 3-15-78
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, representa-

FEMALE APPLICANT

MALE APPLICANT
Name Kim Jefferson Johnson
Date of Birth Mar 15 1952
Place of Birth (State or foreign country) Illinois
Residence Address 4014 Arcadia
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) D Life Ins. Policy - John Hancock

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Ernest Johnson
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Kathleen Perkins
Residence of mother (if deceased so state) Snaps. In.
Birthplace of mother (State or foreign country) Kansas
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Kim J. Johnson
New Address 39 Hyde Park Row
Subscribed and sworn to before me this 28 day of Mar., 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 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 Mar., 1978, authorizing the joining together as husband and wife of Kim Jefferson Johnson and Martha Keesling.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Harold D. Dears hereby certify that on the 24 day of March, one thousand nine hundred and 78 at Brownsburg, County of Hendricks, State of Indiana, Groom Kim Jefferson Johnson and, Bride Martha Keesling 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 24 day of March, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of March, 1978.
Signed Harold D. Dears Minister
Official Designation Minister
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 71
File March 21, 1978
Date of Application

County

MALE
Medical Examination Report Dated 3-14-78
Name of Physician James Walker

FEMALE
Medical Examination Report Dated 3-14-78
Name of Physician James 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 Edward First A. Middle Baker Last
Date of Birth August Month 22 Day 1952 Year
Place of Birth (State or foreign country) Indianapolis
Residence Address 1115 N. Harrison Street or R. R. Ind. City Indianapolis 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) Maria Louise (Picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Edward Baker
Residence of father (if deceased so state) Indianapolis Ind.
Birthplace of father (State or foreign country) Indianapolis Ind.
9. Full maiden name of mother Paula Moore
Residence of mother (if deceased so state) Indianapolis Ind.
Birthplace of mother (State or foreign country) Bumby Run Ky.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of

Signed Colonel A. Baker

New Address 3240 Rue Chancel Apt. 154 INDIANAPOLIS IN

Subscribed and sworn to before me this 21 day of March, 1978

Ellen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Nana First Lynn Middle Roark Last
Date of Birth January Month 18 Day 1955 Year
Place of Birth (State or foreign country) Indianapolis
Residence Address RR 3 Box 333 Plainfield Ind. Street or R. R. Ind. City Plainfield 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Cobb Roark
Residence of father (if deceased so state) Plainfield Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mildred Ethel Hoover
Residence of mother (if deceased so state) Plainfield Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of

Signed Nana Lynn Roark

New Address 3240 Rue Chancel Apt 154 INDIANAPOLIS

Subscribed and sworn to before me this 21 day of March, 1978

Ellen M. Harney Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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 _____ of Indiana dated the 30 day of Mar., 1978, authorizing the joining together as husband and wife of Edward A. Baker and Nana Lynn Roark

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry P. Nash hereby certify that on the 8 day of April, 1978, at Brownsville, County of Hendricks, one thousand nine hundred and 78 of Marion County, State of Indiana, State of Indiana, Groom Edward A. Baker of Hendricks County, State of Indiana, and, Bride Nana Lynn Roark 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 8 day of April, 1978.
Signed Jerry P. Nash
Official Designation Minister, 1978

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of April, 1978.
Signed Ellen M. Harney 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. 72
File March 22 1978
Date of Application

MALE
Medical Examination Report Dated 3-21-78
Name of Physician Carl Skelton

FEMALE
Medical Examination Report Dated 3-21-78
Name of Physician Carl Skelton

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Rodney Mullins
Date of Birth 3 8 1952
Place of Birth (State or foreign country) Kentucky
Residence Address 223 S. Washington St., Danville, Va.
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 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.
Rhonda Ruth Mullins?
Rodney Emerson Mullins

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Kernit Mullins
Residence of father (if deceased so state): Manassas Va.
Birthplace of father (State or foreign country): Kentucky
9. Full maiden name of mother: Mary Madeline Wyatt
Residence of mother (if deceased so state): Florida
Birthplace of mother (State or foreign country): West Va.

State of Indiana, 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 22 day of March, 1978
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, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 25 day of March, 1978, authorizing the joining together as husband and wife of Rodney W. Mullins and Dalena P. Bray.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clifford L. Carmichael hereby certify that on the 25 day of March, one thousand nine hundred and 78, at Brownsburg, County of Hendricks, State of Indiana, Groom Rodney W. Mullins and, Bride Dalena P. Bray of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of _____
Dated this 22nd day of March, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1978
Signed Clifford L. Carmichael
Official Designation United Methodist Minister
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 73

File _____

Date of Application _____

MALE

Medical Examination Report Dated 3-20-78

Name of Physician Carl S. Heinlein M.D.

FEMALE

Medical Examination Report Dated 3-20-78

Name of Physician Carl S. Heinlein M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Perri Mikel Smith
Date of Birth Sept. 16 1958
Place of Birth (State or foreign country) Indiana
Residence Address 247 W. Broadway Danville 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 H. Smith
Residence of father (if deceased so state) Danville Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Virginia Trent
Residence of mother (if deceased so state) Danville, Ind.
Birthplace of mother (State or foreign country) Tennessee

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Perri M. Smith

New Address _____

Subscribed and sworn to before me this 22 day of March, 1978

Elen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Louise Arlene Eck
Date of Birth April 25 1959
Place of Birth (State or foreign country) Indiana
Residence Address 162 North Rd 300 East Danville, 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) Baptismal Certificate

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 North Rd 300 E. Danville, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Mary Kathrine Keithley
Residence of mother (if deceased so state) 162 North Rd. 300 E. Danville, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Louise Arlene Eck

New Address _____

Subscribed and sworn to before me this 22 day of March, 1978

Elen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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

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 23 day of March, 1978, authorizing the joining together as husband and wife

of Perri Mikel Smith and Louise Arlene Eck

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 24 day of March

I, Larry Ray Williams hereby certify that on the _____ day of _____, County of _____

one thousand nine hundred and 78 at Danville, County of _____

State of Indiana, Groom Perri Mikel Smith of Hendricks County, State of _____

and, Bride Louise Arlene Eck 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. 24 day of March, 1978

Dated this _____ day of _____, 19____

Signed Rev. Larry R. Williams

Official Designation Minister

27 day of March, 1978

Signed Elen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 74
File 39
Date of Application 3-23-78

County

MALE
Medical Examination Report Dated 3-20-78
Name of Physician M. O. Saanahorn

FEMALE
Medical Examination Report Dated 3-20-78
Name of Physician M. O. Saanahorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name David Wayne Jones
Date of Birth July 13 1957
Place of Birth Indianapolis, Indiana
Residence Address 689 S. Jefferson, Brownsburg, 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 Worth Jones
Residence of father (if deceased so state) 689 S. Jefferson, Brownsburg, Kentucky
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Thelma Kathleen Silvers
Residence of mother (if deceased so state) 689 S. Jefferson, Brownsburg, Kentucky
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed David W. Jones
New Address 5821 Port Irving Dr., Indianapolis

Subscribed and sworn to before me this 23 day of March, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT
Name Delana Carol Roseboom
Date of Birth May 6 1959
Place of Birth Indianapolis, Indiana
Residence Address RR1 Box 240R, Pittsboro, 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 Weldon Ellis Roseboom
Residence of father (if deceased so state) RR1 Box 240R, Pittsboro, Indiana
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Judith Carol Bragg
Residence of mother (if deceased so state) RR1 Box 240R, Pittsboro, Indiana
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Delana Carol Roseboom
New Address 5821 Port Irving Dr., Indianapolis 46224

Subscribed and sworn to before me this 23 day of March, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 March, 1978, authorizing the joining together as husband and wife of David Wayne Jones and Delana Carol Roseboom.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. William Charles McGraw hereby certify that on the 8 day of April, one thousand nine hundred and 78 at Pittsboro, County of Hendricks, State of Indiana, Groom David Wayne Jones and, Bride Delana Carol Roseboom of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 11th day of April, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of April, 1978.
Signed William Charles McGraw Official Designation Minister, Pittsboro Christian Church
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

181
No. 75
File 3-23-78
Date of Application

MALE
Medical Examination Report Dated 3-20-78
Name of Physician Irving Cohen M.D.

FEMALE
Medical Examination Report Dated 3-20-78
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, representa-

MALE APPLICANT

Name Thomas Gene Tridle
Date of Birth May 3 1955
Place of Birth (State or foreign country) Indianapolis, In
Residence Address Rt #1 Box 154AA
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 L. Tridle
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Dolores J. Galup
Residence of mother (if deceased so state) 1393 Dixie Dr. Ellettsville, Ind.
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Thomas G. Tridle
New Address RR #1 Box 154AA Ellettsville

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, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

FEMALE APPLICANT

Name Michele Ann Ragan
Date of Birth March 9 1955
Place of Birth (State or foreign country) Huntingburg, In
Residence Address Rt #1 Box 154AA
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 A. Ragan
Residence of father (if deceased so state) Indiana Rt #1 Box 167 Ellettsville
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Shirley Ann Andersson
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Michele A. Ragan
New Address Rt #1 Box 154AA Ellettsville

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, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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 31 day of March, 1978, authorizing the joining together as husband and wife of Thomas Gene Tridle and Michele Ann Ragan

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. Kent Allen hereby certify that on the 8th day of April, 1978, at Plainfield, County of Hendricks, State of Indiana, Groom Thomas Gene Tridle and, Bride Michele Ann Ragan were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County. Dated this 8th day of April, 1978.

Signed R. Kent Allen
Official Designation Minister
11th day of April, 1978
Signed Allen M. Hendricks
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 76
File 3-23-78
Date of Application

County

MALE
Medical Examination Report Dated 3-21-78
Name of Physician Wm. Wagner

FEMALE
Medical Examination Report Dated 3-21-78
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 Jerry Lee Gott, Jr.
Date of Birth Aug. 24 1956
Place of Birth (State or foreign country) Ind.
Residence Address 10137 Lake of Antares, Indpls 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) Life Ins. Co. of Va
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "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 L. Gott, Sr.
Residence of father (if deceased so state) Eminence, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Patricia Moorefield
Residence of mother (if deceased so state) Eminence, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of

Signed Jerry L. Gott, Jr.
New Address 10137 Lake of Antares N.

Subscribed and sworn to before me this 23 day of Mar, 1978
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, HENDRICKS ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Patricia Marie Hayden
Date of Birth April 26 1955
Place of Birth (State or foreign country) Ind.
Residence Address P.O. Box 58 Cartersburg, 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 Billy Baker
Residence of father (if deceased so state) Cartersburg, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Op Ann Huston
Residence of mother (if deceased so state) Cartersburg, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of

Signed Patricia Hayden
New Address 10137 Lake of Antares

Subscribed and sworn to before me this 23 day of Mar, 1978
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, HENDRICKS ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 27 day of March, 1978, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Stephen L. White hereby certify that on the 27th day of March,
one thousand nine hundred and 78 at Eminence County of Morgan
State of Indiana, Groom Jerry Lee Gott, Jr. of Hendricks County, State of Indiana
and, Bride Patricia Marie Hayden of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS
County. 27th day of March, 1978

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Stephen L. White
Official Designation Pastor, Eminence Baptist Church
29th day of March, 1978
Signed Glen M. Harney 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. 77

File March 27, 1978

County

Date of Application

MALE

Medical Examination Report Dated 3-20-78

Name of Physician James Black M.D.

FEMALE

Medical Examination Report Dated 3-20-78

Name of Physician James Black M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name John Leroy Bigham
Date of Birth November 11, 1958
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address R.R. #2 Box 301 Lebanon Brown 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) divorce license (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Jackie Leroy Bigham
Residence of father (if deceased so state) Zionsville Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Barbara Ann Bigham
Residence of mother (if deceased so state) Zionsville Ind.
Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of

Signed John Leroy Bigham

New Address RR 2 Box 301 Lebanon

Subscribed and sworn to before me this 27 day of March, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Janet Sue Dunn
Date of Birth May 1, 1954
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address RR #5 Box 1013 Brownsburg 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) divorce license (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Garland Dunn
Residence of father (if deceased so state) Brownsburg Ind.
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Mama Jean Cross
Residence of mother (if deceased so state) Brownsburg Ind.
Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of

Signed Janet Sue Dunn

New Address RR 2, Box 301 - Lebanon

Subscribed and sworn to before me this 27 day of March, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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 31 day of March, 1978, authorizing the joining together as husband and wife John Leroy Bigham and Janet Sue Dunn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Donald Tyler hereby certify that on the 8th day of April, 1978, at Bethesda Baptist Church, County of Hendricks, State of Indiana, Groom John Leroy Bigham of Lebanon County, State of Indiana, and, Bride Janet Sue Dunn of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 8th day of April, 1978

Signed Rev. Donald Tyler
Baptist Minister

Official Designation 11th day of April, 1978

Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 78
File 3-9
Date of Application 3-27-78

MALE
Medical Examination Report Dated 3-24-78
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 3-24-78
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 Bart Edwin Costin
Date of Birth September 21 1957
Place of Birth Putnam Co., Indiana
Residence Address P.O. Box 268, Clayton, New, 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 Jack C. Costin
Residence of father (if deceased so state) R-1 Box 335, Coatsville
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Betty R. McCannack
Residence of mother (if deceased so state) R-1 Box 335, Coatsville
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Bart Costin
New Address P.O. Box 268, Clayton, IN

Subscribed and sworn to before me this 27 day of March, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 March, 1978, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Thomas Earl Chittenden and Judith Lee Ray

one thousand nine hundred and 78 hereby certify that on the 1st day of April

State of Indiana, Groom Bart E. Costin at Clayton, County of Hendricks

and, Bride Judith L. 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 HENDRICKS County.

Dated this 1st day of April, 1978.

Signed Thomas E. Chittenden
Official Designation Minister

Signed Glen M. Harvey Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of April, 1978.
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 79
File 3-28-78
Date of Application

County

MALE

Medical Examination Report Dated 3-14-78
Name of Physician N. Harvey Simulstein

FEMALE

Medical Examination Report Dated 3-14-78
Name of Physician N. Harvey Simulstein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Kenneth Dale Medlen
Date of Birth Sept. 26 1954
Place of Birth (State or foreign country) Indiana
Residence Address 120 Williams Dr. Apt M. Brownsburg, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Donald Medlen
Residence of father (if deceased so state) Rt 5 Danville, Ind.
Birthplace of father (State or foreign country) Ill.

9. Full maiden name of mother Jenny Lee Mulkey
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 the information given in this application is true and correct.

Signed Kenneth Dale Medlen
New Address 120 Williams Dr Brownsburg

Subscribed and sworn to before me this 28 day of Mar., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Debbie Stone
New Address 120 Williams Dr Brownsburg

Subscribed and sworn to before me this 28 day of Mar., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Debbie Stone
New Address 120 Williams Dr Brownsburg

Subscribed and sworn to before me this 28 day of Mar., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Debbie Stone
New Address 120 Williams Dr Brownsburg

Subscribed and sworn to before me this 28 day of Mar., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Debbie Stone
New Address 120 Williams Dr Brownsburg

Subscribed and sworn to before me this 28 day of Mar., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Debbie Stone
New Address 120 Williams Dr Brownsburg

Subscribed and sworn to before me this 28 day of Mar., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Debbie Stone
New Address 120 Williams Dr Brownsburg

Subscribed and sworn to before me this 28 day of Mar., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Debbie Stone
New Address 120 Williams Dr Brownsburg

Subscribed and sworn to before me this 28 day of Mar., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Debbie Stone
New Address 120 Williams Dr Brownsburg

Subscribed and sworn to before me this 28 day of Mar., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Debra Lee Stone
Date of Birth Mar. 22 1960
Place of Birth (State or foreign country) Indiana
Residence Address 630 S. Baltimore Indpls. 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Isaac B. Stone
Residence of father (if deceased so state) Unknown
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Barbara Jean Hendrick
Residence of mother (if deceased so state) Indpls., Ind.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Debbie Stone
New Address 120 Williams Dr Brownsburg

Subscribed and sworn to before me this 28 day of Mar., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Debbie Stone
New Address 120 Williams Dr Brownsburg

Subscribed and sworn to before me this 28 day of Mar., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Debbie Stone
New Address 120 Williams Dr Brownsburg

Subscribed and sworn to before me this 28 day of Mar., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Debbie Stone
New Address 120 Williams Dr Brownsburg

Subscribed and sworn to before me this 28 day of Mar., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Debbie Stone
New Address 120 Williams Dr Brownsburg

Subscribed and sworn to before me this 28 day of Mar., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Debbie Stone
New Address 120 Williams Dr Brownsburg

Subscribed and sworn to before me this 28 day of Mar., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Debbie Stone
New Address 120 Williams Dr Brownsburg

Subscribed and sworn to before me this 28 day of Mar., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Debbie Stone
New Address 120 Williams Dr Brownsburg

Subscribed and sworn to before me this 28 day of Mar., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Debbie Stone
New Address 120 Williams Dr Brownsburg

Subscribed and sworn to before me this 28 day of Mar., 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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 7 day of April, 1978, authorizing the joining together as husband and wife Kenneth Dale Medlen and Debra Lee Stone

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 8th day of April

I, J. Kenneth Powell hereby certify that on the _____ day of _____ at Indianapolis, County of Marion

one thousand nine hundred and 78 at Indianapolis, County of Marion, State of Indiana

State of Indiana, Groom Kenneth Dale Medlen of Hendricks County, State of Indiana

and, Bride Debra Lee Stone 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 8th day of April, 1978 Signed J. Kenneth Powell

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of April, 1978

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. 80

File

March 28, 1978
Date of Application

County

MALE
Medical Examination Report Dated 3-27-78
Name of Physician A. H. Scudder

FEMALE
Medical Examination Report Dated 3-10-78
Name of Physician Adrian M. Olick

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Donald Joseph Hendrickson
Date of Birth 2 19 1954
Place of Birth (State or foreign country) Indiana
Residence Address 242 North Adams, Brownsburg, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Claude Hendrickson
Residence of father (if deceased so state) 507 Jim Drive, Ellettsburg, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Alta Mae Lane
Residence of mother (if deceased so state) 507 Jim Dr., Brownsburg, Ind.
Birthplace of mother (State or foreign country) Tennessee

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Ronald Joseph Hendrickson
New Address 242 North Adams St apt 2 Brownsburg

Subscribed and sworn to before me this 28 day of March, 1978
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, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Paula Ann Lippincott
Date of Birth 2 16 1959
Place of Birth (State or foreign country) Indiana
Residence Address 242 North Adams, Brownsburg, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Robert Lippincott
Residence of father (if deceased so state) P.O. Box 231, Clayton, Ind.
Birthplace of father (State or foreign country) New Jersey

9. Full maiden name of mother Mary Catherine Sackenburg
Residence of mother (if deceased so state) P.O. Box 231, Clayton, Ind.
Birthplace of mother (State or foreign country) New Jersey

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Paula Ann Lippincott
New Address 242 Adams Brownsburg, Ind.

Subscribed and sworn to before me this 28 day of March, 1978
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, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 April, 1978, authorizing the joining together as husband and wife of Donald Joseph Hendrickson and Paula Ann Lippincott.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, D. C. Mc Cormick hereby certify that on the 22 day of April, one thousand nine hundred and 78, at Brownsburg, County of Hendricks, State of Indiana, Groom Donald Joseph Hendrickson and, Bride Paula Ann Lippincott of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 3rd day of April, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1978.
Signed D. C. Mc Cormick
Official Designation Recorder
Signed Glen M. Harney 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. 81

File _____

County _____

March 29, 1978
Date of Application

MALE

Medical Examination Report Dated 3-13-78
Name of Physician Thomas M. Parker

FEMALE

Medical Examination Report Dated 3-13-78
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 David Im. Clark
Date of Birth 10 2 1941
Place of Birth (State or foreign country) Johnson County, Ind.
Residence Address 7193 Lakeside Ave., Ellettsville, Ind.
Previous Marital Status: Never Married ☐ OR ☒ Divorced ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Garon David
Brian David

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Forest D. Clark
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother: Elizabeth Adam
Residence of mother (if deceased so state) Franklin, Ind.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed David Im. Clark

New Address RR 6 Box 369C Martinsville

Subscribed and sworn to before me this 29 day of March, 1978

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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Harlene Kay Ray
Date of Birth 9 20 1938
Place of Birth (State or foreign country) Indiana
Residence Address 101 Maplebrook Dr., Brownsburg
Previous Marital Status: Never Married ☐ OR ☒ Divorced ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Harlen Thewissen
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother: Bettrice M. Bowman
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Harlene K. Ray

New Address R.R. 6, Box 369C, Martinsville

Subscribed and sworn to before me this 29 day of March, 1978

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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 7 day of April, 1978, authorizing the joining together as husband and wife of David Im. Clark and Harlene Kay Ray

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry P. Nash hereby certify that on the 14 day of April

one thousand nine hundred and 78 at Brownsburg, County of Hendricks

State of Indiana, Groom David Im. Clark of Marion County, State of Indiana

and, Bride Harlene Kay 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 HENDRICKS County.

Dated this 14 day of April, 1978

Signed Jerry P. Nash

Official Designation minister, 1978

Signed Glen M. Harney Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of April, 1978

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 82
File 39
Date of Application 3-30-78

MALE
Medical Examination Report Dated 3-27-78
Name of Physician David Naggard

FEMALE
Medical Examination Report Dated 3-27-78
Name of Physician David Naggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Jeffery Lynn Brake
Date of Birth November 27 1959
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address 9626 Harmony Dr., Indpls., Hen, 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 Brake
Residence of father (if deceased so state) 9626 Harmony, Indpls., Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Dina Belle Brake
Residence of mother (if deceased so state) 9626 Harmony, Indpls., Ind.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Jeffery Lynn Brake
New Address 9626 Harmony Dr.

Subscribed and sworn to before me this 30 day of March, 1978.
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 30th day of March, 1978, authorizing the joining together as husband and wife of Jeffery Lynn Brake and Kathryn Ann Collester.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ernest Schunzzel, hereby certify that on the 1st day of April, 1978, at Marion, County of Indiana, State of Indiana, Groom Jeffery Lynn Brake and, Bride Kathryn Ann Collester were by me united 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 April, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1978.
Signed Ernest Schunzzel
Official Designation Judge
Signed Glen M. Hawley 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. 83
File _____
Date of Application March 30, 1978

MALE
Medical Examination Report Dated 3-27-78
Name of Physician Michael Nuly M.D.

FEMALE
Medical Examination Report Dated 3-27-78
Name of Physician Michael L. Nuly 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 Wintford James White Jr.
Date of Birth March 26 1956
Place of Birth (State or foreign country) Indianapolis
Residence Address RR #2 Box 155 Danville 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Wintford James White Sr.
Residence of father (if deceased so state) Blount Ind.
Birthplace of father (State or foreign country) Missouri

9. Full maiden name of mother Martena Ann Smith
Residence of mother (if deceased so state) Blount Ind.
Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Wintford James White Jr.
New Address Danville, Indiana

Subscribed and sworn to before me this 30 day of March, 19 78
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

FEMALE APPLICANT

Name Dixie Lou Plunkett
Date of Birth September 12 1956
Place of Birth (State or foreign country) Indpls.
Residence Address RR #2 Box 173 Danville 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Allen Plunkett
Residence of father (if deceased so state) Blount Ind.
Birthplace of father (State or foreign country) North Allen Ind.

9. Full maiden name of mother Sarah Frances Phillips
Residence of mother (if deceased so state) Blount Ind.
Birthplace of mother (State or foreign country) Bloomington Ind.

State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Dixie Lou Plunkett
New Address Danville, Indiana

Subscribed and sworn to before me this 30 day of March, 19 78
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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 78, authorizing the joining together as husband and wife of Indiana dated the 14th day of April, 19 78, by Wintford James White, Jr. and Dixie Lou Plunkett

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 14th day of April, 19 78, at New Winchester Christian Ch. of Hendricks County, State of Indiana, one thousand nine hundred and 78 of Hendricks County, State of Indiana, Groom Wintford James White, Jr. and, Bride Dixie Lou Plunkett 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 14th day of April, 19 78 Signed Alan W. Hughes Minister of Christ

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19 78
Signed Glen M. Harvey Clerk **HENDRICKS** Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 84
File 3-31-78
Date of Application

County

MALE
Medical Examination Report Dated 3-30-78
Name of Physician Wm. Edwards

FEMALE
Medical Examination Report Dated 3-30-78
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, representa-

MALE APPLICANT
Name James Dudley Hugunin
Date of Birth Aug 24 1936
Place of Birth (State or foreign country) Ind.
Residence Address 2715 Earlham Lane City Indianapolis 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) Birth Cert
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "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.
Verance Hugunin
Mark Hugunin

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be 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 H. Hugunin

Residence of father (if deceased so state) Indianapolis, Ind.

Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Denissa Karp

Residence of mother (if deceased so state) Indianapolis, Ind.

Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed James D. Hugunin

New Address 2715 Earlham Lane

Subscribed and sworn to before me this 31 day of Mar, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

in _____ County _____ Court by written order issued _____ and filed

_____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____

of Indiana dated the 7 day of April, 1978, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ernest Schunzzel

one thousand nine hundred and 78 hereby certify that on the 7th day of April

State of Indiana, Groom James Dudley Hugunin at Indianapolis

and, Bride Sondra Kay Bryant of Marion

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County, _____

Dated this 7th day of April, 1978.

Signed _____ Ernest Schunzzel

Official Designation _____ Judge

Signed _____ day of May, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Sondra Kay Bryant
Date of Birth Nov 26 1948
Place of Birth (State or foreign country) Ind.
Residence Address 715 W. Main City Plainfield 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) Marine Corp. S.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 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.
Lori Foster
Linda Foster
Bobby Bryant

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Sam Dillingham

Residence of father (if deceased so state) Plainfield, Ind.

Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Virginia Purifu

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 the information given in this application is true and correct.

County of HENDRICKS

Signed Sondra Kay Bryant

New Address 2715 Earlham Lane

Subscribed and sworn to before me this 31 day of Mar, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 85

File

Date of Application April 3, 1978

MALE

Medical Examination Report Dated April 1, 1978

Name of Physician Walter M. Mannis

FEMALE

Medical Examination Report Dated April 1, 1978

Name of Physician Walter M. 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 Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Leon Poynter
Residence of father (if deceased so state) R#1 Box 23A Lexington In.
Birthplace of father (State or foreign country) Montgomery Co.
9. Full maiden name of mother Marilyn Louise Newell
Residence of mother (if deceased so state) R#1 Box 23A Lexington In.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of

Signed Gary L. Poynter

New Address

Subscribed and sworn to before me this 3rd day of April, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1978.
Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 (Junior) Inman
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Bedford, In.
9. Full maiden name of mother Janice Virginia Hutton
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Bedford, In.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of

Signed Jerelyn D. Inman

New Address

Subscribed and sworn to before me this 3rd day of April, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1978.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 April, 1978, authorizing the joining together as husband and wife of Gary L. Poynter and Jerelyn Dee Inman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Richard A. Dailey hereby certify that on the 26th day of May, 1978, at Muncie, County of Delaware, State of Indiana, Groom Gary L. Poynter of Delaware County, State of Indiana, and, Bride Jerelyn Dee Inman of Hendricks County, State of Indiana, were by me united 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 May, 1978. Signed Richard A. Dailey
Official Designation Judge, Delaware County Court #2
Filed and recorded in accordance with the laws of the State of Indiana this 30 day of May, 1978.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 86
File _____
Date of Application April 3, 1978

MALE
Medical Examination Report Dated 4/3/78
Name of Physician Michael L. Neely, M.D.

FEMALE
Medical Examination Report Dated 4/3/78
Name of Physician Michael L. Neely, 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 Fred O. St. John II
Date of Birth April 22, 1949
Place of Birth (State or foreign country) Anderson, Indiana
Residence Address R.R. 1, Coatesville, Hendricks, Ind.
Previous Marital Status: Never Married ☐ OR 1996 - Hendricks
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree Ind. State Teacher's Retirement Fund
☒ Other (Specify) Ind. State Teacher's Retirement Fund
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Fred O. St. John
Residence of father (if deceased so state) Rt. 1, Lapel, Ind.
Birthplace of father (State or foreign country) Toulon, Ill.
9. Full maiden name of mother Josephine De War
Residence of mother (if deceased so state) Rt. 1, Lapel, Ind.
Birthplace of mother (State or foreign country) Ellettsville, Ind.
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Fred O. St. John
New Address R.R. 1, Coatesville, Ind.
Subscribed and sworn to before me this 3 day of April, 1978
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 April, 1978, authorizing the joining together as husband and wife of Fred O. St. John II and Pamela D. McAlister.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Howard Cupp hereby certify that on the 7th day of April, 1978, at Hadley, County of Hendricks, State of Indiana, Groom Fred O. St. John II and, Bride Pamela D. McAlister were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 7th day of April, 1978

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1978
Signed Howard Cupp Official Designation Pastor
11th day of April, 1978
Signed Glen M. Hawley Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Pamela D. McAlister
Date of Birth May 1, 1953
Place of Birth (State or foreign country) Paoli, Orange, Ind.
Residence Address R.R. 1, Coatesville, Hendricks, Ind.
Previous Marital Status: Never Married ☐ OR 1972 - Morgan Co.
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree # 1203838
☒ Other (Specify) Divorce License (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 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 Jack McAlister
Residence of father (if deceased so state) _____
Birthplace of father (State or foreign country) _____
9. Full maiden name of mother Mary Jane Dice
Residence of mother (if deceased so state) 455 Constable Dr., Ellettsville, Ind.
Birthplace of mother (State or foreign country) Frankfort, Ind.
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Pamela D. McAlister
New Address _____
Subscribed and sworn to before me this 3 day of April, 1978
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 87
File 39
4-3-78
Date of Application

County

MALE

Medical Examination Report Dated 3-20-78
Name of Physician A. N. Sander

FEMALE

Medical Examination Report Dated 3-20-78
Name of Physician A. N. Sander

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Donald Lee Smith Jr.
Date of Birth March 24 1958
Place of Birth (State or foreign country) Long Beach California
Residence Address RR 1 Box 54, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Smith, Jr.
Residence of father (if deceased so state) East Portland, Oregon
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn Sue Suleland
Residence of mother (if deceased so state) Champaign, Illinois
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Donald L. Smith Jr.

New Address RR 1 Box 161 Clayton Ind.

Subscribed and sworn to before me this 3 day of April, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Stacy Johanna Burns
Date of Birth August 17 1958
Place of Birth (State or foreign country) Michigan
Residence Address 612 S. Jefferson, Brownsburg, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 E. Burns
Residence of father (if deceased so state) 612 S. Jefferson, Brownsburg
Birthplace of father (State or foreign country) Michigan
9. Full maiden name of mother Florence B. Jensen
Residence of mother (if deceased so state) 612 S. Jefferson, Brownsburg
Birthplace of mother (State or foreign country) Rhode Island

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Stacy Johanna Burns

New Address RR 30 Box 161 Clayton Ind.

Subscribed and sworn to before me this 3 day of April, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 3 day waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court

of Indiana dated the 3 day of April, 1978, authorizing the joining together as husband and wife

Be it further remembered, the following marriage/certificate was filed in my office, to-wit: Donald Lee Smith, Jr. and Stacy Johanna Burns

I, John C. Maurer hereby certify that on the 3rd day of April, 1978, at Danville, County of Hendricks,

one thousand nine hundred and 78 State of Indiana, Groom Donald Lee Smith, Jr. of Hendricks County, State of Indiana,

and, Bride Stacy Johanna Burns of Hendricks County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3rd day of April, 1978.

Signed John C. Maurer

Official Designation Judge, 1978.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 88
File 39
April 3, 1978
Date of Application

MALE
Medical Examination Report Dated 3-28-78
Name of Physician A. M. Alvarado Jr. M.D.

FEMALE
Medical Examination Report Dated 3-28-78
Name of Physician A. M. Alvarado Jr. M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name Robert M. Courtney
Date of Birth June 4, 1958
Place of Birth (State or foreign country) Indiana
Residence Address R.R. # 6 Danville, 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) Vetro Reg # 01965
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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.
Dawn Michelle Courtney

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Glen Courtney
Residence of father (if deceased so state) Zionsville, Miss.
Birthplace of father (State or foreign country) Ohio

9. Full maiden name of mother Wanda Jean Woodcox
Residence of mother (if deceased so state) Ft. Myers, Fla.
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Robert M. Courtney
New Address R.R. 6 Danville, Ind.

Subscribed and sworn to before me this 3 day of April, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ day _____ 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 3 day of April, 1978, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit: Joyce Ann Carwile
I, Robert B. Wood, Judge Pro Tempore, hereby certify that on the 3rd day of April, 1978, at Danville, Indiana, Groom Robert M. Courtney and, Bride Joyce Ann Carwile 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, State of _____
Dated this 3rd day of April, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of April, 1978.
Signed Robert B. Wood
Official Designation Judge Pro Tempore
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT
Name Joyce Ann Carwile
Date of Birth December 12, 1959
Place of Birth (State or foreign country) Franklin
Residence Address R.R. # 6 Danville, 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 Claude Carwile
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Wanda Pleber
Residence of mother (if deceased so state) Danville, Ind.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Joyce Ann Carwile
New Address R.R. 6 Box 145 Danville, Ind.

Subscribed and sworn to before me this 3 day of April, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 89
File _____
Date of Application April 4 1978

County _____

MALE
Medical Examination Report Dated 3-24-78
Name of Physician Paul Stealy Lewis

FEMALE
Medical Examination Report Dated 3-24-78
Name of Physician Paul Stealy 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 Glen Hartox Cook
Date of Birth 10 9 1904
Place of Birth (State or foreign country) Hendricks County, In
Residence Address P. 4 Box 140, Mearnsville, 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. H. Cook
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Edna J. Steer
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Glenn R. Cook

New Address _____

Subscribed and sworn to before me this 4 day of April, 1978
Glen M. Ramsey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

FEMALE APPLICANT

Name Carlettia LaRue Archer
Date of Birth 7 22 1928
Place of Birth (State or foreign country) Marion County, In
Residence Address 7870 Jeanette Dr., Indianapolis
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Lewis Seuser
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Edna Marie Hodges
Residence of mother (if deceased so state) Plainfield, Ind
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Carlettia LaRue Archer

New Address _____

Subscribed and sworn to before me this 4 day of April, 1978
Glen M. Ramsey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 11th day of April, 1978, authorizing the joining together as husband and wife of Glen Hartox Cook and Carlettia LaRue Archer

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 28th day of April,
one thousand nine hundred and 78 at Clayton County of Hendricks
State of Indiana, Groom Glenn Hartox Cook of Hendricks County, State of Indiana
and, Bride Carlettia LaRue Archer of Marion County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 28th day of April, 1978. Signed Glenn R. Ramsey, Jr.
Official Designation Presbyterian Pastor
1st day of may, 1978
Signed Glen M. Ramsey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19_____

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 90
File 39
4-4-78
Date of Application

MALE
Medical Examination Report Dated 4-3-78
Name of Physician Larry D. Lovell

FEMALE
Medical Examination Report Dated 4-3-78
Name of Physician Larry D. Lovell

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name David Lee Johnson, Jr.
Date of Birth December 25, 1954
Place of Birth Elizabeth, North Carolina
Residence Address 9913 Medallion Dr. Apt. 6 Indianapolis, 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.
Erica Lynn Johnson 10 months
Address Unknown

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Johnson, Sr.
Residence of father (if deceased so state) Jacksonville, Texas
Birthplace of father (State or foreign country) Texas
9. Full maiden name of mother Estelle Gossifer
old Sanatonic
Residence of mother (if deceased so state) Mooreville, Ind.
Birthplace of mother (State or foreign country) Lynn, Mass.
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed David Lee Johnson, Jr.
New Address 9913 Medallion
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, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 1978, authorizing the joining together as husband and wife of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. William P. Hendricks
one thousand nine hundred and 78 hereby certify that on the 7th day of April
State of Indiana, Groom David Lee Johnson, Jr. at Avon Christian Church, County of Hendricks
and, Bride Betty Ann Coffey of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
Dated this 7th day of April, 1978
Signed Rev. William P. Hendricks
Official Designation Pastor, Avon Christian Church
26 day of April, 1978
Signed Glen M. Harvett Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT
Name Betty Ann Coffey
Date of Birth January 7, 1957
Place of Birth Rocky Station, Lee, Virginia
Residence Address 9913 Medallion Dr. Apt. 6 Indianapolis, 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.
Edward Lee Coffey, Jr. 9913 Medallion Dr. Apt. 6
Patricia Diane Coffey " " " "
Estelle Ann Coffey " " " "

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Gibson
Residence of father (if deceased so state) Pennington Gap, Virginia
Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Gladys Gibson
Residence of mother (if deceased so state) Echo Lake, Mooreville
Birthplace of mother (State or foreign country) Virginia
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Betty Ann Coffey
New Address 9913 Medallion Indianapolis
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, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 71
File 39
4-5-78
Date of Application

County

MALE

Medical Examination Report Dated 3-22-78
Name of Physician Irving Cohen

FEMALE

Medical Examination Report Dated 3-22-78
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Jackie Stinnett
Date of Birth October 4 1948
Place of Birth (State or foreign country) Harrods County, Kentucky
Residence Address RR 2 Box 720 Indianapolis, Ind.
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) Driver's License with picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Virginia Amber Stinnett
Ryan Tony Stinnett

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Stinnett
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Pearl Mae Burgess
Residence of mother (if deceased so state) RR 2 Box 720 Bradford Rd. Indpls, Ind.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Jackie Stinnett

New Address 6749 Dunaway Indpls

Subscribed and sworn to before me this 5 day of April, 1978.

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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Judy Farr
Date of Birth January 21 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 6749 Dunaway Indianapolis, Ind.
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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Wendy Michelle Farr

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Norald W. La Roche
Residence of father (if deceased so state) 3211 Clover Dr. Indianapolis, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Vera L. Williams
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Judy A. Farr

New Address 6749 Dunaway

Subscribed and sworn to before me this 5 day of April, 1978.

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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 April, 1978, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ellen M. Harvey hereby certify that on the 14 day of April,

one thousand nine hundred and 78 at Danville County of Hendricks,

State of Indiana, Groom Jackie Stinnett of Marion County, State of Indiana,

and, Bride Judy A. Farr 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 14 day of April, 1978.

Signed Ellen M. Harvey

Official Designation Clerk Hendricks Co.

Signed Ellen M. Harvey Clerk _____ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of April, 1978.

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. 92
File 39
4-5-78
Date of Application

County

MALE
Medical Examination Report Dated 3-29-78
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 3-29-78
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 Harold D. La Roche Jr.
Date of Birth August 3 1958
Place of Birth (State or foreign country) Indiana
Residence Address 3308 Clover Dr. Indpls. 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 Harold Delmire La Roche, Sr.
Residence of father (if deceased so state) Indpls., Ind.

Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Vera Lee Williams
Residence of mother (if deceased so state) Indpls., Ind.

Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of

Signed Harold D. La Roche Jr.
New Address 3308 Clover Dr.

Subscribed and sworn to before me this 5 day of April, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of April, 1978, authorizing the joining together as husband and wife of Harold D. La Roche Jr. and Janice J. Epner.
Be it further remembered, the following marriage certificate was filed in my office, to-wit: Janice J. Epner.
I, Glen M. Harvey, hereby certify that on the 14 day of April, 1978, at Danville, County of Hendricks, State of Indiana, Groom Harold D. La Roche Jr. and, Bride Janice J. Epner were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 14 day of April, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1978.

Signed Glen M. Harvey
Official Designation Clerk, Hendricks Co.
14 day of April, 1978
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Janice J. Epner
Date of Birth December 10 1958
Place of Birth (State or foreign country) Indiana
Residence Address 3308 Clover Dr. Indpls. 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 James William Epner

Residence of father (if deceased so state) Indiansapolis, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Bretchen Joan Rinder

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of

Signed Janice J. Epner
New Address 3308 Clover Dr.

Subscribed and sworn to before me this 5 day of April, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

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. 93
File _____
Date of Application 4-5-78

MALE
Medical Examination Report Dated 3-29-78
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 3-29-78
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 Charles Garrard Wheeler
Date of Birth Mar 19 1951
Place of Birth (State or foreign country) Ind.
Residence Address 10910 W. Washington St. Indianapolis, Ind.
Previous Marital Status: Never Married ☐ OR ☒ Divorced ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.
Jennifer Wheeler
Angela Wheeler

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 R. Wheeler
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Indy
9. Full maiden name of mother Nancy Barnett
Residence of mother (if deceased so state) Martinsville, Ind.
Birthplace of mother (State or foreign country) Michigan

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Charles A. Wheeler
New Address 10910 W. Washington 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, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

FEMALE APPLICANT

Name Lou Ann Means
Date of Birth Mar 13 1953
Place of Birth (State or foreign country) Ind.
Residence Address 10910 W. Washington St. Indianapolis, Ind.
Previous Marital Status: Never Married ☐ OR ☒ Divorced ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.
Robert Means

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Reason
Residence of father (if deceased so state) Greensburg, Ind.
Birthplace of father (State or foreign country) Indy
9. Full maiden name of mother Jan J. Hoff
Residence of mother (if deceased so state) Brownsville, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Lou Ann Means
New Address 10910 W. Washington 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, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the _____ day of April, 1978, authorizing the joining together as husband and wife of Charles Garrard Wheeler and Lou Ann Means.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Kenneth Wayne Long hereby certify that on the 14 day of April, one thousand nine hundred and 78 at Speedway, County of Marion, State of Indiana, Groom Charles Garrard Wheeler of Hendricks County, State of Indiana, and, Bride Lou Ann Means of Hendricks County, State of Indiana, 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 April, 1978.

Signed Kenneth Wayne Long
Official Designation Elder, Speedway Church of Christ
_____ day of April, 1978.
Signed Ken M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 94File April 6, 1978

County _____

Date of Application

MALE
Medical Examination Report Dated 4-3-78
Name of Physician Joseph W. Quigley

FEMALE
Medical Examination Report Dated 4-3-78
Name of Physician Joseph W. Quigley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Jeffrey Ray Moore
Date of Birth March 14 1958
Place of Birth (State or foreign country) Indianapolis
Residence Address 8815 Crawfordville Rd. Indianapolis 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) # 2976

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Robert Moore
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Helen Charlotte Sharp
Residence of mother (if deceased so state) Indianapolis Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Jeffrey Ray Moore
New Address 8815 Crawfordville Rd. Indpls

Subscribed and sworn to before me this 6th day of April, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
in Hendricks County Hendricks Court by written order issued Age waiver and waiting period and filed
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 6th day of April, 1978, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John Hesseldeuz hereby certify that on the 6 day of April,
one thousand nine hundred and 78, at Indianapolis, County of Marion,
State of Indiana, Groom Jeffrey Ray Moore of Marion County, State of Indiana,
and, Bride Kimberly Lou Sommersville of Hendricks County, State of Indiana,
were by me united 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 April, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1978.

Signed John Hesseldeuz
Official Designation Judge
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Kimberly Lou Sommerville
Date of Birth November 21 1961
Place of Birth (State or foreign country) Indianapolis
Residence Address 113 Jeanan Dr. Brownsburg 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) # 14974

- Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Lucas Ray Sommersville
Residence of father (if deceased so state) Brownsburg Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joseph K. Bratherton
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) New York

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Kimberly Lou Sommersville
New Address 8815 Crawfordville Rd.

Subscribed and sworn to before me this 6th day of April, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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. 95
File 4-6-78
39
Date of Application

County

MALE
Medical Examination Report Dated 4-4-78
Name of Physician Ronald K. Stegemoller

FEMALE
Medical Examination Report Dated 4-4-78
Name of Physician Ronald K. Stegemoller

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert C. Spence
Date of Birth January 28 1958
Place of Birth (State or foreign country) Carlinville, Macoupin Co., Illinois
Residence Address RR 2 Box 13CC Danville 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 Howard Spence
RR 4 Box 283
Residence of father (if deceased so state) Clayton, Ind.
Birthplace of father (State or foreign country) Illinois

9. Full maiden name of mother Sherley Mae Wiggins
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Robert A. Spence
New Address RR 2 Box 13CC Danville, Ind.
Subscribed and sworn to before me this 6 day of April, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Teresa L. Price
Date of Birth February 25 57
Place of Birth (State or foreign country) Indianapolis
Residence Address 111 E. 200 N Danville, 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 Ronald Earl Price
111 E. 200 N
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Shirley Ruth Wiggins
Residence of mother (if deceased so state) _____
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Teresa L. Price
New Address RR 2 Box 13CC Danville, Ind. 4622
Subscribed and sworn to before me this 6 day of April, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 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 10 day of April, 1978, authorizing the joining together as husband and wife

Robert A. Spence and Teresa L. Price
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norman L. Weaver hereby certify that on the 28th day of April,
one thousand nine hundred and 78 at Danville, County of Hendricks,
State of Indiana, Groom Robert A. Spence of Hendricks County, State of Indiana,
and, Bride Teresa L. Price of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. HENDRICKS

Dated this 28th day of April, 1978.
Signed Norman L. Weaver
Official Designation Minister
3rd day of May, 1978
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 96File 394-6-78

Date of Application

County

MALE
Medical Examination Report Dated 4-4-78Name of Physician Ronald K. Stigemoller

FEMALE

Medical Examination Report Dated 4-4-78Name of Physician Ronald K. Stigemoller

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Richard L. Latshaw
Date of Birth November 4 1955
Place of Birth (State or foreign country) Illinois
Residence Address 342 Meadow Dr. Danville 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Carl Latshaw
Residence of father (if deceased so state) Danville, Ill.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Eloise Darlene Mullins
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Richard K. Latshaw
New Address 342 Meadows, Danville

Subscribed and sworn to before me this 6 day of April, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____

Father

Signed _____

Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 6th day of April, 1978, authorizing the joining together as husband and wife of Richard K. Latshaw and Kathie J. McCoy.
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 8th day of April, 1978, at Danville, County of Hendricks, State of Indiana, Groom Richard K. Latshaw and, Bride Kathie J. McCoy were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 8th day of April, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of April, 1978.

Signed Dr. Joseph D. Stump
Official Designation Pastor
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Kathie J. McCoy
Date of Birth February 10 1959
Place of Birth (State or foreign country) Indianapolis
Residence Address RR 2 Box 144 Danville 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Harvey McCoy
Residence of father (if deceased so state) Veterans Hospital, Indph.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Jessie Geneva Briggs
Residence of mother (if deceased so state) Danville, Ill.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Kathie J. McCoy
New Address 342 Meadows Danville

Subscribed and sworn to before me this 6 day of April, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____

Father

Signed _____

Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 97

File April 7, 1978
Date of Application

County

MALE
Medical Examination Report Dated 3/21/78
Name of Physician Fred R. Brooks M.D.

FEMALE
Medical Examination Report Dated 3/21/78
Name of Physician Fred R. Brooks M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Richard Leon Prage
Date of Birth November 11 1943
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address R.R. #1 Box 104 Pittsboro 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Amy Elaine Prage

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

- Full name of father: Maurice B. Prage
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Indiana
- Full maiden name of mother: Mildred Warren
Residence of mother (if deceased so state): Shortstown, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Richard Leon Prage
New Address R.R. #1 Box 104 Pittsboro

Subscribed and sworn to before me this 7 day of April, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Marilyn Jean Trauner
Date of Birth May 5 1951
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address R.R. #1 Box 104 Pittsboro 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

- Full name of father: Bernard Joseph Trauner
Residence of father (if deceased so state): Indianapolis Ind.
Birthplace of father (State or foreign country): Marion County
- Full maiden name of mother: Clara Helen Carolan
Residence of mother (if deceased so state): Indianapolis Ind.
Birthplace of mother (State or foreign country): Indianapolis Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Marilyn Jean Trauner
New Address R.R. #1 Box 104 Pittsboro

Subscribed and sworn to before me this 7 day of April, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 April, 1978, authorizing the joining together as husband and wife of Richard Leon Prage and Marilyn Jean Trauner

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen M. Harvey hereby certify that on the 14 day of April, 1978, at Danville, _____ County of _____, one thousand nine hundred and 78, _____ County, State of _____, State of Indiana, Groom Richard Leon Prage of _____ County, State of _____, and, Bride Marilyn Jean Trauner 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 14 day of April, 1978.

Signed Glen M. Harvey
Official Designation Clerk, Hendricks Co.
Subscribed and sworn to before me this 14 day of April, 1978.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of April, 1978.

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. 98

File 39

4-10-78

Date of Application

County

MALE
Medical Examination Report Dated 4-5-78
Name of Physician Russell L. Arbuckle

FEMALE
Medical Examination Report Dated 4-5-78
Name of Physician Russell L. Arbuckle

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 B. Middle B. Last Crail
Date of Birth Month May Day 12 Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. 2157 Waterbar City Indianapolis, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Todd Franklin Crail

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Mulford Franklin Crail
Residence of father (if deceased so state): Deceased
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Rosemary Ellen Rhoades
Residence of mother (if deceased so state): Indianapolis, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Franklin B. Crail

New Address: 2157 Waterbar

Subscribed and sworn to before me this 10 day of April, 1978.
Elen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of: Hendricks

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Lisa B. Middle B. Last Berry
Date of Birth Month May Day 12 Year 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. 2157 Waterbar City Indianapolis, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Kimberly Lin Berry
Alicia Marie Berry
Barbara Jean Berry

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 H. Stephen
Residence of father (if deceased so state): 3576 N. Nashville Indianapolis, Ind.
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Barbara J. White
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Illinois

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Lisa B. Berry

New Address: 2157 Waterbar

Subscribed and sworn to before me this 10 day of April, 1978.
Elen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of: Hendricks

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 14 day of April, 1978, authorizing the joining together as husband and wife of Franklin B. Crail and Lisa A. Berry. Be it further remembered, the following marriage certificate was filed in my office, to-wit: one thousand nine hundred and 78 hereby certify that on the 15th day of April, 1978, State of Indiana, Groom: Franklin B. Crail at Indianapolis, County of Marion, and, Bride: Lisa A. 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 Hendricks County, State of Indiana. Dated this 15th day of April, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of May, 1978.
Signed: David A. Clase
Official Designation: Judge Pro Tem
Signed: Elen 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. 98
File 39
4-10-78
Date of Application

MALE
Medical Examination Report Dated 4-5-78
Name of Physician Russell L. Arbuckle

FEMALE
Medical Examination Report Dated 4-5-78
Name of Physician Russell L. Arbuckle

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Franklin B. Crail
Date of Birth May 12 1949
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 2157 Waterbar
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

FEMALE APPLICANT
Name Lisa B. Berry
Date of Birth May 12 1948
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 2157 Waterbar
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

BRING OR MAIL TO:

SUPPORT DIVISION
MARION COUNTY CLERK
CITY-COUNTY BLDG.
INDIANAPOLIS, INDIANA 46204

A \$10.00 DOCKET FEE IS DUE EVERY JANUARY.
THE FIRST PAYMENT IS DUE THE MONTH SUPPORT PAYMENTS
BEGIN.
WHEN REMITTING THE \$10.00 DOCKET FEE PLEASE CHECK
THE BOX BELOW:

☐ \$10.00 DOCKET FEE ENCLOSED.

PAYOR

FRANKLIN B CRAIL
2157 WATERBAR DRIVE
INDIANAPOLIS IN 46234

CASE NUMBER

06-77-1226-3

B204001

FOR PROPER CREDIT, DETACH AND RETURN THIS PORTION WITH YOUR NEXT PAYMENT

AMOUNT PAID TO:

JAN CRAIL

CASE NUMBER

06-77-1226-3

| COURT DECEED AMOUNT | TOTAL PREVIOUS PAYMENTS TO DATE FOR CURRENT YEAR | DATE OF CURRENT PAYMENT | CURRENT PAYMENT AMOUNT | YEAR TO DATE PAYMENT TOTAL |
|---------------------------|--|-------------------------------|------------------------------|-------------------------------|
| 20.00 | 220.00 | 03-29-78 | 20.00 | 240.00 A |

RECEIPT
FOR SUPPORT PAYMENT ONLY

B204001

KEEP THIS PORTION FOR YOUR RECORDS

State of Indiana,
County of HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

State of Indiana,
County of HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be it Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 14 day of April, 1978, authorizing the joining together as husband and wife of Franklin B. Crail and Lisa A. Berry.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, David A. Clase, one thousand nine hundred and 78 hereby certify that on the 15th day of April, 1978, at Indianapolis, County of Marion, State of Indiana, Groom Franklin B. Crail and, Bride Lisa A. 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 HENDRICKS County. Dated this 15th day of April, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of May, 1978
Signed David A. Clase Official Designation Judge Pro Tem
Signed Shen M. Harreel Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 99

File
April 10, 1978
Date of Application

County

MALE

Medical Examination Report Dated 3-27-78

Name of Physician M.O. Scamblux

FEMALE

Medical Examination Report Dated 3-27-78

Name of Physician M.O. Scamblux

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Francis Roetker
Residence of father (if deceased so state) Mattoon, Ill.
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Martha Ellen Morgan
Residence of mother (if deceased so state) Mattoon, Ill.
Birthplace of mother (State or foreign country) Illinois

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Larry R. Roetker
New Address 384 Cambridge Arms Apt. Fayetteville, NC

Subscribed and sworn to before me this 10 day of April, 1978.
Glen M. Harvey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1978.
Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 C. Linton
Residence of father (if deceased so state) Jasper, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Carolyn J. Covey
Residence of mother (if deceased so state) Jasper, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Debra S. Linton
New Address 384 Cambridge Arms Apt. Fayetteville, NC

Subscribed and sworn to before me this 10 day of April, 1978.
Glen M. Harvey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1978.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued 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 14th day of April, 1978, authorizing the joining together as husband and wife

of Larry R. Roetker and Debra S. Linton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Sherman Esses, hereby certify that on the 15 day of April

one thousand nine hundred and 78, at Pittsburg, County of Hendricks,

State of Indiana, Groom Larry R. Roetker of Cass, County, State of Illinois,

and, Bride Debra S. Linton of Hendricks, County, State of Indiana,

were by me united 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 April, 1978.

Signed Sherman Esses

Official Designation Minister

18 day of April, 1978.

Signed Glen M. Harvey Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of April, 1978.

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. 100

File

April 10, 1978
Date of Application

MALE
Medical Examination Report Dated 3-28-78
Name of Physician Thomas M. Harney

FEMALE
Medical Examination Report Dated 3-28-78
Name of Physician Thomas M. Harney

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael E. Medjeski
Date of Birth Month 8 Day 25 Year 35
Place of Birth (State or foreign country) Indiana
Residence Address 5032 Audrey Circle Apt 207, Indpls, Ind
City Indpls 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 John D. Medjeski
Residence of father (if deceased so state) Indpls, Ind
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Rosemary Gayaroda
Residence of mother (if deceased so state) Indpls, Ind
Birthplace of mother (State or foreign country) Danville, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Miles S. Mee

New Address 5032 Audrey Circle #207, Indpls, Ind

Subscribed and sworn to before me this 10 day of April, 1978
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Lynne Louise Reagan
Date of Birth Month 10 Day 27 Year 56
Place of Birth (State or foreign country) Indiana
Residence Address 800 Maplebrook Dr, Brownsburg, Ind
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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Eugene Reagan
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Betty D. Booker
Residence of mother (if deceased so state) Brownsburg, Ind
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Lynne L. Reagan

New Address 5032 Audrey Circle #207, Indpls, Ind

Subscribed and sworn to before me this 10 day of April, 1978
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 April, 1978, authorizing the joining together as husband and wife of Michael E. Medjeski and Lynne L. Reagan. Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1. Robert J. Hilday hereby certify that on the 22 day of April, 1978, at St. Malachy Church, County of Hendricks, State of Indiana, Groom Michael E. Medjeski and, Bride Lynne L. Reagan of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 22 day of April, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of April, 1978.
Signed Robert J. Hilday
Official Designation Associate Pastor
Signed Glen M. Harney
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 101
File 39
Date of Application 4-11-78

County

MALE

Medical Examination Report Dated 3-27-78

Name of Physician Eric D. Clark

FEMALE

Medical Examination Report Dated 3-27-78

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 Stephen E. Tutterrow
Date of Birth September 26, 1957
Place of Birth (State or foreign country) Indianapolis
Residence Address 2348 Keller Hill Rd. Mooresville, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Lloyd Tutterrow, Jr.
Residence of father (if deceased so state) Clayton, In.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Marjorie Jean Dickerson
Residence of mother (if deceased so state) Mooresville, In.

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of

Signed Stephen E. Tutterrow

New Address 2348 Keller Hill Rd. Mooresville

Subscribed and sworn to before me this 11 day of April, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name Melisa Kiritsis
Date of Birth May 25, 1957
Place of Birth (State or foreign country) Indianapolis
Residence Address 2330 Keller Hill Rd. Mooresville, 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 George Kiritsis
Residence of father (if deceased so state) Mooresville, In.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Patricia Ruth Kielhorn
Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of

Signed Melisa L. Kiritsis

New Address 2348 Keller Hill Rd. Mooresville

Subscribed and sworn to before me this 11 day of April, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued 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 County of HENDRICKS, Indiana dated the 24 day of April, 1978, authorizing the joining together as husband and wife of Stephen E. Tutterrow and Melisa L. Kiritsis.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John O. McIntyre hereby certify that on the 29 day of April, 1978, at Mooresville, County of Morgan, State of Indiana, Groom Stephen E. Tutterrow of Hendricks County, State of Indiana, and, Bride Melisa L. Kiritsis 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, 24th day of April, 1978.

Dated this day of April, 1978.

Signed John O. McIntyre

Official Designation Minister

3th day of May, 1978.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 102
File April 11, 1978
Date of Application

County

MALE
Medical Examination Report Dated 3-22-78
Name of Physician J. Thomas Viera M.D.

FEMALE
Medical Examination Report Dated 3-22-78
Name of Physician J. Thomas Viera 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 Walter Stude
Date of Birth August 31 1894
Place of Birth (State or foreign country) Putnam Co. Ind
Residence Address P.O. Box 213, Bainbridge 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
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Josaphete Stude
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sarah Ragdale
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed _____
New Address _____

Subscribed and sworn to before me this 11 day of April, 1978
Glen M. Muray Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 18 day of April, 1978, authorizing the joining together as husband and wife of Walter Stude and Sallie Childers.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Frank Bunn hereby certify that on the 4th day of May, one thousand nine hundred and seventy eight at Coatesville, County of Hendricks, State of Indiana, Groom Walter Stude and, Bride Sallie Childers 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, State of Indiana.
Dated this 18th day of April, 1978.

Signed Frank Bunn
Official Designation Christian Minister
8th day of May, 1978
Signed Glen M. Muray Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19_____

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 103

File
April 11, 1978
Date of Application

County

MALE

Medical Examination Report Dated 4-4-78
Name of Physician Carl L. Heinslein

FEMALE

Medical Examination Report Dated 4-4-78
Name of Physician Carl L. Heinslein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert Leon Trent
Date of Birth 13 5 1959
Place of Birth (State or foreign country) Indpls. In
Residence Address R. 3 Box 61A, Plainfield, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Nelson Arthur Trent
Residence of father (if deceased so state) Clayton, In
Birthplace of father (State or foreign country) Florida
9. Full maiden name of mother: Virginia Lee Shaver
Residence of mother (if deceased so state) Clayton, In
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of

Signed: Robert L. Trent
New Address: R. 3 Box 61A Plainfield

Subscribed and sworn to before me this 11 day of April, 1978
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, HENDRICKS ss:
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name Kimberly Sue Cowden
Date of Birth 4 11 1961
Place of Birth (State or foreign country) Indiana
Residence Address R. R. 1 Box 204, Danville, Hendricks, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Philip E. Cowden
Residence of father (if deceased so state) Mooresville, In
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother: Mary Ellen Parrish
Residence of mother (if deceased so state) Danville, In
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of

Signed: Kimberly S. Cowden
New Address: R.R. 1 Box 61-A Plainfield

Subscribed and sworn to before me this 11 day of April, 1978
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, HENDRICKS ss:
County of

Signed: Father

Signed: Mary Ellen Cowden Mother

Subscribed and sworn to before me this 11 day of April, 1978

Glen M. Harney Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 19 day of April, 1978, authorizing the joining together as husband and wife of Robert Leon Trent and Kimberly Sue Cowden

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Edward A. Black hereby certify that on the 21 day of April, 1978, at Danville, County of Hendricks, State of Indiana, Groom Robert Leon Black

and, Bride Kimberly Sue Cowden of Hendricks County, State of Indiana, were by me united 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 April, 1978. Signed: Edward A. Black

Official Designation: Clergyman

25 day of April, 1978

Signed: Glen M. Harney Clerk

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 104

File
Date of Application April 12 1978

County

MALE
Medical Examination Report Dated 4-4-78
Name of Physician Irving Cohen, Md.

FEMALE
Medical Examination Report Dated 4-4-78
Name of Physician Irving Cohen, Md.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name First Mark Middle Broadstreet Last
Date of Birth Month 9 Day 9 Year 1954
Place of Birth (State or foreign country) Indianapolis Marion Ind
Residence Address Street or R. R. City County State
145 Hillcrest Dr. Muncie 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) Nurses Lic (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 Floyd Wayne Broadstreet
Residence of father (if deceased so state) Muncie Ind
Birthplace of father (State or foreign country) Indianapolis Ind
9. Full maiden name of mother Mary Louise Wiest
Residence of mother (if deceased so state) Muncie Ind
Birthplace of mother (State or foreign country) Indianapolis Ind
State of Indiana. HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Mark Broadstreet
New Address 3334 W 9th
Subscribed and sworn to before me this 12 day of April, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT
Name First Regina Middle Kay Last Mascoe
Date of Birth Month 8 Day 19 Year 1960
Place of Birth (State or foreign country) Indianapolis Marion Ind
Residence Address Street or R. R. City County State
3334 W 9th Indianapolis 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) # 113-60-282039
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "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 Larry D. Mascoe
Residence of father (if deceased so state) Indianapolis Ind
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Caroline S. Catt
Residence of mother (if deceased so state) Indianapolis Ind
Birthplace of mother (State or foreign country) Indiana
State of Indiana. HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Regina Kay Mascoe
New Address 3334 W 9th
Subscribed and sworn to before me this 12 day of April, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 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 _____ of Indiana dated the _____ day of _____, 1978, authorizing the joining together as husband and wife of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the _____ day of _____, 1978, at _____, County of _____, State of Indiana, Groom _____ and, Bride _____ of _____ County, State of _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
Dated this _____ day of _____, 1978

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1978.
Signed _____
Official Designation _____
Signed _____ Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 104

File

Date of Application

MALE
Medical Examination Report Dated 4-4-78
Name of Physician Irving Cohen, M.D.

FEMALE
Medical Examination Report Dated 4-4-78
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 Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street of 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) Married Lic (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 Floyd H. Wayne Broadstreet
Residence of father (if deceased so state) Monroeville Ind.
Birthplace of father (State or foreign country) Indianapolis Ind.
9. Full maiden name of mother Mary Linnice Wistard
Residence of mother (if deceased so state) Monroeville Ind.
Birthplace of mother (State or foreign country) Indianapolis Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of Monroeville

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street of 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) # 113-60-282039
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "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 Larry N. Mascoe
Residence of father (if deceased so state) Indianapolis Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Caroline S. Catt
Residence of mother (if deceased so state) Indianapolis Ind.
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of Monroeville

Larry N. Mascoe, hereby give my consent for
daughter, Regina Kay Mascoe to
Mark Broadstreet.

Larry N. Mascoe

scribed and sworn to before me this 7th day of April 1978

Timothy J. Wagner
Notary Public

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
County Hendricks Court by written order issued 3 day warrant 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 April, 1978, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Marc S. Hays, hereby certify that on the 14 day of April, 1978, at Plainfield, County of Hendricks
one thousand nine hundred and 78, State of Indiana, Groom Mark Broadstreet and, Bride Regina Kay Mascoe of Marion County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County, State of Indiana.
Dated this 14 day of April, 1978.

Signed Marc S. Hays
Official Designation Pastor
Signed Ellen M. Harvey
Clerk
Filed and recorded in accordance with the laws of the State of Indiana this 18 day of April, 1978.
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 104

File April 12 1978
Date of Application

MALE
Medical Examination Report Dated 4-4-78
Name of Physician Jerry Cohen, M.D.

FEMALE
Medical Examination Report Dated 4-4-78
Name of Physician Jerry 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 Mark Broadstreet
Date of Birth Month 9 Day 9 Year 1954
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 145 Wilcox Dr. Mooresville, 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) Annulment (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

- Full name of father: Floyd Wayne Broadstreet
Residence of father (if deceased so state): Mooresville, Ind.
Birthplace of father (State or foreign country): Indianapolis, Ind.
- Full maiden name of mother: Mary Louise Winstead
Residence of mother (if deceased so state): Mooresville, Ind.
Birthplace of mother (State or foreign country): Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

FEMALE APPLICANT

Name Regina Kay Mascoe
Date of Birth Month 8 Day 19 Year 1960
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 3334 W. 9th Indianapolis, 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) # 113-60-282039

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
- If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

- Full name of father: Larry N. Mascoe
Residence of father (if deceased so state): Indianapolis, Ind.
Birthplace of father (State or foreign country): Indiana
- Full maiden name of mother: Caroline S. Catt
Residence of mother (if deceased so state): Indianapolis, Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

I, Carol S. Mascoe, hereby give my consent for
marriage of Regina Kay Mascoe
to Mark Broadstreet.

Subscribed and sworn to before me this 12th day of April 1978

Timothy J. Wagnon
Notary Public

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
County of Hendricks Court by written order issued 3 day warrant and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court
of Indiana dated the 12th day of April 1978, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Marc S. Hays, hereby certify that on the 14th day of April 1978, at Plainfield, County of Hendricks
one thousand nine hundred and 78, State of Indiana, Groom Mark Broadstreet and, Bride Regina Kay Mascoe of Marion County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks
County. Dated this 14th day of April 1978.

Signed Marc S. Hays
Official Designation Pastor
Signed Glen M. Harvey
Clerk Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 105
File _____
Date of Application April 13, 1978

MALE
Medical Examination Report Dated 4-12-78
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated 4-12-78
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, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Jimmy Lee Bae
Date of Birth July 3, 1943
Place of Birth (State or foreign country) Hawthorne, L.A., California
Residence Address P.O. #1 Box 9B Linton 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 license (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Clarence Bae
Residence of father (if deceased so state) New Orleans, La.
Birthplace of father (State or foreign country) Louisiana
9. Full maiden name of mother Bonnie Jean Lamb
Residence of mother (if deceased so state) Unknown
Birthplace of mother (State or foreign country) Missouri

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed [Signature]
New Address P.O. #1 Box 9B Linton Ind.

Subscribed and sworn to before me this 13 day of April, 1978.
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Dana Kay Litteral
Date of Birth November 20, 1958
Place of Birth (State or foreign country) La Jolla, California
Residence Address P.O. #1 Box 9B Linton 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) # 20723 (8009)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Elwood Litteral
Residence of father (if deceased so state) Linton Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Kay Albino
Residence of mother (if deceased so state) Linton, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Dana Kay Litteral
New Address P.O. #1 Box 9B Linton, Ind.

Subscribed and sworn to before me this 13 day of April, 1978.
Alex M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 3-29-78 Waver and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. Judge Richard D. Brown

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 April, 1978, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert L. Van Deventer hereby certify that on the 16 day of April, one thousand nine hundred and 78 at Linton, County of Hendricks, State of Indiana, Groom Jimmy Lee Bae of Hendricks County, State of Indiana, and, Bride Dana Kay Litteral of Hendricks County, State of Indiana, were by me united 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 April, 1978.

Signed Robert L. Van Deventer
Official Designation Minister

20 day of April, 1978.
Signed Alex M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 106

File

Date of Application

April 14 1978

County

MALE

Medical Examination Report Dated April 11 1978
Name of Physician Charles H. Deal MD.

FEMALE

Medical Examination Report Dated 4-11-78
Name of Physician Charles H. Deal

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Paul Christopher King
Date of Birth Jan. 7 1958
Place of Birth (State or foreign country) Indianapolis, IN
Residence Address Rt 3 92 Parker Dr. Pfaff, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Phillip King
Residence of father (if deceased so state) 92 Parker Dr. Pfaff, IN
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Sharon Lea Adams
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of

Signed Paul Christopher KingNew Address 910 Broken Bow Trail Apt 1002

Subscribed and sworn to before me this 14 day of April, 1978
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Dena Sue Gore
Date of Birth Feb. 15 1957
Place of Birth (State or foreign country) Bedford, IN
Residence Address 910 Broken Bow Trail
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Wendell Dean Gore
Residence of father (if deceased so state) Rt 1 Box 27 Danville
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Mary Louise Roach
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of

Signed Dena Sue GoreNew Address 910 Broken Bow Tr Apt 1002

Subscribed and sworn to before me this 14 day of April, 1978
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 April, 1978, authorizing the joining together as husband and wife of Paul Christopher King and Dena Sue Gore.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Robert Schneider, hereby certify that on the 4th day of May, one thousand nine hundred and 78, at Colefield, County of Hendricks, State of Indiana, Groom Paul C. King and, Bride Dena Sue Gore 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 4th day of May, 1978.

Signed Rev. Robert Schneider

Official Designation Admin. Director, St. Susanna Parish
Signed Glen M. Harvey Clerk **HENDRICKS** Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1978.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 107
File 39
Date of Application 4-14-78

MALE

Medical Examination Report Dated 4-8-78
Name of Physician John M. Brown

FEMALE

Medical Examination Report Dated 4-8-78
Name of Physician John M. Brown

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Randy Jay Allen
Date of Birth January 31 1958
Place of Birth (State or foreign country) Hammond
Residence Address Rt 2 Box 143 Coatesville In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree Stammons Bd. of Health Reg. No 342
☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Silbert F. Allen
Residence of father (if deceased so state) Coatesville, In.
Birthplace of father (State or foreign country) New York
9. Full maiden name of mother Helen Sue Lytle
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Randy Jay Allen

New Address Cambridge Ind

Subscribed and sworn to before me this 14 day of April, 1978

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk _____

FEMALE APPLICANT

Name Kelly Jene Perkins
Date of Birth November 14 1958
Place of Birth (State or foreign country) Crawfordsville
Residence Address Box 113 Linden In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree Montgomery Co. Culver Union High Sch.
☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Eugene Perkins
Residence of father (if deceased so state) Linden, In.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sharon Sue Becker
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Kelly J. Perkins

New Address Cambridge Ind

Subscribed and sworn to before me this 14 day of April, 1978

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 18 day of April, 1978, authorizing the joining together as husband and wife

Randy Jay Allen and Kelly Jene Perkins

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Stanley R. Hall hereby certify that on the 22nd day of April

one thousand nine hundred and 78 at Crawfordsville, County of Montgomery

State of Indiana, Groom Randy Jan Allen of Hendricks County, State of Indiana

and, Bride Kelly Jene Perkins of Montgomery County, State of Indiana

were by me united 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 April, 1978

Signed Stanley R. Hall

Official Designation Minister, 1978

Signed 1st day of May, 1978

Signed John M. Brown Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 108
File April 17 1978
Date of Application

MALE
Medical Examination Report Dated 4-10-78
Name of Physician Carl L. Winkler M.D.

FEMALE
Medical Examination Report Dated 4-10-78
Name of Physician Carl L. Winkler M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name William Keith Miller
Date of Birth July 24 1955
Place of Birth (State or foreign country) Illinois
Residence Address 492 N. Washington St. Danville 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father Robert Frank Miller
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Illinois
- Full maiden name of mother Elizabeth Ann Kozick
Residence of mother (if deceased so state) Danville, Ind.
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed William Keith Miller
New Address 491 N. Jefferson St. Danville Ind.
Subscribed and sworn to before me this 17 day of April, 1978
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, HENDRICKS } ss: _____
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Debra Jo Thurman
Date of Birth February 11 1955
Place of Birth (State or foreign country) Illinois
Residence Address 1104 Stanley Rd. 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father Joseph Thurman
Residence of father (if deceased so state) Plainfield Ind.
Birthplace of father (State or foreign country) Kentucky
- Full maiden name of mother Ella Cordelia Ent
Residence of mother (if deceased so state) Plainfield Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Debra Jo Thurman
New Address 491 N. Jefferson St. Danville Ind.
Subscribed and sworn to before me this 17 day of April, 1978
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, HENDRICKS } ss: _____
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 April, 1978, authorizing the joining together as husband and wife of William Keith Miller and Debra Jo Thurman.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Marc S. Hays, hereby certify that on the 6 day of May, 1978, at Plainfield, County of Hendricks, State of Indiana, Groom William K. Miller and, Bride Debra Jo Thurman of Hendricks County, State of Indiana were by me united 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 May, 1978.

Signed Marc S. Hays
Official Designation Pastor
Signed Glen M. Harney
Filed and recorded in accordance with the laws of the State of Indiana this 9 day of May, 1978.
HENDRICKS Clerk
Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 109

File

4-17-78

Date of Application

MALE

Medical Examination Report Dated 4-11-78

Name of Physician Joseph C. Kerlin

FEMALE

Medical Examination Report Dated 4-11-78

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, representa-

MALE APPLICANT

Name First Middle Last
James Craig Leach
Date of Birth Month Day Year
May 3 1956
Place of Birth (State or foreign country)
Indianapolis, Indiana
Residence Address Street or R. R. City County State
479 S. Wayne, Danville, Hendricks, 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 Leach, Jr.
Residence of father (if deceased so state) 3 Roundhill Rd, Danville
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Anna L. Byram
Residence of mother (if deceased so state) 3 Roundhill Rd, Danville
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed James Craig Leach
New Address 479 S. WAYNE ST. DUVILLE

Subscribed and sworn to before me this 17 day of April, 1978.
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

FEMALE APPLICANT

Name First Middle Last
Jo Anne Hamilton
Date of Birth Month Day Year
2 18 1956
Place of Birth (State or foreign country)
Indpls, Ind
Residence Address Street or R. R. City County State
R.R. Box 237, Danville, Hendricks, Ind
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
Ind. State Bd. of Health Cert No. 113-56-614154

- ☐ 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 Earl I. Hamilton, Jr.
Residence of father (if deceased so state) R. 2 Box 237, Danville
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pauline R. Mock
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Canada

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Jo Anne Hamilton
New Address 479 S. Wayne Danville

Subscribed and sworn to before me this 17 day of April, 1978.
Glen M. Hawley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 _____

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 _____, 1978, authorizing the joining together as husband and wife of Indiana dated the 21 day of April

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dr. Joe D. Stump, hereby certify that on the 22 day of April

one thousand nine hundred and 78, at Danville, County of Hendricks,

State of Indiana, Groom James Craig Leach of Hendricks County, State of Indiana,

and, Bride Jo Anne Hamilton of Hendricks County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

County. Dated this 22 day of April, 1978.

Signed Dr. Joe D. Stump

Official Designation Pastor, 1978.

Signed Glen M. Hawley Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of April

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. 110
File _____
Date of Application April 17 1978

MALE
Medical Examination Report Dated 4-7-78
Name of Physician William Edwards

FEMALE
Medical Examination Report Dated 4-7-78
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 Scott A. Mc Mahon
Date of Birth December 21 1957
Place of Birth (State or foreign country) Indianapolis Marion Ind
Residence Address R.R. #1 #16 Richville Ln. Newburgh, 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 Vincent Mc Mahon
Residence of father (if deceased so state) Blainfield, Ind.
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Patricia Ann Bolick
Residence of mother (if deceased so state) Blainfield, Ind.
Birthplace of mother (State or foreign country) Illinois
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Scott A. Mc Mahon
New Address 18 N. Jefferson Brownsburg Ind
Subscribed and sworn to before me this 17 day of April, 19 78
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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____
Clerk _____

FEMALE APPLICANT

Name Marcia Jane Slaton
Date of Birth April 7 1959
Place of Birth (State or foreign country) Marion County Ind.
Residence Address R.R. #1 #16 Richville Ln. Newburgh, 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 Amos Joseph Slaton
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Georgia
9. Full maiden name of mother Mary Alice Balis
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) South Carolina
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Marcia Jane Slaton
New Address 18 N. Jefferson Brownsburg
Subscribed and sworn to before me this 17 day of April, 19 78
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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 April, 19 78, authorizing the joining together as husband and wife of Scott A. Mc Mahon and Marcia Jane Slaton.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Marc S. Hays, hereby certify that on the 20 day of May, 19 78,
one thousand nine hundred and 78, at Blainfield, County of Hendricks,
State of Indiana, Groom Scott A. Mc Mahon of Hendricks County, State of Indiana,
and, Bride Marcia J. Slaton 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 May, 19 78.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19 78.
Signed Marc S. Hays
Official Designation Pastor
Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 111
File 39
Date of Application April 18, 1978

MALE
Medical Examination Report Dated 4-10-78
Name of Physician Myron K. Hill, M.D.

FEMALE
Medical Examination Report Dated 4-10-78
Name of Physician Myron K. Hill, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Peter First Todd Middle Rowley Last
Date of Birth August Month 10 Day 1958 Year
Place of Birth (State or foreign country) Kauai
Residence Address 125 William Dr. Street or R. R. Brownsburg Ind. City Indianapolis 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 Jerome Rowley
Residence of father (if deceased so state) Indianapolis Ind.
Birthplace of father (State or foreign country) New York

9. Full maiden name of mother Wren Jean Keller
Residence of mother (if deceased so state) Sarasota, Fla.
Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Peter Todd Rowley
New Address 125 William Dr.
Subscribed and sworn to before me this 18 day of April, 1978
Ellen M. Hursey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Pamela First Sue Middle Perry Last
Date of Birth November Month 11 Day 1957 Year
Place of Birth (State or foreign country) Indianapolis
Residence Address 113 East Tilden Street or R. R. Brownsburg Ind. City Indianapolis 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 Clayton Kenneth Perry
Residence of father (if deceased so state) Brownsburg Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Martha Jean Nicholas
Residence of mother (if deceased so state) Brownsburg Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Pamela Sue Perry
New Address 125 William Dr.
Subscribed and sworn to before me this 18 day of April, 1978
Ellen M. Hursey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 26 day of April, 1978, authorizing the joining together as husband and wife of Peter Todd Rowley and Pamela Sue Perry.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Donald Tyler, hereby certify that on the 6 day of May,
one thousand nine hundred and 78, at Brownsburg, County of Hendricks,
State of Indiana, Groom Peter Todd Rowley of Hendricks County, State of Indiana,
and, Bride Pamela Sue Perry of Hendricks County, State of Indiana,
were by me united 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 May, 1978.

Signed Rev. Donald Tyler
Official Designation Baptist Minister, 1978.
Signed Ellen M. Hursey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of May, 1978.

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. 112
File April 18, 1978
Date of Application

MALE
Medical Examination Report Dated 3-13-78
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 3-13-78
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 Dan Middle Eugene Last Thomas
Date of Birth Month Jan Day 20 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
Rt 2 Box 124 Danville 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 Frank J. Thomas Jr.
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Roberta Lee Cramer
Residence of mother (if deceased so state) Danville Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Dan E. Thomas
New Address Rt 1 Box 290 Bargersville

Subscribed and sworn to before me this _____
Glenn M. Ramsey

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give my consent, state facts which render the consent _____

State of Indiana, HENDRICKS }
County of _____

Signed _____

Signed _____

Subscribed and sworn to before me this _____

I, Frank Lawrence, hereby give my consent for
my daughter, Lisa Dawn Lawrence
to marry Dan E. Thomas.

subscribed and sworn to before me this 21st day of April 1978

Mabel Edmonson
Notary Public

COMPLETE IF MARRIAGE LICENSE ISSUED BY COURT. If license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of April, 1978, authorizing the joining together as husband and wife of Dan Eugene Thomas and Lisa Dawn Lawrence.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glenn O. Ramsey, Jr. hereby certify that on the 23 day of April, one thousand nine hundred and 78 at Clayton, County of Hendricks State of Indiana, Groom Dan Eugene Thomas and, Bride Lisa Dawn Lawrence of Hendricks County, State of Indiana were by me united 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 April, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of April, 1978.
Signed Glenn O. Ramsey, Jr. Official Designation Presbyterian Pastor
Signed Glenn M. Ramsey Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 113

File _____

County _____

Date of Application 4-18-78

MALE

Medical Examination Report Dated 4-17-78

Name of Physician Ronald K. Stigenoller

FEMALE

Medical Examination Report Dated 4-17-78

Name of Physician Ronald K. Stigenoller

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Michael H. Malicoat
Date of Birth 11 18 1959
Place of Birth (State or foreign country) California
Residence Address 152 N. Cross St., Danville, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 J. Malicoat

Residence of father (if deceased so state) same

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Beatrice Irene Tegner

Residence of mother (if deceased so state) same

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Michael H. Malicoat

New Address RR 3

Subscribed and sworn to before me this 18 day of April, 1978

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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Holly Ann Riley
Date of Birth 10 7 1960
Place of Birth (State or foreign country) Indiana
Residence Address Ind. RR 3 Box 91, Danville
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Riley

Residence of father (if deceased so state) same

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Karen Kay Lowelin

Residence of mother (if deceased so state) same

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Holly Ann Riley

New Address RR 3 Danville

Subscribed and sworn to before me this 18 day of April, 1978

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, HENDRICKS ss:

Signed Donald E. Riley Father

Signed Karen K. Riley Mother

Subscribed and sworn to before me this 18 day of April, 1978

Glen M. Harney Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be it Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1978, authorizing the joining together as husband and wife of Indiana dated the 22nd day of April

Michael H. Malicoat and Holly Ann Riley

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 22nd day of April

I, Ronald E. McDogle hereby certify that on the _____ at Danville, County of Hendricks

one thousand nine hundred and 78 at _____, County of Indiana

State of Indiana, Groom Michael H. Malicoat of Hendricks County, State of Indiana

and, Bride Holly Ann Riley of Hendricks County, State of Indiana

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 22nd day of April, 1978

Signed Rev. Ronald E. McDogle

Official Designation Senior Pastor - First Baptist Church

26 day of April, 1978

Signed Glen M. Harney Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 114

File 39

4-19-78

Date of Application

County

MALE
Medical Examination Report Dated 4-17-78
Name of Physician Carl S. Day

FEMALE
Medical Examination Report Dated 4-17-78
Name of Physician Carl S. Day

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Littlejohn Last
Date of Birth Month September Day 7 Year 1950
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. 1704 Ellen St. City Speedway 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) Drivers License with photo
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Walter Littlejohn
RR 3-696-B #236 Tarpon Springs, Florida
Residence of father (if deceased so state)
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother: Elizabeth Gene Steffy
17632 Jacquelyn Huntington Beach, Calif.
Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Mark R Littlejohn

New Address RR 3-696-B - Lot 906 Tarpon Springs Fla

Subscribed and sworn to before me this 19 day of April 1978

Glen M. Harvey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ day _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 April 1978, 78 authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Mark R. Littlejohn and Sarah Ann Larson
Donald S. Wallace

one thousand nine hundred and 78 hereby certify that on the 22nd day of April

State of Indiana, Groom Mark R. Littlejohn at Plainfield _____ County of Hendricks

and, Bride Sarah Ann Larson of _____ County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ Hendricks

Dated this 22nd day of April 1978

Signed Donald S. Wallace

Official Designation Pastor, Calvary Baptist Church
3rd day of May 1978

Signed Glen M. Harvey Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 115
File 39
4-19-78
Date of Application

County

MALE
Medical Examination Report Dated 4-18-78
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 4-18-78
Name of Physician Eric Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Jon G. Adams
Date of Birth 4 14 1958
Place of Birth (State or foreign country) Indiana
Residence Address Rt 1 Box 216 Danville 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 H. Adams
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Belulah Ramsey
Residence of mother (if deceased so state) Hopkiss, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Jon R. Adams

New Address Rt 1 Box 216 Danville Ind 46122

Subscribed and sworn to before me this 19 day of April, 1978
Alex 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, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Ramona D. Thompson
Date of Birth 4 3 1958
Place of Birth (State or foreign country) Indiana
Residence Address P.O. Box 108, Clayton, 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 L. Thompson
Residence of father (if deceased so state) same
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Leona M. Sparks
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Ramona Thompson

New Address 381 Box 216 Danville Ind.

Subscribed and sworn to before me this 19 day of April, 1978
Alex 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, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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 April, 1978, authorizing the joining together as husband and wife of Jon A. Adams and Ramona D. Thompson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Enoch S. Ralph hereby certify that on the 22nd day of April, 1978, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and 78 of Hendricks County, State of Indiana, and, Bride Ramona D. 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 22nd day of April, 1978

Signed Enoch S. Ralph Minister

Official Designation _____
27th day of April, 1978
Signed Alex M. Harney Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 116

File

April 20, 1978
Date of Application

MALE

Medical Examination Report Dated 4-19-78

Name of Physician Wm. Gambell

FEMALE

Medical Examination Report Dated 4-19-78

Name of Physician Wm. Gambell

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Keith Middle Perry Last Foist
Date of Birth Month Nov Day 1 Year 1927
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. P.O. Box 4 City Brownsville County Ind. 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.
Timothy Foist
Allen Foist

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 J. Foist
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Dorothy B. Davis
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Keith P. Foist
New Address 506 S. School St Brownsville Ind.

Subscribed and sworn to before me this 20 day of April, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of April, 1978, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Dennis L. Dodson

one thousand nine hundred and 78 hereby certify that on the 30th day of April, 1978, at Corinth Church, R.R. #5, County of Hendricks, State of Indiana, Groom Keith Perry Foist and, Bride Diane Jean Retzlaff of Hendricks County, State of Indiana were by me united 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 April, 1978.

Signed Rev. Dennis L. Dodson
Official Designation Minister
day of May, 1978

Signed Glen M. Harvey
Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

HENDRICKS

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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. 117
File _____
Date of Application April 20, 1978

MALE
Medical Examination Report Dated 4-12-78
Name of Physician Dr. Nelson Gaddy

FEMALE
Medical Examination Report Dated 4-12-78
Name of Physician Dr. Nelson Gaddy

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name John First Michael Middle Willingham Last
Date of Birth March Month 26 Day 1951 Year
Place of Birth (State or foreign country) Washington D.C.
Residence Address R.R. # 1 Box 286 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) Driver's Lic. (picture) 1559598

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Lacey Ann Willingham
Angela Lynn Willingham

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Martin Willingham
Residence of father (if deceased so state) Indianapolis Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Athalene Rhodell Stumbaugh
Residence of mother (if deceased so state) Indianapolis Ind.
Birthplace of mother (State or foreign country) W. Virginia

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed John Michael Willingham
New Address RR 1 Box 286 Danville Ind.

Subscribed and sworn to before me this 20 day of April, 1978
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, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Sharon First Ann Middle McShane Last
Date of Birth May Month 17 Day 1944 Year
Place of Birth (State or foreign country) Indianapolis
Residence Address R.R. # 1 Box 286 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Arthur Lewis McShane
Beth Ann
Glen Thomas

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Shan Byron Sheffield
Residence of father (if deceased so state) Spencer, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Mary Anne Lawrence
Residence of mother (if deceased so state) Indianapolis Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Sharon Ann McShane
New Address RR Box 286 Danville Ind.

Subscribed and sworn to before me this 20 day of April, 1978
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, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 April, 1978, authorizing the joining together as husband and wife of John Michael Willingham and Sharon Ann McShane.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ray Montgomery, hereby certify that on the 18 day of June, 1978, at Danville, County of Hendricks, one thousand nine hundred and 78, at _____, County, State of Indiana, State of Indiana, Groom John Michael Willingham of Hendricks County, State of Indiana, and, Bride Sharon Ann McShane of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of June, 1978.
Signed Ray Montgomery Minister
Official Designation Speedway Christian Church
_____ day of June, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of June, 1978.
Signed Glen M. Harney 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. 118

File

4-20-1978
Date of Application

MALE
Medical Examination Report Dated 4-20-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 4-17-78
Name of Physician Thomas Parker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Stephen William Smith
Date of Birth Month Day Year
5 21 1950
Place of Birth (State or foreign country)
East Springs, Ark
Residence Address Street or R. R. City County State
3102 Hazel St., Deerfield, Texas
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Arley Vernon Smith
Residence of father (if deceased so state) same
Birthplace of father (State or foreign country) Arkansas
9. Full maiden name of mother Irene Marie Thomas
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Arkansas

State of Indiana, 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 20 day of April, 1978
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, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Middle Last
Sherry Lynn Starkey
Date of Birth Month Day Year
10 25 1954
Place of Birth (State or foreign country)
Deerfield, Indiana
Residence Address Street or R. R. City County State
R. 18 Box 314, Deerfield, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Dean Starkey
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Joyce Carolyn Wilsey
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Ohio

State of Indiana, 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 20 day of April, 1978
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, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 April, 1978, authorizing the joining together as husband and wife of Stephen W. Smith and Sherry Lynn Starkey.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Steve Willseep, hereby certify that on the 11th day of June, 1978, at Brownsville, Texas, County of Bowie, State of Texas, Groom Stephen William Smith and, Bride Sharon Lynn Starkey, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 11 day of June, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of June, 1978.

Signed Steve Willseep
Official Designation Elder - Seventh Day Adventist Church
Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 119
File _____
Date of Application April 21 1978

MALE

Medical Examination Report Dated April 17, 1978
Name of Physician Irving Cohen

FEMALE

Medical Examination Report Dated April 19, 1978
Name of Physician William Edwards

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Jeffrey L. Kelso
Date of Birth August 5 1960
Place of Birth (State or foreign country) Indiana
Residence Address RR 2 Box 314 Clayton, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 C. C. Kelso
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Clara Jean Balay
Residence of mother (if deceased so state) RR 2 Box 314 Clayton
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Jeffrey L. Kelso
New Address RR 2 Clayton

Subscribed and sworn to before me this 21 day of April, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Father is deceased

State of Indiana, HENDRICKS ss:
County of _____

Signed Deceased Father
Signed Clara Jean Kelso Mother

Subscribed and sworn to before me this 21 day of April, 1978
Glen M. Harvey Clerk

FEMALE APPLICANT

Name Jeri L. Faulk
Date of Birth October 10 1959
Place of Birth (State or foreign country) Indiana
Residence Address RR 2 Box 243 Clayton, 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Bobbie G. Faulk
Residence of father (if deceased so state) RR 2 Box 243 Clayton
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sydney M. Aea
Residence of mother (if deceased so state) RR 2 Box 243 Clayton
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Jeri L. Faulk
New Address RR 2 Clayton

Subscribed and sworn to before me this 21 day of April, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be it remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 25th day of April, 1978, authorizing the joining together as husband and wife of Jeffrey W. Kelson and Terri L. Faulk

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James M. Cunningham hereby certify that on the 29th day of April, one thousand nine hundred and 78 at Clayton, County of Hendricks State of Indiana, Groom Jeffrey L. Kelso of Hendricks County, State of Indiana and, Bride Terri L. Faulk of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 29th day of April, 1978
Signed James W. Cunningham
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of May, 1978
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. 120
File 39
4-21-78
Date of Application

County

MALE
Medical Examination Report Dated 4-18-78
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 4-18-78
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 James D. Boling
Date of Birth October 27 1950
Place of Birth (State or foreign country) Ind.
Residence Address 1641 N. Goodlet City Indianapolis County Ind. 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 William H. Boling
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Norma J. Smith
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed James D. Boling
New Address 890 Ridgewood 202 D Plainfield

Subscribed and sworn to before me this 21 day of April, 1978.
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Michelle St. Jones
Date of Birth September 4 1950
Place of Birth (State or foreign country) Indianapolis
Residence Address 890 Ridgewood #202 D Plainfield Ind. City Ind. County Ind. 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 Sheldon Eugene Jones
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Grace Louise Burgess
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Michelle St. Jones
New Address 890 Ridgewood 202 D Plainfield

Subscribed and sworn to before me this 21 day of April, 1978.
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 April, 1978, authorizing the joining together as husband and wife of James D. Boling and Michelle St. Jones.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer, hereby certify that on the 28 day of April, 1978, at Danville, County of Hendricks, State of Indiana, Groom James D. Boling and, Bride Michelle St. Jones 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 28 day of April, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of May, 1978.
Signed John C. Maurer
Official Designation Judge Superior Court #2
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 121File 394-21-78

Date of Application

County

MALEMedical Examination Report Dated 4-19-78Name of Physician Dale S. Benson**FEMALE**Medical Examination Report Dated 4-19-78Name of Physician Dale S. Benson

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert J. Buffington
Date of Birth November 21 1943
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 609 Locust St. Brownsburg 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.
Tracy Lynne Buffington

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support. (Hendricks Co. Clerk)

8. Full name of father Robert Bernard BuffingtonResidence of father (if deceased so state) Hollywood, Calif.Birthplace of father (State or foreign country) Indiana9. Full maiden name of mother Helen HardyResidence of mother (if deceased so state) Indianapolis, In.Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Robert J. BuffingtonNew Address 609 Locust St. BrownsburgSubscribed and sworn to before me this 21 day of April, 1978Clerk Glen M. Harvey HENDRICKS Circuit Court**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk _____

FEMALE APPLICANT

Name Ernestine D. Jones
Date of Birth March 21 1940
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 609 Locust St. Brownsburg 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.
Susan Elaine Querry

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐

If answer is "yes", it is required that this Application be 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 Dale BakerResidence of father (if deceased so state) DeceasedBirthplace of father (State or foreign country) Illinois9. Full maiden name of mother Charlene SizemoreResidence of mother (if deceased so state) DeceasedBirthplace of mother (State or foreign country) W. Virginia

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Ernestine D. JonesNew Address 609 Locust St. BrownsburgSubscribed and sworn to before me this 21 day of April, 1978Clerk Glen M. Harvey HENDRICKS Circuit Court**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 25 day of April, 1978, authorizing the joining together as husband and wife

Robert J. Buffington and Ernestine D. Jones

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David J. VanCuren hereby certify that on the 29th day of April, 1978, at Springboro, In. County of White

one thousand nine hundred and 78 at Springboro, In. County of White

State of Indiana, Groom Robert John Buffington of Marion County, State of Indiana

and, Bride Ernestine Diane Jones of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25th day of April, 1978 Signed David J. VanCuren

Official Designation Minister _____, 1978

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of May, 1978

Signed Glen M. Harvey HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 122
File 39
4-21-78
Date of Application

MALE
Medical Examination Report Dated April 18, 1978
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated April 18, 1978
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 Jeffrey Raymond Apman
Date of Birth March 8 1957
Place of Birth (State or foreign country) St. Cloud, Minnesota
Residence Address 215 Welcome Way, Indianapolis, 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 Herman Apman
Residence of father (if deceased so state) 10523 108th Ave. N., Maple Grove, MN
Birthplace of father (State or foreign country) Minnesota

9. Full maiden name of mother Jeanette U. Rossmann
Residence of mother (if deceased so state) 10523 108th Ave. N., Maple Grove, MN
Birthplace of mother (State or foreign country) Minnesota

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Jeffrey Raymond Apman
New Address 315 Welcome Way, Indpls.

Subscribed and sworn to before me this 21 day of April, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT
Name Kathryn Lynn Alexander
Date of Birth January 16 1957
Place of Birth (State or foreign country) El Paso, Texas
Residence Address RR 1 Bx 274, Danville, 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 Ronald Lee Alexander
Residence of father (if deceased so state) RR 1 Bx 274, Danville, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Gayle Jeanne Holdaway
Residence of mother (if deceased so state) RR 1 Bx 274, Danville, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Kathryn L. Alexander
New Address 315 Welcome Way, Indpls.

Subscribed and sworn to before me this 21 day of April, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 25th day of April, 1978, authorizing the joining together as husband and wife of Jeffrey Raymond Apman and Kathryn Lynn Alexander.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Francis J. Reine, hereby certify that on the 29th day of April, 1978, at Speedway, County of Marion, State of Indiana, Groom Jeffrey Raymond Apman and, Bride Kathryn Lynn Alexander 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 May, 1978.

Signed Francis J. Reine
Official Designation Catholic Priest
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of May, 1978.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 123
File 4-21-78
Date of Application

County

MALE

Medical Examination Report Dated 4-18-78
Name of Physician Thomas Walker

FEMALE

Medical Examination Report Dated 4-18-78
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Randy Gene Stanton
Date of Birth May 14 1955
Place of Birth (State or foreign country) Ind.
Residence Address 409 W. Mill Danville
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Arnold Stanton
Residence of father (if deceased so state) Unknown
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Mary C. Owens
Residence of mother (if deceased so state) Danville, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Randy Gene Stanton
New Address Plainfield, Ind.

Subscribed and sworn to before me this 21 day of April, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Patricia Linda Richard
Date of Birth Dec 4 1959
Place of Birth (State or foreign country) Ind.
Residence Address RT 6 Box 269 Danville
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Richard
Residence of father (if deceased so state) Clayton, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Shirley Crawford
Residence of mother (if deceased so state) Danville, Ind.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia L. Richard
New Address Plainfield, Ind.

Subscribed and sworn to before me this 21 day of April, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____ 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 25 day of April, 1978, authorizing the joining together as husband and wife of Randy Gene Stanton and Patricia Linda Richard.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Stump, hereby certify that on the _____ day of 6th May, one thousand nine hundred and 78, at Danville, County of Hendricks, State of Indiana, Groom Randy Gene Stanton of Hendricks County, State of Indiana, and, Bride Patricia Linda Richard of Hendricks County, State of Indiana, were by me united 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 May, 1978.

Signed Dr. Joseph D. Stump
Official Designation Minister, 1978.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of May, 1978.

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. 124
File _____
Date of Application April 24, 1978

County _____

MALE
Medical Examination Report Dated April 18, 1978
Name of Physician April David Haggard MD

FEMALE
Medical Examination Report Dated April 18, 1978
Name of Physician David A. Haggard 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 Douglas Waltz
Date of Birth 8 13 1951
Place of Birth (State or foreign country) Muncie Ind
Residence Address 9880 W. 10th St Indpls In.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

FEMALE APPLICANT
Name Sandra Eaton
Date of Birth 9 26 1956
Place of Birth (State or foreign country) Indianapolis In.
Residence Address 3413 S. Smith Rd Indpls 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
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Douglas Eugene Waltz
Residence of father (if deceased so state) 3724 Oakwood Dr. Anderson In.
Birthplace of father (State or foreign country) Muncie In.

9. Full maiden name of mother Norma C. Keys
Residence of mother (if deceased so state) 3724 Oakwood Dr. Anderson In.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Douglas P. Waltz
New Address 9880 W. 10th St 14-1 Indpls 46234

Subscribed and sworn to before me this 24 day of April, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Koy M. Eaton
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Virginia Mary Sheffield
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Sandra J. Eaton
New Address 9880 W. 10th St 14-1 Indpls 46234

Subscribed and sworn to before me this 24 day of April, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 April, 1978, authorizing the joining together as husband and wife of Douglas E. Waltz and Sandra J. 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 6 day of May, one thousand nine hundred and 78, at Plainfield, County of Hendricks, State of Indiana, Groom Douglas E. Waltz and, Bride Sandra J. 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 _____ County, State of Indiana.
Dated this 6 day of May, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1978.
Signed Marc S. Hays
Official Designation Pastor
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. 125

File _____

Date of Application 4-24-78

County _____

MALEMedical Examination Report Dated 4-20-78Name of Physician Wm. M. Glickson, MD**FEMALE**Medical Examination Report Dated 4-20-78Name of Physician Wm. M. Glickson, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Michael Mark Colgan
Date of Birth 9 13 1950
Place of Birth (State or foreign country) Illinois
Residence Address 201 South Center, Plainfield, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Frances M. ColganResidence of father (if deceased so state) Plainfield, InBirthplace of father (State or foreign country) Illinois9. Full maiden name of mother Beatrice WhiteResidence of mother (if deceased so state) sameBirthplace of mother (State or foreign country) IllinoisState of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.Signed Michael M. ColganNew Address 201 S Center StSubscribed and sworn to before me this 24 day of April, 1978Glen 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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk**FEMALE APPLICANT**

Name Denise Elaine Bush
Date of Birth 6 4 1953
Place of Birth (State or foreign country) Indiana
Residence Address 201 South Center, Plainfield, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Kellogg BushResidence of father (if deceased so state) Boca Raton, Fla.Birthplace of father (State or foreign country) Indiana9. Full maiden name of mother Geneva Mae CrawfordResidence of mother (if deceased so state) sameBirthplace of mother (State or foreign country) KentuckyState of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.Signed Denise E. BushNew Address 201 S Center StSubscribed and sworn to before me this 24 day of April, 1978Glen 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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 April, 1978, authorizing the joining together as husband and wife

Michael M. Colgan and Denise E. Bush

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert W. Sexson hereby certify that on the 30th day of April

one thousand nine hundred and 78 at Indianapolis, County of Marion

State of Indiana, Groom Michael M. Colgan of Hendricks County, State of Indiana

and, Bride Denise E. 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

Dated this 30th day of April, 1978

Signed Robert W. SexsonOfficial Designation MinisterSigned Glen M. Harney ClerkHENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of May, 1978

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. 126
File 39
Date of Application 4-28-78

County _____

MALE
Medical Examination Report Dated 4-24-78
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 4-24-78
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 Joel C. Benge
Date of Birth July 15 1958
Place of Birth (State or foreign country) Indiana
Residence Address R.R. 1 Box 90 North Salem, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Leaming Benge
Residence of father (if deceased so state) R.R. 1 Box 90 N. Salem, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Patricia June Snyder
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Joel C. Benge
New Address R.R. 1 Box 90 North Salem, Ind.
Subscribed and sworn to before me this 28 day of April, 1978.
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 May, 1978, authorizing the joining together as husband and wife of Joel C. Benge and Brenda S. Beck.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. David Clark, hereby certify that on the 5th day of May, one thousand nine hundred and 78, at Barnard, County of Putnam, State of Indiana, Groom Joel C. Benge and, Bride Brenda S. Beck of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 5th day of May, 1978.

Signed Rev. David D. Clark
Official Designation Minister of the Gospel
Subscribed and sworn to before me this 24th day of May, 1978.
Glen M. Harney Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Brenda S. Beck
Date of Birth May 27 1978
Place of Birth (State or foreign country) Indiana
Residence Address R.R. 1 Box 90A North Salem, 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 E. Beck
Residence of father (if deceased so state) R.R. 1 Box 90A N. Salem, Ind.
Birthplace of father (State or foreign country) Tennessee
9. Full maiden name of mother Maryle M. Nicely
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Brenda S. Beck
New Address R.R. #1 Box 90 North Salem, Ind.
Subscribed and sworn to before me this 28 day of April, 1978.
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 127

File 4-28-78
Date of Application

County

MALE
Medical Examination Report Dated 4-27-78
Name of Physician James Black

FEMALE
Medical Examination Report Dated 4-27-78
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, representa-

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Life Ins.

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☒
If answer is "yes", has the adjudication been removed? No ☐ Yes ☒
- Are you afflicted with a transmissible disease? No ☐ Yes ☒
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☒
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☒
- Are you now under the influence of a narcotic drug? No ☐ Yes ☒
- List the full names of any dependent children.
Brett Charwaters
Kurt Charwaters

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Noble R. Charwaters
Residence of father (if deceased so state): Besse Union, Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Calleen Pitts
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 the information given in this application is true and correct.

Signed: Clyde D. Charwaters
New Address: R3 Box 656 Plainfield Ind.

Subscribed and sworn to before me this 28 day of April, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1978
Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☒
If answer is "yes", has the adjudication been removed? No ☐ Yes ☒
- Are you afflicted with a transmissible disease? No ☐ Yes ☒
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☒
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☒
- Are you now under the influence of a narcotic drug? No ☐ Yes ☒
- List the full names of any dependent children.
Brett Charwaters
Kurt Charwaters

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 W. Sharp
Residence of father (if deceased so state): Bremen, Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Pearl M. Rader
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 the information given in this application is true and correct.

Signed: Ann M. Charwaters
New Address: R3 Box 656 Plainfield Ind.

Subscribed and sworn to before me this 28 day of April, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1978
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County of 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 County of Circuit, 1978, authorizing the joining together as husband and wife of Indiana dated the 28 day of April, 1978.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harvey, hereby certify that on the 28 day of April, 1978, at Danville, County of Hendricks, State of Indiana, Groom: Clyde D. Charwaters, of Hendricks, County, State of Indiana, and, Bride: Ann Marie Charwaters, of Hendricks, County, State of Indiana, were by me united 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 April, 1978.

Signed: Glen M. Harvey
Official Designation: Clerk, Hendricks Co., 1978.

Signed: Glen M. Harvey
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of April, 1978.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 128
File 39
Date of Application 4-28-78

County

MALE
Medical Examination Report Dated 4-26-78
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 4-26-78
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 Joseph L. Settles, Jr.
Date of Birth March 27 1960
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Rt 1 Box 448 Clayton 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 Joseph L. Settles, Sr.
RR 1 Box 309 Clayton, Ind.
Residence of father (if deceased so state) Clayton, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Ruby A. Biggs
RR 1 Box 448 Clayton, Ind.
Residence of mother (if deceased so state) Clayton, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed X Joseph L. Settles, Jr.
New Address RR 1 Box 448 Clayton, Ind.

Subscribed and sworn to before me this 28 day of April, 1978.
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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN 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 May, 1978, authorizing the joining together as husband and wife of Joseph L. Settles, Jr. and Rosann M. Cooper.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Malcolm R. Neier,
one thousand nine hundred and 78 hereby certify that on the 5th day of May,
State of Indiana, Groom Joseph L. Settles, Jr. at Stilesville, County of Hendricks,
and, Bride Rosann M. Cooper of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 5th day of May, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of May, 1978.
Signed Malcolm R. Neier
Official Designation Minister of the Gospel
Signed Glenn 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. 129
File 39
Date of Application April 28, 1978

MALE
Medical Examination Report Dated 4-25-78
Name of Physician Thomas M. Walker M.D.

FEMALE
Medical Examination Report Dated 4-25-78
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, representa-

MALE APPLICANT
Name Russell K. Hulce
Date of Birth August 10, 1927
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address 10 S. Green Street or R. R. Brownsburg 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)
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Frank Hulce
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother: June Summers
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Putnam Co.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Russell K. Hulce
New Address 799 HAMSTRAD. BROWNSBURG
Subscribed and sworn to before me this 28 day of April, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed Father
Signed Mother
Subscribed and sworn to before me this day of 1978
Clerk

FEMALE APPLICANT
Name Marjorie M. Stanbrough
Date of Birth May 19, 1928
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address 4312 Maden Rd. Brownsburg 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)
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 E. Mathias
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Wisconsin
9. Full maiden name of mother: Emma F. Leiss
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Marjorie M. Stanbrough
New Address 799 Hamstrad Rd.
Subscribed and sworn to before me this 28 day of April, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed Father
Signed Mother
Subscribed and sworn to before me this day of 1978
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued 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 4 day of May, 1978, authorizing the joining together as husband and wife Russell K. Hulce and Marjorie M. Stanbrough
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Roger L. Dean hereby certify that on the 19 day of May, one thousand nine hundred and 78 at Indianapolis, County of Marion, State of Indiana, Groom Russell K. Hulce of Hendricks County, State of Indiana, and Bride Marjorie M. Stanbrough 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 19 day of May, 1978.
Signed Roger L. Dean
Official Designation Minister
day of May, 1978
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of May, 1978

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 130
File 39
County _____
Date of Application 4-28-78

MALE
Medical Examination Report Dated 4-20-78
Name of Physician A. M. Alarcon, Jr.

FEMALE
Medical Examination Report Dated 4-20-78
Name of Physician A. 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 Howard Lee Clark
Date of Birth Sept 8 1939
Place of Birth (State or foreign country) Brooklyn, Ind
Residence Address Rt 1 Box 171, Stilesville, Ind
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1975 - Butler Co Kentucky
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Drivers license with picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Emerson Clark
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Dorothy Mae Johnson
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Howard Lee Clark
New Address Rt 1 Box 171 Stilesville, Ind.
Subscribed and sworn to before me this 28 day of April, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 May, 1978, authorizing the joining together as husband and wife of Howard Lee Clark and Jo Ann Funk.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Caul E. Hubble, hereby certify that on the 6 day of May, one thousand nine hundred and 78, at Stilesville, County of Hendricks, State of Indiana, Groom Howard Lee Clark and, Bride Jo Ann Funk of Hendricks County, State of Indiana, were by me united 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 May, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of May, 1978.
Signed Caul E. Hubble Official Designation Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Jo Ann Funk
Date of Birth Nov 9 1934
Place of Birth (State or foreign country) Louisville, Kentucky
Residence Address Rt 1 Box 171, Stilesville, Ind
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1978 - Hendricks Co
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

Duane Ross Funk

7. Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 R. Huffman
Residence of father (if deceased so state) Stilesville, Ind
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Alma Clara Leslie
Residence of mother (if deceased so state) Stilesville, Ind
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Jo Ann Funk
New Address Rt 1 Box 171 Stilesville, Ind.
Subscribed and sworn to before me this 28 day of April, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

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. 131
File 39
Date of Application 4-28-78

Hendricks County

MALE
Medical Examination Report Dated 4-27-78
Name of Physician Thomas Black M.D.

FEMALE
Medical Examination Report Dated 4-27-78
Name of Physician Thomas Black M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Charles Jeffrey Loyd
Date of Birth March 20 1956
Place of Birth (State or foreign country) Tennessee
Residence Address 24 Broadway Coatesville Hend. Ind.
Previous Marital Status: Never Married ☐ OR Remarriage
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

Jason Allen Loyd
Nicole Ann Loyd
7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Kyle J. Morelock
Residence of father (if deceased so state): 1735 West Morris St. Indpls.
Birthplace of father (State or foreign country): Tenn.
9. Full maiden name of mother: Sherley Barnett
Residence of mother (if deceased so state): same
Birthplace of mother (State or foreign country): Tenn.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Charles Jeffrey Loyd
New Address 24 Broadway Coatesville Ind.

Subscribed and sworn to before me this 28 day of April, 1978.
Glen M. Harway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Sky Ann Mae Loyd
Date of Birth Nov. 26 1954
Place of Birth (State or foreign country) Calif.
Residence Address 24 Broadway Coatesville Hend. Ind.
Previous Marital Status: Never Married ☐ OR Remarriage
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Inman Jr.
Residence of father (if deceased so state): P. 2 Coatesville Ind.
Birthplace of father (State or foreign country): Ind.
9. Full maiden name of mother: Gloria Marker
Residence of mother (if deceased so state): Calif.
Birthplace of mother (State or foreign country): Ohio

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Sky Ann Mae Loyd
New Address 24 Broadway Coatesville Ind.

Subscribed and sworn to before me this 28 day of April, 1978.
Glen M. Harway Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 5 day of May, 1978, authorizing the joining together as husband and wife of Charles Jeffrey Loyd and Sky Ann Mae Loyd.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Delbert M. Smith, hereby certify that on the 5th day of May,
one thousand nine hundred and 78 at Coatesville, County of Hendricks,
State of Indiana, Groom Charles Jeffrey Loyd of Hendricks County, State of Indiana,
and, Bride Sky Ann Mae Loyd of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County,
Dated this 5th day of May, 1978.

Signed Rev. Delbert M. Smith
Official Designation Minister, Coatesville M. Church
15 day of May, 1978.
Signed Glen M. Harway Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 132
File 39
Date of Application 5-1-78

MALE
Medical Examination Report Dated April 24, 1978
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated April 24, 1978
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 Robert Lee Carter
Date of Birth November 1, 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R 1 Box 236, Coatesville, Ken., 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
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
 - Full name of father Russell W. Carter
Residence of father (if deceased so state) R 1 Bx 236, Coatesville, Ind.
Birthplace of father (State or foreign country) Indiana
 - Full maiden name of mother Helen A. Roney
Residence of mother (if deceased so state) R 1 Bx 236, Coatesville, Ind.
Birthplace of mother (State or foreign country) Indiana
- State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Robert Lee Carter
New Address 1233 Raymond St. Plainfield, Ind. 46168

Subscribed and sworn to before me this 1 day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT
Name Karen Sue Hostetter
Date of Birth December 31, 1956
Place of Birth (State or foreign country) Shenandoah, Ind.
Residence Address RR 2, Box 223, Clayton, Ken., 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
 - Full name of father Eugene C. Hostetter
Residence of father (if deceased so state) RR 2, Bx 223, Clayton, Ind.
Birthplace of father (State or foreign country) Indiana
 - Full maiden name of mother Cecil M. Hart
Residence of mother (if deceased so state) RR 2, Bx 223, Clayton, Ind.
Birthplace of mother (State or foreign country) Indiana
- State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Karen Sue Hostetter
New Address 1233 Raymond St. Plainfield, Ind. 46168

Subscribed and sworn to before me this 1 day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5 day of May, 1978, authorizing the joining together as husband and wife of Robert Lee Carter and Karen Sue Hostetter.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Clarence E. Hopkins, hereby certify that on the 6th day of May, 1978, at Morgan, County of Morgan, State of Indiana, Groom Robert Lee Carter and, Bride Karen Sue Hostetter of Hendricks County, State of Indiana were by me united 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 May, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1978.
Signed Rev. Clarence E. Hopkins
Official Designation Baptist Minister
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 133

File 39

5-3-78

Date of Application

County

MALE

Medical Examination Report Dated 4-11-78

Name of Physician Larry D. Lovall

FEMALE

Medical Examination Report Dated 4-11-78

Name of Physician Larry D. Lovall

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Patrick D. Liddle
Date of Birth February 18 1952
Place of Birth (State or foreign country)

Residence Address 1541 E. Bradbury Indpls. 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 w/ picture

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Michelle Ann Liddle

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 B. Liddle
Residence of father (if deceased so state) Indpls., Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Delores J. Liddle (Hutton)

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Patrick A. Liddle

New Address Danville, Ind.

Subscribed and sworn to before me this 3 day of May, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Sandy K. Wroten
Date of Birth June 11 1957
Place of Birth (State or foreign country)

Residence Address 245 E. 400 E Danville 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Edward Wroten, Jr.
Residence of father (if deceased so state) Danville, Ind.

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Alberta Ann Minkner

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Sandra K. Wroten

New Address Danville, Ind.

Subscribed and sworn to before me this 3 day of May, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 May, 1978, authorizing the joining together as husband and wife of Patrick D. Liddle and Sandy K. Wroten.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John C. Maurer, hereby certify that on the 21 day of May, 1978, at Danville, County of Hendricks, one thousand nine hundred and 78 at _____ County, State of Indiana, State of Indiana, Groom Patrick D. Liddle of Marion County, State of Indiana, and, Bride Sandy K. Wroten of Hendricks County, State of Indiana, 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 May, 1978.

Signed John C. Maurer
Official Designation Judge, Hendricks Superior Ct. #2

22 day of May, 1978.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 134

File 39

5-1-78

Date of Application

County

MALE
Medical Examination Report Dated 4-26-78
Name of Physician Glen W. Baker

FEMALE
Medical Examination Report Dated 4-28-78
Name of Physician Nicholas N. Crochraff

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Thomas H. Bullock
Date of Birth Month Day Year
August 28 1950
Place of Birth (State or foreign country)
Indianapolis
Residence Address Street or R. R. City County State
101 1/2 S. Washington Danville, 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 photo

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Dale Bullock
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Helen J. Terrell
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.

Signed Thomas H. Bullock

New Address 101 1/2 S. Washington St. Apt 3 Danville Ind 46122

Subscribed and sworn to before me this 1 day of May, 1978.

Glen M. Harvey Clerk **HENDRICKS** Circuit Court**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1978.
Clerk

FEMALE APPLICANT

Name First Middle Last
Ladonna K. Robinson
Date of Birth Month Day Year
August 1 1955
Place of Birth (State or foreign country)
Greencastle
Residence Address Street or R. R. City County State
101 1/2 S. Washington Putnam Co. 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 photo

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Allen Robinson
Residence of father (if deceased so state) Fillmore, Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Lola Mae Lukenbill
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.

Signed Ladonna K. Robinson

New Address 101 1/2 S. Washington St. Apt 3 Danville Ind 46122

Subscribed and sworn to before me this 1 day of May, 1978.

Glen M. Harvey Clerk **HENDRICKS** Circuit Court**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1978.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the in County Court by written order issued and filed authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the **HENDRICKS** Circuit Court of Indiana dated the 5 day of May, 1978, authorizing the joining together as husband and wife of Thomas H. Bullock and Ladonna K. Robinson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Charles B. Noll, hereby certify that on the sixth day of May, one thousand nine hundred and 78, at Brownsburg, County of Hendricks, State of Indiana, Groom Thomas H. Bullock and, Bride Ladonna K. 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 5th day of May, 1978.

Signed Rev. Charles B. Noll

Official Designation Catholic Priest

Signed Glen M. Harvey Clerk **HENDRICKS** Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of May, 1978.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 135

File

County

May 3 1978
Date of Application

MALE

Medical Examination Report Dated 5-1-78

Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 5-1-78

Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Steven Middle Ray Last Settles
Date of Birth Month 10 Day 5 Year 1955
Place of Birth (State or foreign country) Buck Grove Indiana
Residence Address Street or R. R. RR#1 Box 300 City Clayton 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 Charles L. Settles Sr.
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Wida Marie Ramsey
Residence of mother (if deceased so state) Clayton Ind.
Birthplace of mother (State or foreign country) New Palestine Ind.
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed

Steven Ray Settles

New Address

RR#1 Clayton Ind.

Subscribed and sworn to before me this 3 day of May, 1978

Glenn R. Ramsey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Phyllis Middle Elaine Last Robinson
Date of Birth Month 9 Day 14 Year 1958
Place of Birth (State or foreign country) Buck Grove Indiana
Residence Address Street or R. R. Box 146 City Clayton 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.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Clifford Robinson Jr.
Residence of father (if deceased so state) Clayton Ind.
Birthplace of father (State or foreign country) Indianapolis Ind.
9. Full maiden name of mother Betty Rosemary Fry
Residence of mother (if deceased so state) Clayton Ind.
Birthplace of mother (State or foreign country) New Palestine Ind.
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed

Phyllis Elaine Robinson

New Address

R.R. #1 Clayton, Ind. 46118

Subscribed and sworn to before me this 3 day of May, 1978

Glenn R. Ramsey Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued 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 County, 1978, authorizing the joining together as husband and wife of Indiana dated the 8 day of May, 1978, and Steven Ray Settles and Phyllis Elaine Robinson
Be it further remembered, the following marriage certificate was filed in my office, to-wit: 27 day of May, 1978, at Clayton, County of Hendricks, State of Indiana, Groom Steven Ray Settles, of Hendricks, County, State of Indiana, and, Bride Phyllis Elaine 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 27 day of May, 1978

Signed

Glenn R. Ramsey, Jr.

Official Designation

Presbyterian Pastor

30 day of May, 1978

Signed

Glenn R. Ramsey

Hendricks

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 136
File May 4, 1978
Date of Application

County

MALE
Medical Examination Report Dated May 2, 1978
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated May 2, 1978
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 Michael P. Knapp
Date of Birth 9 18 1954
Place of Birth (State or foreign country) Indiana
Residence Address 429 Tulip Ct., Plainfield, 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) Discharge from 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 Red N. Knapp
Residence of father (if deceased so state) unknown
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Margaret Gustafson
Residence of mother (if deceased so state) Plainfield, In
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Michael P. Knapp
New Address 427 Tulip Ct. Plainfield
Subscribed and sworn to before me this 4 day of May, 1978
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, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Vickie K. Bare
Date of Birth 11 4 1955
Place of Birth (State or foreign country) Indiana
Residence Address 429 Tulip Ct., Plainfield
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 Bob J. Bare
Residence of father (if deceased so state) Plainfield, In
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rutha E. Williams
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Vickie K. Bare
New Address 429 Tulip Ct., Plainfield, In
Subscribed and sworn to before me this 4 day of May, 1978
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, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4 day of May, 1978, authorizing the joining together as husband and wife of Michael P. Knapp and Vickie K. Bare.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen M. Harney, hereby certify that on the 4 day of May, 1978, at Wansville, County of Hendricks, State of Indiana, Groom Michael P. Knapp and, Bride Vickie K. Bare of Hendricks County, State of Indiana were by me united 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 May, 1978.
Signed Glen M. Harney
Official Designation Clerk, Hendricks Co.
Signed Glen M. Harney
Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 137
File 39
Date of Application May 4, 1978

MALE
Medical Examination Report Dated 5-1-78
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 5-1-78
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name Michael H. Gibbs
Date of Birth December 10 1953
Place of Birth (State or foreign country) Indianapolis
Residence Address Box 66 Clayton 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 w/ photo
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father Jack G. Gibbs
Residence of father (if deceased so state) Clayton, Ind.
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Sally Janet Walker
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael A. Gibbs
New Address P.O. Box 66 Clayton Ind 46118
Subscribed and sworn to before me this 4 day of May, 1978.
Glenn M. Ramsey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT
Name Debra J. Merritt
Date of Birth April 29 1959
Place of Birth (State or foreign country) Indianapolis
Residence Address 5105 W. 12th St. Speedway 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

- Full name of father Stanley Arthur Merritt
Residence of father (if deceased so state) Washington St. Indpls., Ind.
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Johnn Mason
Residence of mother (if deceased so state) 5105 W. 12th Speedway, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debra Merritt
New Address P.O. Box 66 Clayton Ind 46118
Subscribed and sworn to before me this 4 day of May, 1978.
Glenn M. Ramsey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 _____, 1978, authorizing the joining together as husband and wife of Indiana dated the 8 day of May.

Michael A. Gibbs and Debra J. Merritt

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 13th day of May

I, Glenn R. Ramsey, Jr. hereby certify that on the _____ day of _____, County of _____

one thousand nine hundred and 78 at _____, County, State of _____

State of Indiana, Groom Michael A. Gibbs of _____ County, State of _____

and, Bride Debra J. Merritt 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. 13th day of May, 1978

Dated this _____ day of _____, 19____. Signed Glenn R. Ramsey, Jr.

Official Designation Presbyterian Pastor

16th day of May, 1978

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____. Signed Glenn M. Ramsey Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 138
File _____
Date of Application May 4, 1978

MALE
Medical Examination Report Dated 5/2/78
Name of Physician Dr. Larry D. Lowell

FEMALE
Medical Examination Report Dated 5/2/78
Name of Physician Dr. Larry D. Lowell

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Ronald E. Carrington
Date of Birth September 27, 1957
Place of Birth (State or foreign country) Indiana
Residence Address R.R. #2 Box 234 Danville, 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) Married License (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 Russell Carrington
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marianne Booker
Residence of mother (if deceased so state) Florida
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Ronald E. Carrington
New Address R.R. #2 Box 234 Danville
Subscribed and sworn to before me this 4 day of May, 1978
John M. Morley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1978, authorizing the joining together as husband and wife of RONALD E. CARRINGTON and PATRICIA ANN VAUGHN.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, DONALD L. THOMPSON, hereby certify that on the 8th day of JUNE, one thousand nine hundred and 78, at AVON, County of HENDRICKS, State of Indiana, Groom RONALD E. CARRINGTON of HENDRICKS County, State of IN and, Bride PATRICIA ANN VAUGHN of HENDRICKS County, State of IN were by me united 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 JUNE, 1978.
Signed /s/ REV. DONALD L. THOMPSON
Official Designation MISSIONARY NAVAJO INDIANS
Signed John M. Morley 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. 139

File May 4, 1978
Date of Application

MALE
Medical Examination Report Dated 5-2-78
Name of Physician E. Kaurmay, M.D.

FEMALE
Medical Examination Report Dated 5-2-78
Name of Physician E. Kaurmay

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Joseph Lee Gerard
Date of Birth Sept 20 1956
Place of Birth (State or foreign country) Ind.
Residence Address 801 Wickford Dr. Indianapolis, 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) Ind. License 5316-66-09723
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Lee Gerard
Residence of father (if deceased so state) Norwalk, Va.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Janet Olsen
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 the information given in this application is true and correct.
County of HENDRICKS

Signed Joseph L Gerard
New Address 801-F Wickford Dr. Ind.
Subscribed and sworn to before me this 4 day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT
Name Tracy Lynn Mohler
Date of Birth Aug 25 1959
Place of Birth (State or foreign country) Ind.
Residence Address 341 Southmore 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Johnny M. Mohler
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Lillian Fern Acton
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Ky.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Tracy L Mohler
New Address 801-F Wickford Dr. Ind.
Subscribed and sworn to before me this 4 day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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 2th day of May, 1978, authorizing the joining together as husband and wife of Joseph Lee Gerard and Tracy Lynn Mohler

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. Kent Allen hereby certify that on the 14th day of May,
one thousand nine hundred and 78 at Plainfield, County of Hendricks,
State of Indiana, Groom Joseph Lee Gerard of Hendricks County, State of Indiana,
and, Bride Tracy Lynn Mohler of Hendricks County, State of Indiana,
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 14th day of May, 1978
Signed R. Kent Allen
Official Designation Minister, 1978
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of May, 1978

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. 140
File 39
Date of Application 5-5-78

County

MALE
Medical Examination Report Dated 5-4-78
Name of Physician William Wagner

FEMALE
Medical Examination Report Dated 5-4-78
Name of Physician William 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 Scotty Dean Scotten
Date of Birth November 6 1954
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 264 N. Mill 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) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Barry D. Scotten
Residence of father (if deceased so state) 264 N. Mill, Plainfield
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Marjorie G. Friel
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Scotty D. Scotten
New Address 3188 W. 10th Winding Brook Apts Apt 824D

Subscribed and sworn to before me this 5 day of May, 1978
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Candis Kay Bryan
Date of Birth February 3 1958
Place of Birth (State or foreign country) Indpls., Indiana
Residence Address 272 N. Mill, 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) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Russell H. Bryan
Residence of father (if deceased so state) 896 N. Mill apt 11, Plainfield
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jane C. Eckert
Residence of mother (if deceased so state) 272 N. Mill, Plainfield
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Candis K. Bryan
New Address 3188 W. 10th Winding Brook Apts #824D Indpls

Subscribed and sworn to before me this 5 day of May, 1978
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, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1978, authorizing the joining together as husband and wife of Scotty Dean Scotten and Candis Kay Bryan.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Thomas C. Chittenden Jr. hereby certify that on the 13 day of May, one thousand nine hundred and 78, at Plainfield, County of Hendricks, State of Indiana, Groom Scotty Dean Scotten and, Bride Candis Kay Bryan of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 13 day of May, 1978.

Signed Thomas C. Chittenden Jr.
Official Designation minister
day of May, 1978
Signed Ellen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of May, 1978.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 141

File _____

County _____

Date of Application May 8 1978

MALE
Medical Examination Report Dated May 1, 1978
Name of Physician Glenn C. Lord MD

FEMALE
Medical Examination Report Dated May 1, 1978
Name of Physician Glenn C. Lord MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Thomas Patrick Wolfe
Date of Birth 8 16 1957
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address R.R. #1 Box 409, Plainfield, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 D. Wolfe Jr.
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary M. Blair
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas P Wolfe
New Address 245 N Vine Apt 16 PHD.

Subscribed and sworn to before me this 8 day of May, 1978
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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Sheree Lynn McGraw
Date of Birth Oct 13 1958
Place of Birth (State or foreign country) Anderson, In.
Residence Address 245 North Vine Apt 16, Plainfield
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Marshall W. McGraw
Residence of father (if deceased so state) Rt 1 Highway 34, Sharpsburg, Georgia
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Rosemary Arnett
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sheree L. McGraw
New Address 245 N. Vine Apt 16

Subscribed and sworn to before me this 8 day of May, 1978
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, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 12 day of May, 1978, authorizing the joining together as husband and wife Thomas Patrick Wolfe and Sheree Lynn McGraw.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Quinton Laffin hereby certify that on the 13 day of May, one thousand nine hundred and 78 at Plainfield, County of Hendricks, State of Indiana, Groom Thomas P Wolfe of Hendricks County, State of Indiana, and, Bride Sheree L McGraw of Hendricks County, State of Indiana, were by me united 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 May, 1978.

Signed Quinton Laffin
Official Designation Minister, 1978.
Signed Glenn M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of May, 1978.

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. 142

File

May 8 1978
Date of Application

MALE
Medical Examination Report Dated 5-2-78
Name of Physician Ralph A. Leser

FEMALE
Medical Examination Report Dated 5-2-78
Name of Physician Ralph A. Leser

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert Dale Bell, Jr.
Date of Birth 7/4/1958
Place of Birth (State or foreign country) Chillicothe, Ohio
Residence Address 423 Arch St., Chillicothe, 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) Driver's License with picture
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Dale Bell, Sr.
Residence of father (if deceased so state) Chillicothe, Ohio
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Joyce Alice Brown
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Robert D. Bell, Jr.
New Address 3405 Lehman Rd., Cincinnati, Ohio 45204

Subscribed and sworn to before me this 8 day of May, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name Cynthia Ann Farr
Date of Birth 11/3/1957
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address 2707 Earhart Ave., Indpls., 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)
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Farr
Residence of father (if deceased so state) Indpls., Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Virginia Rosemary Holt
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Cynthia Ann Farr
New Address 3405 Lehman Rd., Cincy, OH 45204

Subscribed and sworn to before me this 8 day of May, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of May, 1978, authorizing the joining together as husband and wife of Robert Dale Bell, Jr. and Cynthia Ann Farr.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James W. Mossbarger, hereby certify that on the 13 day of May, 1978, at Indianapolis, County of Marion, State of Indiana, Groom Robert Dale Bell, Jr. of Cass County, State of Ohio, and, Bride Cynthia Ann Farr of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 13 day of May, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of May, 1978.
Signed James W. Mossbarger
Official Designation Minister
Signed Glen M. Harvey
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. 143

File May 8, 1978

County

Date of Application

MALE

Medical Examination Report Dated 5-3-78
Name of Physician Ronald K. Stegemoller

FEMALE

Medical Examination Report Dated 5-3-78
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 Robert Allen Montgomery
Date of Birth Feb. 24, 1947
Place of Birth (State or foreign country) P.O. Box 297 North Salem, Ind.
Residence Address 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Steven Montgomery

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Montgomery
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Bertha Canada
Residence of mother (if deceased so state) Morrisville, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Robert A. Montgomery

New Address P.O. Box 297 North Salem, Ind.

Subscribed and sworn to before me this 8 day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Madonna Dee Dotson
Date of Birth June 22, 1946
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 302 N. Nebraska, North Salem, 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 H. Marcum
Residence of father (if deceased so state) Franklin Health Care
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Wenesis Bain
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Madonna D. Dotson

New Address 302 N. Nebraska N. Salem

Subscribed and sworn to before me this 12 day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 12 day of May, 1978, authorizing the joining together as husband and wife of Robert Allen Montgomery and Madonna Dee Dotson.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen M. Harvey hereby certify that on the 14 day of May, 1978, at North Salem, County of Hendricks, State of Indiana, Groom Robert Allen Montgomery of Hendricks County, State of Indiana, and, Bride Madonna Dee Dotson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 14 day of May, 1978.
Signed Glen M. Harvey Official Designation Minister

17 day of May, 1978.
Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 144
File May 8, 1978
Date of Application

MALE
Medical Examination Report Dated 5-6-78
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 5-6-78
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 Donald Matthews
Date of Birth 4 8 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 960 Valleyview 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) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 H. Matthews
Residence of father (if deceased so state) R.R. #1 Box 402 Clayton
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Barbara Jean Hawk
Residence of mother (if deceased so state) R.R. #1 Box 402 Clayton
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Donald Bryan Matthews
New Address 960 Valleyview Dr.
Subscribed and sworn to before me this 8th day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

FEMALE APPLICANT
Name Karen L. Berlyn
Date of Birth 5 7 1957
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 647 Alpha, Brownsburg, 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 Knight Hendal Berlyn
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Sylvia Jean Houseman
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Karen Leslie Berlyn
New Address 960 Valleyview Dr.
Subscribed and sworn to before me this 8th day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 12 day of May, 1978, authorizing the joining together as husband and wife of Donald B. Matthews and Karen L. Berlyn.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clifford L. Carmichael hereby certify that on the 13th day of May, 1978, at Brownsburg, County of Hendricks, State of Indiana, Groom Donald Bryan Matthews and, Bride Karen Leslie Berlyn of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 12th day of May, 1978.

Signed Clifford L. Carmichael
Official Designation United Methodist Minister
16 day of May, 1978
Signed Glen M. Harvey
HENDRICKS Clerk
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 145
File May 8, 1978
Date of Application

MALE
Medical Examination Report Dated 4-28-78
Name of Physician M. O. Scamaron

FEMALE
Medical Examination Report Dated 4-28-78
Name of Physician M. O. Scamaron

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name James Steven Cook
Date of Birth May 18 1953
Place of Birth (State or foreign country) Ohio
Residence Address 6819 Shalimar Ct, Indpls. 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 Leslie C. Cook
Residence of father (if deceased so state) Indpls. In.
Birthplace of father (State or foreign country) Ohio
9. Full maiden name of mother Norma Stevens
Residence of mother (if deceased so state) Indpls. In.
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed James Cook
New Address 7774 Maureen Ter
Subscribed and sworn to before me this 8 day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT
Name Claudia Jo Flynn
Date of Birth Dec 3 1958
Place of Birth (State or foreign country) Indiana
Residence Address 599 W. Mill, Danville 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) #15376
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Gary C. Flynn
Residence of father (if deceased so state) Danville, In.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Jo Ann Lottridge
Residence of mother (if deceased so state) Danville, In.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Claudia Flynn
New Address 7774 Maureen Ter
Subscribed and sworn to before me this 8 day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of May, 1978, authorizing the joining together as husband and wife of James Steven Cook and Claudia Jo Flynn.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dennir R. Fulton hereby certify that on the 14th day of May, 1978, at Indianapolis, County of Marion, State of Indiana, Groom James Steven Cook of Hendricks County, State of Indiana, and, Bride Claudia Jo Flynn of HENDRICKS County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 14th day of May, 1978.
Signed Dennir R. Fulton
Official Designation Christian Minister
16 day of May, 1978
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 146

File

Date of Application

County

MALEMedical Examination Report Dated 5-5-78Name of Physician Larry F. Schneider**FEMALE**Medical Examination Report Dated 5-2-78Name of Physician Arnold J. Beckmann

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Timothy Lee Jordan
Date of Birth Sept 1 1955
Place of Birth (State or foreign country) Ind.
Residence Address 2220 Mark Rd. Apt. 1 City Columbus 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) Scholarship Service Card
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Jordan
Residence of father (if deceased so state) Columbus, Ind.

Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Barbara Schulz
Residence of mother (if deceased so state) Columbus, Ind.

Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Timothy Lee Jordan
New Address 2220 Mark Rd. - #1

Subscribed and sworn to before me this 9th day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 May, 1978, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marc S. Naup hereby certify that on the 20 day of May, 1978, at Plainfield, County of Hendricks, State of Indiana, Groom Timothy Lee Jordan and, Bride Audrey Marie Lee of Bartholomew County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.

Dated this 20 day of May, 1978.

Signed Marc S. Naup
Official Designation Pastor
day of June, 1978.

Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

FEMALE APPLICANT

Name Audrey Diana Lee
Date of Birth Oct. 25 1955
Place of Birth (State or foreign country) Indiana
Residence Address 1011 Perry Dr. City Plainfield 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) Perdue L.D.

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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) Plainfield, Ind.

Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Mary Calbert
Residence of mother (if deceased so state) Plainfield, Ind.

Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Audrey D. Lee
New Address 2220 Mark Rd #1 Columbus, IN

Subscribed and sworn to before me this 9 day of May, 1978.

_____, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 147

File
May 9 1978
Date of Application

County

MALE
Medical Examination Report Dated 5-8-78
Name of Physician C. J. O'Brien

FEMALE
Medical Examination Report Dated 5-8-78
Name of Physician C. J. O'Brien

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name First Middle Last
Dennis Edward Wagoner
Date of Birth Month Day Year
Nov. 16 1956
Place of Birth (State or foreign country)
Ind.
Residence Address Street or R. R. City County State
Rt 8 Box 255 Indpls. Hend. 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 R. Wagoner
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Freddie Bahenkamp
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 the information given in this application is true and correct.

Signed Dennis Wagoner
New Address Aiken, South Carolina

Subscribed and sworn to before me this 9th day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT
Name First Middle Last
Charlotte Ann Flick
Date of Birth Month Day Year
Dec. 5 1955
Place of Birth (State or foreign country)
Ind.
Residence Address Street or R. R. City County State
9523 Melody Ln. Indpls. Hend. 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 Marvin C. Flick
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Grace Evelyn Baker
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 the information given in this application is true and correct.

Signed Charlotte Ann Flick
New Address Aiken, South Carolina

Subscribed and sworn to before me this 9th day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1978, authorizing the joining together as husband and wife of Dennis Edward Wagoner and Charlotte Ann Flick

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Larry Lilly, hereby certify that on the 27 day of May, _____, County of Hendricks, one thousand nine hundred and 78, at Avon, Hendricks County, State of Indiana, State of Indiana, Groom Dennis Edward Wagoner of Hendricks County, State of Indiana, and, Bride Charlotte Ann Flick of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27th day of May, 1978.
Signed Larry Lilly
Official Designation Pastor Faith Baptist Church
31 day of May, 1978.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 148
File 39
5-10-78
Date of Application

County

MALE
Medical Examination Report Dated May 2, 1978
Name of Physician Larry D. Rowse

FEMALE
Medical Examination Report Dated May 2, 1978
Name of Physician Larry D. Rowse

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last
Rawleigh Charles Wilson
Date of Birth Month Day Year
October 20 1947
Place of Birth (State or foreign country)
Indpls., Ind.
Residence Address Street or R. R. City County State
P.O. Box 24, Clayton, Hen., 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) Voter's registration # 8996

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "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 Russell Wilson
Residence of father (if deceased so state) Middletown, Ohio
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Edna Louise Hale
Residence of mother (if deceased so state) Middletown, Ohio
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rawleigh Charles Wilson
New Address P.O. Box 24, Clayton, IN

Subscribed and sworn to before me this 10 day of May, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 16th day of May, 1978, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mowrer

one thousand nine hundred and 78 hereby certify that on the 27th day of May

State of Indiana, Groom Rawleigh Charles Wilson at Danville, County of Hendricks,

and, Bride Terri Jean 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 27th day of May, 1978.

Signed John C. Mowrer

Official Designation Judge, Superior Court #2

31st day of May, 1978.

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 149
File _____
Date of Application May 11, 1978

County _____

MALE

Medical Examination Report Dated 5-9-78
Name of Physician Thomas M. Walker

FEMALE

Medical Examination Report Dated 5-8-78
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 Rex Lee McDonald
Date of Birth December 28 1953
Place of Birth (State or foreign country) Richmond, Indiana
Residence Address 618 Locust Lane, Brownsburg, 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) # 234

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Jean Mc Donald
Residence of father (if deceased so state) Brownsburg Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Margaret Janet Hepler
Residence of mother (if deceased so state) Brownsburg Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Rex Lee McDonald

New Address Avon

Subscribed and sworn to before me this 11 day of May, 1978

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, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Ida Jane Cooper
Date of Birth March 4 1960
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address P.O. Box 92, Brownsburg 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) # 113-60-022370

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 A. Cooper
Residence of father (if deceased so state) Bloomington, Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Joyce A. Taylor
Residence of mother (if deceased so state) Brownsburg Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Ida Cooper

New Address Avon

Subscribed and sworn to before me this 11 day of May, 1978

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, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1978, authorizing the joining together as husband and wife of Rex Lee McDonald and Ida Jane Cooper.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Steven H. Jarrett, hereby certify that on the 10 day of June, 1978, at Brownsburg, County of Hendricks, State of Indiana, Groom Rex Lee McDonald of Hendricks County, State of Indiana, and, Bride Ida Jane Cooper of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of May, 1978.

Signed Steven H. Jarrett

Official Designation Minister, 1978

Signed Glen M. Harney Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of June, 1978.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 149
File _____
Date of Application May 11, 1978

MALE
Medical Examination Report Dated 5-9-78
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 5-8-78
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, representa-

MALE APPLICANT
Name Rex Lee Mc Donald
Date of Birth December 28 1953
Place of Birth (State or foreign country) Brownsville, Ind.
Residence Address 618 Locust Lane, Brownsburg, 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) # 234

FEMALE APPLICANT
Name Ida Jane Cooper
Date of Birth March 4 1960
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address P.O. Box 92, Brownsburg, 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) # 113-60-022370

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
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 second degree? _____
4. Are you now under the influence of intoxicating liquor? _____
5. Are you now under the influence of a narcotic drug? _____
6. List the full names of any dependent children. _____

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? _____
2. Are you afflicted with a transmissible disease? _____
3. Are you related to the male applicant closer than second degree? _____
4. Are you now under the influence of intoxicating liquor? _____
5. Are you now under the influence of a narcotic drug? _____
6. List the full names of any dependent children. _____

7. Are you required by any court order or orders to support dependent children?
If answer is "yes", it is required that this Application comply with any court order or orders issued for compliance with any court order or orders issued for support of dependent children.
8. Full name of father Leroy J. Mc Donald

JUDITH K. CREMER
CIRCUIT CLERK
P.O. Box 320
Pontiac, IL 61764-0320

County of HENDRICKS
Signed _____
Signed _____

Subscribed and sworn to before me this _____

COMPLETE IF MARRIAGE LICENSE

County _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19 78, authorizing the joining together as husband and wife of Indiana dated the 18 day of May, 19 78, and Rex Lee Mc Donald and Ida Jane Cooper.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Steven H. Jarrett, hereby certify that on the 10 day of June, 19 78, at Brownsburg, County of Hendricks, one thousand nine hundred and 78 State of Indiana, Groom Rex Lee Mc Donald of Hendricks County, State of Indiana, and, Bride Ida Jane Cooper of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 18 day of May, 19 78. Signed Steven H. Jarrett
Official Designation minister, 19 78.
Filed and recorded in accordance with the laws of the State of Indiana this 19 day of June, 19 78. Signed Glen M. Ramsey 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. 150
File _____
Date of Application May 12, 1978

MALE
Medical Examination Report Dated 5/4/78
Name of Physician Joseph C. Kerlin M.D.

FEMALE
Medical Examination Report Dated 5/4/78
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 Burren First E. Middle Gearty Last
Date of Birth November Month 30 Day 1927 Year
Place of Birth (State or foreign country) Indiana
Residence Address 364 Urban Street or R. R. Urban City Blauvelt 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) discharge paper
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Mary Louis Gearty
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Leta Marie Ellis
Residence of mother (if deceased so state) Blauvelt, Ind.
Birthplace of mother (State or foreign country) Boone Co. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Burren E. Gearty
New Address 364 Urban St

Subscribed and sworn to before me this 12 day of May, 1978
John M. Shroy Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN 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 May, 1978, authorizing the joining together as husband and wife of Burren E. Gearty and Mary L. Jump.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Goff, hereby certify that on the 20 day of May, 1978, at Blauvelt, County of Hendricks, State of Indiana, Groom Burren E. Gearty of Hendricks County, State of Indiana and, Bride Mary L. Jump 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, 1978.
Signed John C. Goff
Official Designation E. piscopal Priest
_____, day of _____, 19____.
Signed _____ Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

FEMALE APPLICANT

Name Mary First L. Middle Jump Last
Date of Birth January Month 16 Day 1927 Year
Place of Birth (State or foreign country) Indiana
Residence Address 46 N. Burke Street or R. R. Indpls. City Ind. County Ind. 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 W. Lentz
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Elizabeth Blaschke
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Mary L. Jump
New Address 364 Urban St

Subscribed and sworn to before me this 12 day of May, 1978
John M. Shroy Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

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. 151

File

May 12 1978
Date of Application

County

MALE

Medical Examination Report Dated 5-11-78

Name of Physician M. O. Scamaron

FEMALE

Medical Examination Report Dated 5-11-78

Name of Physician M. O. Scamaron

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Steven A. Snyder
Date of Birth 4 8 1956
Place of Birth (State or foreign country) Lebanon, In.
Residence Address R.R. #1 Box 249 Ligon, 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) # 113-56-027249

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Gross L. Snyder
Residence of father (if deceased so state) R.R. #1 Box 249 Ligon
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother June R. Kidwell
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Steven A. Snyder

New Address

Subscribed and sworn to before me this 12 day of May, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Celisa Kay Smith
Date of Birth 2 27 1957
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address R.R. #3 Box 27 Danville, 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) Divorce License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 L. Smith
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Norma L. Shy
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Celisa Kay Smith

New Address

Subscribed and sworn to before me this 12 day of May, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 May, 1978, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Norman L. Weaver, hereby certify that on the 9 day of June, one thousand nine hundred and 78, at Danville, County of Hendricks, State of Indiana, Groom Steven A. Snyder of Hendricks County, State of Indiana, and, Bride Celisa Kay 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 9 day of June, 1978.

Signed Norman L. WeaverOfficial Designation Minister, 1978Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 152

File

May 12 1978
Date of Application

County

MALE
Medical Examination Report Dated 5-10-1978
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 5-10-78
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 Steven Russell Jones
Date of Birth 7 31 1951
Place of Birth (State or foreign country) Seymour, Ind.
Residence Address 11225 N. Washington, Indpls., Ind.
Previous Marital Status: Never Married ☐ OR ☒ Divorced ☐ Annulment ☐
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.
Angela 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: Donald LeRoy Jones
Residence of father (if deceased so state): Seymour, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Lucy Adeline McKain
Residence of mother (if deceased so state): Seymour, Ind.
Birthplace of mother (State or foreign country): Indiana
State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Steven R. Jones
New Address 448 S. Wayne Danville 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, **HENDRICKS** ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 17 day of May, 1978, authorizing the joining together as husband and wife of Steven L. Jones and Brenda H. Brunner.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Map E. Stutz, hereby certify that on the 19 day of May, 1978, at Clayton, County of Hendricks, State of Indiana, Groom Steven Russell Jones of Hendricks County, State of Indiana, and, Bride Brenda Hope Brunner of Hendricks County, State of Indiana, were by me united 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 May, 1978.

Signed Map E. Stutz
Official Designation Minister
Signed Allen M. Harney
Filed and recorded in accordance with the laws of the State of Indiana this 22 day of May, 1978.
Clerk **HENDRICKS** Circuit Court

FEMALE APPLICANT

Name Brenda Hope Brunner
Date of Birth 6 12 1953
Place of Birth (State or foreign country) Hamilton, Ohio
Residence Address 448 S. Wayne Danville, Ind.
Previous Marital Status: Never Married ☐ OR ☒ Divorced ☐ Annulment ☐
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.
Connie Maria
Holly Ann

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Henderson
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Michigan
9. Full maiden name of mother: Selen Redrich
Residence of mother (if deceased so state): deceased
Birthplace of mother (State or foreign country): Michigan
State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Brenda H. Brunner
New Address 448 South Wayne, Danville 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, **HENDRICKS** ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 153

File
Date of Application May 12 1978

County

MALE
Medical Examination Report Dated 5-12-78
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 5-12-78
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, representa-

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father: Keith A. Miller
Residence of father (if deceased so state): Greenwood, Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Marjorie L. Cloud
Residence of mother (if deceased so state): Brownsburg Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Kurtis A. Miller
New Address: Grand Forks AFB N. D.
Subscribed and sworn to before me this 12 day of May, 1978
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.
I have full custody of my son.

State of Indiana, HENDRICKS } ss:
County of

Signed: Marjorie L. Bullock Father
Signed: Mother
Subscribed and sworn to before me this 12 day of May, 1978
Glen M. Harney Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Francis Brickler
Residence of father (if deceased so state): Brownsburg Ind.
Birthplace of father (State or foreign country): Indiana
9. Full maiden name of mother: Jean Ellen Pearl
Residence of mother (if deceased so state): Brownsburg Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Carol E. Brickler
New Address: Grand Forks AFB N. Dakota
Subscribed and sworn to before me this 12 day of May, 1978
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, HENDRICKS } ss:
County of

Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1978
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12th day of May 1978, authorizing the joining together as husband and wife of Kurtis A. Miller and Carol E. Brickler.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Emmitt Sebastian, hereby certify that on the 13th day of May, 1978, at Pittsboro, Hendricks County, State of Indiana, Groom Kurtis A. Miller and, Bride Carol Brickler of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 13th day of May, 1978.
Signed: Emmitt Sebastian
Official Designation: Baptist Minister
16th day of May, 1978
Signed: Glen M. Harney Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 154

File

May 12, 1978
Date of Application

County

MALE
Medical Examination Report Dated 5-6-78
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 5-6-78
Name of Physician James Black M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First James Middle Francis Last Spears
Date of Birth Month 6 Day 6 Year 1957
Place of Birth (State or foreign country) Indpls. Indiana
Residence Address 5563 Penn Lane, Indianapolis, 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 Loren Francis Spears
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Peggy Ann Branderberg
Residence of mother (if deceased so state) 26 N. 10th St. Branderberg
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James F. Spears

New Address 5563 Penn Lane Indpls, Ind.

Subscribed and sworn to before me this 12 day of May, 1978
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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Debora Middle Jean Last Monroe
Date of Birth Month 4 Day 3 Year 1960
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. 3 Box 231, Deamill, Hendricks, 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 Lewis Monroe
Residence of father (if deceased so state) same
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Frances Louise Linfieldt
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debora Jean Monroe

New Address 5563 Penn Lane

Subscribed and sworn to before me this 12 day of May, 1978
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, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1978, authorizing the joining together as husband and wife of James F. Spears and Debora Jean Monroe. Be it further remembered, the following marriage certificate was filed in my office, to-wit: Edward Curtice, hereby certify that on the 20 day of May, 1978, at Union, County of Hendricks, State of Indiana, Groom James F. Spears and, Bride Debora Jean Monroe 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 16 day of May, 1978.

Signed Edward Curtice

Official Designation Minister

Signed Glen M. Harney Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of May, 1978.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 155
File _____
Date of Application May 15, 1978

County _____

MALE

Medical Examination Report Dated May 13, 1978
Name of Physician Malcolm O. Braden

FEMALE

Medical Examination Report Dated May 13, 1978
Name of Physician Malcolm O. Braden

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name David Glenn Roseboom
Date of Birth April 14 1950
Place of Birth (State or foreign country) Pittsburg, Hendricks Co., Ind.
Residence Address Box 323, Clayfield, Hendricks, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ May 18, 1975
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Ind.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

Kristine Lee Roseboom
Robert Glenn Roseboom

- Are you required by any court order or orders to support the above dependent children? (affidavit on file) No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Glenn Roseboom
Residence of father (if deceased so state) Box 323, Clayfield, Ind.
Birthplace of father (State or foreign country) Pittsburg, Hendricks Co., Ind.
9. Full maiden name of mother Kyrene Roseboom
Residence of mother (if deceased so state) Box 323, Clayfield, Ind.
Birthplace of mother (State or foreign country) Pittsburg, Hendricks Co., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David G. Roseboom

New Address 3128 Watugate Way, Indianapolis, Ind.

Subscribed and sworn to before me this 15 day of May, 1978.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

FEMALE APPLICANT

Name Diana Lynne Hawk
Date of Birth Sept. 10 1951
Place of Birth (State or foreign country) Dayton, Montgomery Co., Ohio
Residence Address 3128 Watugate Way, Indianapolis, Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Even Co.
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree Feb. 23, 1978

☐ Other (Specify) Ohio Dept. of Health - vital statistics # 9794

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

Kathryn Lynne Hawk
Thomas Edward Hawk Jr.

- Are you required by any court order or orders to support the above dependent children? No ☒ Yes ☐
If answer is "yes", it is required that this Application be 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 Sterling Elam
Residence of father (if deceased so state) 2021 Indian Ripple Rd Xenia, Ohio
Birthplace of father (State or foreign country) West Liberty, Ky.
9. Full maiden name of mother Kathryn Lorene Williams
Residence of mother (if deceased so state) 2021 Indian Ripple Rd Xenia, Ohio
Birthplace of mother (State or foreign country) West Liberty, Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diana L. Hawk

New Address 3128 Watugate Way, Indianapolis, Ind.

Subscribed and sworn to before me this 15 day of May, 1978.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 19 day of May, 1978, authorizing the joining together as husband and wife of David Glenn Roseboom and Diana Lynne Hawk.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Mawrer, hereby certify that on the 20 day of May, one thousand nine hundred and 78, at Danville, County of Hendricks, State of Indiana, Groom David Glenn Roseboom of Hendricks County, State of Indiana, and, Bride Diana Lynne Hawk 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 May, 1978.

Signed John C. Mawrer
Official Designation Judge, Superior Ct. #2
23 day of May, 1978.
Clerk
Signed Glen M. Harwell
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 156

File

County

May 15, 1978
Date of Application

MALE
Medical Examination Report Dated May 8, 1978
Name of Physician David M. Hadley M.D.

FEMALE
Medical Examination Report Dated May 8, 1978
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 Middle Last
Kenneth Patrick Gootie
Date of Birth Month Day Year
September 22 1958
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
R.R. #3 Box 561 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Francis Gootie
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indianapolis

9. Full maiden name of mother Marjorie Lee Postlewaite
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed, Kenneth Gootie
New Address R.R. 1 Box 422 Danville

Subscribed and sworn to before me this 15th day of May, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of Hendricks

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 19th day of May, 1978, authorizing the joining together as husband and wife of Kenneth Patrick Gootie and Penny Lee Lund. Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dennis R. Fulton, hereby certify that on the 3rd day of June, 1978, at Indianapolis, County of Marion, State of Indiana, Groom Kenneth Patrick Gootie of Hendricks County, State of Indiana and, Bride Penny Lee Lund of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County. Dated this 3rd day of June, 1978.

Signed Dennis R. Fulton
Official Designation Christian Minister
7th day of June, 1978
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

FEMALE APPLICANT
Name First Middle Last
Penny Lee Lund
Date of Birth Month Day Year
Dec 30 1958
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
R.R. #8 Box 236 B Indpls 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) _____
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 David Lund
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Sally Ann Greenwood
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed Penny Lee Lund
New Address R.R. 1 Box 422 Danville

Subscribed and sworn to before me this 15th day of May, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of Hendricks

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

(Remarriage)
STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 157

File

May 15, 1978
Date of Application

MALE

Medical Examination Report Dated 5-10-78

Name of Physician R. Stephen Luvin, M.D.

FEMALE

Medical Examination Report Dated 5-10-78

Name of Physician R. Stephen Luvin, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Steven W. Robinson Last
Date of Birth March 1 1956
Place of Birth (State or foreign country) Putnam Co. Ind.
Residence Address Box 77 Stillsville 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Jeremy Robinson

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 Wayne Robinson
Residence of father (if deceased so state): deceased
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Joy Lee Ward
Residence of mother (if deceased so state): Stillsville Ind.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Steven W. Robinson
New Address: 515 S. Kentucky St. Danville

Subscribed and sworn to before me this 15 day of May, 1978
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, HENDRICKS } ss:
County of:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1978
Clerk

FEMALE APPLICANT

Name First Rebecca G. Robinson Last
Date of Birth October 12 1954
Place of Birth (State or foreign country) Putnam Co. Ind.
Residence Address P.O. Box 77 Stillsville 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) Divorce Lic. (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Frederick Duncan
Residence of father (if deceased so state): R.R. Sullivan, Ill.
Birthplace of father (State or foreign country): Illinois

9. Full maiden name of mother: Dorothy Larine Cole
Residence of mother (if deceased so state): R.R. Sullivan, Ill.
Birthplace of mother (State or foreign country): Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Rebecca G. Robinson
New Address: 515 S. Kentucky St. Danville

Subscribed and sworn to before me this 15 day of May, 1978
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, HENDRICKS } ss:
County of:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1978
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued 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 County, Indiana dated the 24 day of May, 1978, authorizing the joining together as husband and wife of Steven W. Robinson and Rebecca G. Robinson.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glen M. Harney, hereby certify that on the 7th day of June, 1978, at Danville, Putnam County, State of Indiana, one thousand nine hundred and 78, Steven W. Robinson of Putnam County, State of Indiana, and, Bride, Rebecca G. Robinson 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 7th day of June, 1978. Signed: Glen M. Harney

Official Designation: Clerk Hendricks Co. 1978

Signed: Glen M. Harney Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of June, 1978.

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. 158
File May 15 1978
Date of Application

MALE
Medical Examination Report Dated 5-11-78
Name of Physician James Black MD.

FEMALE
Medical Examination Report Dated May 11, 1978
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 James Weldon Herschner
Date of Birth 11/17/1945
Place of Birth (State or foreign country) Marion, Ind.
Residence Address 1717 Tanglemood Sq. Indpls. Ind.
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ (1 time)
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Univ. License #S307-46-3151

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.
John Charles Herschner

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Wesley C. Herschner
Residence of father (if deceased so state) 3011 S. Branson, Marion Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Geraldine Wildoner
Residence of mother (if deceased so state) 3011 S. Branson, Marion Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed James W. Herschner
New Address 1717 Tanglemood Sq. Indpls

Subscribed and sworn to before me this 15 day of May, 1978
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

FEMALE APPLICANT

Name Trudy Ann Plummer
Date of Birth 3/3/1944
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address 420 Enderly Ave. Brownsburg
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ (1 time)
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☒ Other (Specify) Ind. University ID Card

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

6. List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Michael Traup
Residence of father (if deceased so state) R#5 Lebanon Ind.
Birthplace of father (State or foreign country) Gosport Ind.

9. Full maiden name of mother June Anna Gann
Residence of mother (if deceased so state) R#5 Lebanon, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Trudy A. Plummer
New Address 420 Enderly Ave. Brownsburg

Subscribed and sworn to before me this 15 day of May, 1978
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the **HENDRICKS** Circuit Court of Indiana dated the 19th day of May, 1978, authorizing the joining together as husband and wife of James Weldon Herschner and Trudy Ann Plummer.
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 19 day of May, 1978, at Quint Church R. 5, Brownsburg County of Hendricks, State of Indiana, Groom James Weldon Herschner of Marion County, State of Indiana, and, Bride Trudy Ann Plummer of Hendricks County, State of Indiana, 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 May, 1978.

Signed Rev. Dennis L. Dodson
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 22 day of May, 1978.

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. 159

File 39

5-15-78

Date of Application

County

MALE

Medical Examination Report Dated May 6, 1978

Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated May 12, 1978

Name of Physician David M. Hedley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

FEMALE APPLICANT

Name First William Middle L. Last Thomas
Date of Birth Month September Day 28 Year 1958
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. City Danville State Indiana
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

Name First Kandi Middle L. Last Stokes
Date of Birth Month L. Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City Danville 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)
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- ☐ Other (Specify)
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Shelby Gene Thomas
Residence of father (if deceased so state) Danville, In.
Birthplace of father (State or foreign country) Kentucky

8. Full name of father Franklin C. Stokes
Residence of father (if deceased so state) R1 North Salem, In.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Buelah Ellen Acton
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

9. Full maiden name of mother Dorothy M. Green
Residence of mother (if deceased so state) Indianapolis, Indiana
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William C. Thomas

Signed Kandi L. Stokes

New Address 252 S. Indiana Danville

New Address 252 S. Indiana Danville

Subscribed and sworn to before me this day of 1978
Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this day of 1978
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Father

Signed Mother

Signed Mother

Subscribed and sworn to before me this day of 1978
Clerk

Subscribed and sworn to before me this day of 1978
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued 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 County of Indiana dated the 19 day of May, 1978, authorizing the joining together as husband and wife of William C. Thomas and Kandi L. Stokes

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Leslie Acton hereby certify that on the 20 day of May, 1978, at Danville, County of Hendricks, State of Indiana, Groom William Curtis Thomas of Hendricks County, State of Indiana, and, Bride Kandi Lee Stokes 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 May, 1978.

Signed Rev. Leslie Acton

Official Designation Minister, 1978.

Signed Ellen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of May, 1978.

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. 160
File _____
Date of Application May 15, 1978

MALE
Medical Examination Report Dated 5-12-78
Name of Physician James Black MD

FEMALE
Medical Examination Report Dated 5-9-1978
Name of Physician B M Sinkovic MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael R. Duncan
Date of Birth 12 30 1957
Place of Birth (State or foreign country) Blount, Tennessee
Residence Address Rt 1 Box 1874, Brownsburg, 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) 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 John D. Duncan
Residence of father (if deceased so state) same
Birthplace of father (State or foreign country) Kentucky
9. Full maiden name of mother Patricia Ann Shore
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Kentucky
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Michael R. Duncan
New Address Brownsburg, Ind.
Subscribed and sworn to before me this 15 day of May, 1978
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, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Pamela S. Dugger
Date of Birth 12 30 1959
Place of Birth (State or foreign country) Blount, Tennessee
Residence Address 4470 Miller Rd, Blount, Tenn
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 Dugger
Residence of father (if deceased so state) unknown
Birthplace of father (State or foreign country) unknown
9. Full maiden name of mother Elizabeth Ann Odell
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Tennessee
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Pam Dugger
New Address Brownsburg, Ind.
Subscribed and sworn to before me this 15 day of May, 1978
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, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 May, 1978, authorizing the joining together as husband and wife of Michael R. Duncan and Pamela S. 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 20th day of May, one thousand nine hundred and 78, at Indianapolis, County of Marion, State of Indiana, Groom Michael R. Duncan and, Bride Pamela S. 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 20th day of May, 1978.

Signed Rev. Ollie G. Wilson
Official Designation Ordained Minister
Filed and recorded in accordance with the laws of the State of Indiana this 24th day of May, 1978
Signed Glen M. Harney Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 161

File May 16, 1978
Date of Application

County

MALE

Medical Examination Report Dated 5-8-78

Name of Physician George Kluninsky

FEMALE

Medical Examination Report Dated 5-8-78

Name of Physician John R. Warren

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Don Lee Kingery
Date of Birth Feb. 24, 1955
Place of Birth (State or foreign country) Ind.
Residence Address 7237 Causeway, Apt. 3A, Indpls. 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.
Candice Kingery

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 C. Kingery, Jr.
Residence of father (if deceased so state) Noblesville, Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Marilyn Jo Funk
Residence of mother (if deceased so state) Noblesville, Ind.
Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Don Lee Kingery
New Address 7237 Causeway Dr. #3A

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, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Patricia Ann Bryant
Date of Birth Aug. 10, 1956
Place of Birth (State or foreign country) Ind.
Residence Address 5870 Lakeland Blvd., Indpls. 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 Marvin G. Bryant
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Ind.

9. Full maiden name of mother Kathleen L. Miller
Residence of mother (if deceased so state) Indpls. Ind.
Birthplace of mother (State or foreign country) Penn.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Patricia Ann Bryant
New Address 7237 Causeway Dr. #3A

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, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 22 day of May, 1978, authorizing the joining together as husband and wife of Don Lee Kingery and Patricia Ann Bryant.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Clifford L. Carmichael hereby certify that on the 27 day of May, one thousand nine hundred and 78 at Brownsburg County of Hendricks, State of Indiana, Groom Don Lee Kingery of Marion County, State of Indiana, and, Bride Patricia Ann Bryant of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22 day of May, 1978.

Signed Clifford L. Carmichael
Official Designation United Methodist Minister

Signed Ellen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of June, 1978.

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. 162

File

May 16, 1978
Date of Application

MALE
Medical Examination Report Dated May 1, 1978
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated May 1, 1978
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name David Gibson
Date of Birth May 18, 1959
Place of Birth (State or foreign country) Beech Grove, Ind.
Residence Address R.R. #1, Box 49, Clayton, 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: Harold Gene Gibson
Residence of father (if deceased so state): R.R. #1, Box 49, Clayton
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Marjorie A. Littell
Residence of mother (if deceased so state): R.R. #1, Box 49, Clayton
Birthplace of mother (State or foreign country): Indiana

State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.

Signed: David C. Gibson

New Address: _____

Subscribed and sworn to before me this 16 day of May, 1978
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

HENDRICKS ss:

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk _____

FEMALE APPLICANT

Name Terri J. Fisher
Date of Birth April 27, 1961
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. #6, Box 150, Danville, 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: Buddy L. Fisher
Residence of father (if deceased so state): Same
Birthplace of father (State or foreign country): Indiana

9. Full maiden name of mother: Mary L. Fisher
Residence of mother (if deceased so state): Same
Birthplace of mother (State or foreign country): Indiana

State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.

Signed: Terri Fisher

New Address: _____

Subscribed and sworn to before me this 16 day of May, 1978
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** ss:

Signed: _____ Father

Signed: Mary Ann Fisher Mother

Subscribed and sworn to before me this 16 day of May, 1978

Clerk Glen M. Harvey

MARRIAGE LICENSE ISSUED 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.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the **HENDRICKS** Circuit Court of Indiana dated the 22 day of May, 1978, authorizing the joining together as husband and wife of David C. Gibson and Terri J. Fisher. Be it further remembered, the following marriage certificate was filed in my office, to-wit: Rebecca J. Bunton hereby certify that on the 26 day of May, 1978, at Danville, Hendricks County, State of Indiana, Groom David C. Gibson and, Bride Terri J. Fisher of Hendricks County, State of Indiana, were by me united 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 May, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of May, 1978.
Signed: Rebecca J. Bunton
Official Designation: Pastor
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. 162
File _____
Date of Application May 16, 1978

MALE
Medical Examination Report Dated May 1, 1978
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated May 1, 1978
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name David C. Gibson
Date of Birth May 18, 1959
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. #1, Box 49, Clayton, 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 Harold Gene Gibson
Residence of father (if deceased so state) R #1 Box 49 Clayton
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Marjorie A. Littell
Residence of mother (if deceased so state) R #1 Box 49 Clayton
Birthplace of mother (State or foreign country) Indiana

State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.
County of _____
Signed David C. Gibson
New Address _____

Subscribed and sworn to before me this 16 day of May, 1978
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

FEMALE APPLICANT

Name Terri J. Fisher
Date of Birth April 27, 1961
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. #6, Box 150, Danville, 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 Buddy L. Fisher
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Mary L. Shope
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Terri Fisher
New Address _____

Subscribed and sworn to before me this 16 day of May, 1978
Glen M. Harvey Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the Buddy L. Fisher, hereby give my consent for my daughter, Terri Jean Fisher to marry David C. Gibson.

Subscribed and sworn to before me this 22 day of May, 1978
Alonzo L. Pope
Notary Public Court Report

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the **HENDRICKS** Circuit Court of Indiana dated the 22 day of May, 1978, authorizing the joining together as husband and wife of David C. Gibson and Terri J. Fisher.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rebecca J. Bunton, hereby certify that on the 26 day of May, 1978, at Danville, County of Hendricks, State of Indiana, Groom David C. Gibson and, Bride Terri J. Fisher of Hendricks County, State of Indiana were by me united 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 May, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of May, 1978.
Signed Rebecca J. Bunton Official Designation Pastor
Signed Glen M. Harvey Clerk **HENDRICKS** Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 163

File May 16, 1978

Date of Application

MALE
Medical Examination Report Dated 5-15-78
Name of Physician Thomas Walker, M.D.

FEMALE
Medical Examination Report Dated 5-15-78
Name of Physician Thomas Walker, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Gregory Alan Kamplain
Date of Birth January 6, 1957
Place of Birth (State or foreign country) Indiana
Residence Address RR #1 Box 103A Pittsboro 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 E. Kamplain
Residence of father (if deceased so state) Brownsburg Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother: Muri C. Haycox
Residence of mother (if deceased so state) Brownsburg Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Gregory Alan Kamplain

New Address RR #1 Box 103-A Pittsboro Ind.

Subscribed and sworn to before me this 16 day of May, 1978
Allen M. Herry Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: ZACHRY

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Judith Eileen Collins
Date of Birth February 1, 1960
Place of Birth (State or foreign country) Indiana
Residence Address 211 W. Tilden Brownsburg 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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. Lamarr Collins
Residence of father (if deceased so state) Brownsburg Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother: Wm. Muri Mundy
Residence of mother (if deceased so state) Brownsburg Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Judith Eileen Collins

New Address RR #1 Box 103-A Pittsboro Ind.

Subscribed and sworn to before me this 16 day of May, 1978
Allen M. Herry Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 20th day of May, 1978, authorizing the joining together as husband and wife
Gregory Alan Kamplain and Judith Eileen Collins

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Wilson hereby certify that on the 20th day of May, 1978, at Brownsburg, County of Hendricks,
one thousand nine hundred and 78 at Hendricks, County, State of Indiana
State of Indiana, Groom Gregory Alan Kamplain of Hendricks, County, State of Indiana
and, Bride Judy Eileen 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 _____
County. Dated this 20th day of May, 1978.

Signed Joseph D. Wilson
Official Designation Minister
24th day of May, 1978.
Signed Allen M. Herry Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 164
File May 16, 1978
Date of Application

County

MALE
Medical Examination Report Dated 5-1-78
Name of Physician M. O. Scamaron

FEMALE
Medical Examination Report Dated 5-1-78
Name of Physician M. O. Scamaron

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name John Albert Ashley
Date of Birth Jan 20 1957
Place of Birth (State or foreign country) Ind.
Residence Address Rt. 1 Pittsboro 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 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 Robert L. Ashley
Residence of father (if deceased so state) Pittsboro, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Immy Blessing
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 the information given in this application is true and correct.
County of HENDRICKS

Signed John Ashley
New Address Libanon

Subscribed and sworn to before me this 16 day of May, 1978.
Elen M. Harvee Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Janet Marie Richardson
Date of Birth Jan 12 1958
Place of Birth (State or foreign country) Ind.
Residence Address Rt. 1 Liberton 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) Dr. Lucine
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "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 Richardson
Residence of father (if deceased so state) Liberton, Ind.
Birthplace of father (State or foreign country) Ind.
9. Full maiden name of mother Orlene Nevins
Residence of mother (if deceased so state) Liberton, Ind.
Birthplace of mother (State or foreign country) Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Janet Richardson
New Address Libanon

Subscribed and sworn to before me this 16 day of May, 1978.
Elen M. Harvee Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN 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, 1978, authorizing the joining together as husband and wife of John Albert Ashley and Janet Marie Richardson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Earl C. Davis, B.D. hereby certify that on the 20th day of May, 1978,
one thousand nine hundred and 78 a Jamestown United Methodist Church Boone,
State of Indiana, Groom John Albert Ashley of Hendricks County, State of Indiana
and, Bride Janet Marie 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 20th day of May, 1978.

Signed Earl C. Davis, B.D. F.A.P.C.
Official Designation Pastor-Counselor
Signed Elen M. Harvee Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of May, 1978.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 165
File 39
5-16-78
Date of Application

County

MALE

Medical Examination Report Dated 5-11-78
Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 5-13-78
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 Richard D. Maraldo
Date of Birth April 24 1957
Place of Birth (State or foreign country) Indianapolis
Residence Address 85 Hope Dr. Clainfield 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Lino Dominicko Maraldo
75 Hope Dr.
Residence of father (if deceased so state) Clainfield, Ind.
Birthplace of father (State or foreign country) Florida

9. Full maiden name of mother Betty Lu Rosa
Residence of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed x Richard Maraldo

New Address 315 Welcome Way Blvd.

Subscribed and sworn to before me this 16 day of May, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Kathy D. Miller
Date of Birth December 11 1958
Place of Birth (State or foreign country) Indianapolis
Residence Address RR2 Box 352 Clainfield 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Miller
9638 Londa Lane
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Carolyn Sue Silkwood
RR2 Box 352
Residence of mother (if deceased so state) Clainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed x Kathy D. Miller

New Address 315 Welcome Way Blvd.

Subscribed and sworn to before me this 16 day of May, 1978.

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 May, 1978, authorizing the joining together as husband and wife of Richard D. Maraldo and Kathy D. Miller.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, W. C. Mc Cormick hereby certify that on the 27 day of May, _____, County of Hendricks,
one thousand nine hundred and 78 at Brownsburg _____, County, State of Indiana,
State of Indiana, Groom Richard D. Maraldo of Marietta _____, County, State of Indiana,
and, Bride Kathy D. 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 _____ HENDRICKS County.
Dated this 27 day of May, 1978.

Signed W. C. Mc Cormick
Official Designation Minister
_____ day of June, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 166
File May 17, 1978
Date of Application

MALE
Medical Examination Report Dated 5-10-78
Name of Physician Irving Cohen, M.D.

FEMALE
Medical Examination Report Dated 5-10-78
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 Martin D. Ginther
Date of Birth September 20, 1942
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address RR #5 Box 118 Noblesville, 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 Arthur Ginther
Residence of father (if deceased so state) deceased
Birthplace of father (State or foreign country) Keweenaw, Ill.

9. Full maiden name of mother Charr Beatrice Steimel
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Martin D. Ginther
New Address RR 5 Box 118 Noblesville, Ind.
Subscribed and sworn to before me this 17 day of May, 1978
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 May, 1978, authorizing the joining together as husband and wife of Martin D. Ginther and Jennifer S. Eden.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen M. Harvey hereby certify that on the 27 day of May, one thousand nine hundred and 78 at Danville, State of Indiana, Groom Martin D. Ginther County of Hendricks and, Bride Jennifer S. Eden 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 27 day of May, 1978.

Signed Glen M. Harvey
Official Designation Clerk Hendricks County
Subscribed and sworn to before me this 30 day of May, 1978
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT
Name Jennifer S. Eden
Date of Birth December 14, 1948
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address RR #3 Shadeland Apt. #10 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) Divorce Lic. (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 John M. Cummings
Residence of father (if deceased so state) Liberty, Kentucky
Birthplace of father (State or foreign country) Kentucky

9. Full maiden name of mother Adelaide Waymire
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) England

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Jennifer S. Eden
New Address RR 5 Box 118 Noblesville, Ind.
Subscribed and sworn to before me this 17 day of May, 1978
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 167

File May 17, 1978

Date of Application

MALE
Medical Examination Report Dated 5/1/78
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 5/1/78
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 Warry Cecil Rogers
Date of Birth November 16, 1953
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. # 2 Clayton 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) Passport

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Eugene Rogers
Residence of father (if deceased so state) Clayton, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Jessie Nancy Hobson
Residence of mother (if deceased so state) Clayton, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Danny Cecil Rogers
New Address Box 250 Clayton, Ind. 46118

Subscribed and sworn to before me this 17 day of May, 1978
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, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Cynthia Marie Franklin
Date of Birth March 24, 1950
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Box 250 Clayton 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) Divorce Dec. (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Ray Franklin
Residence of father (if deceased so state) Clayton, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Thelma Marie Johnson
Residence of mother (if deceased so state) Clayton, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cynthia Marie Franklin
New Address Box 250 Clayton, Ind. 46118

Subscribed and sworn to before me this 17 day of May, 1978
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, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed in _____ County _____ Court by written order issued _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 23 day of May, 1978, authorizing the joining together as husband and wife of Danny Cecil Rogers and Cynthia Marie Franklin.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert Yount, hereby certify that on the 27 day of May, one thousand nine hundred and 78, at Clayton, County of Hendricks, State of Indiana, Groom Danny Cecil Rogers of Hendricks County, State of Indiana, and, Bride Cynthia Marie Franklin of Hendricks County, State of Indiana, were by me united 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 May, 1978.

Signed Robert Yount
Official Designation Minister, First Baptist Church
_____, 1978.
Signed Ellen M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 168

File
May 18 1978
Date of Application

MALE
Medical Examination Report Dated 5-16-78
Name of Physician Michael L. Neely

FEMALE
Medical Examination Report Dated 5-16-78
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 Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ 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: Father Charles Chandler
Residence of father (if deceased so state) Indianapolis, IN
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother: Marilyn Joann Gorman
Residence of mother (if deceased so state) P.O. Box 10, North Salem, IN
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed: Earl Edward Chandler
New Address: P.O. Box 16, North Salem, IN

Subscribed and sworn to before me this 18 day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ 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: Herman B. Hendricks
Residence of father (if deceased so state) New Castle, IN
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother: Marilyn B. Marshall
Residence of mother (if deceased so state) New Castle, IN
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed: Darlene Hendricks
New Address: _____

Subscribed and sworn to before me this 18 day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 22 day of May, 1978, authorizing the joining together as husband and wife of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the 2nd day of June, 1978, at North Salem, Indiana, County 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, State of _____
Dated this 3rd day of June, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1978.
Signed: _____
Official Designation: _____
Signed: _____
Clerk: _____
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 169
File May 18, 1978
Date of Application

County

MALE
Medical Examination Report Dated 5-12-78
Name of Physician William S. Armstrong

FEMALE
Medical Examination Report Dated 5-12-78
Name of Physician William S. Armstrong

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name James Ernest Beeler
Date of Birth April 19 1959
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 2270 A White Oaks Dr. Speedway, 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 license (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Beeler
Residence of father (if deceased so state) W. Morris, Indianapolis
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Jeannette Ann Sile
Residence of mother (if deceased so state) W. Morris, Indianapolis
Birthplace of mother (State or foreign country) Lafayette, Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed James Ernest Beeler
New Address 2270 A White Oaks Dr. Speedway

Subscribed and sworn to before me this 18 day of May, 19 78
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, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

FEMALE APPLICANT

Name Eva Marie Maynard
Date of Birth April 13 1960
Place of Birth (State or foreign country) Columbus, Ohio
Residence Address 24 Rickford Lane, Merrill, 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 license (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Jackie Allen Maynard
Residence of father (if deceased so state) Columbus, Ohio
Birthplace of father (State or foreign country) Ohio

9. Full maiden name of mother Eva Krupp
Residence of mother (if deceased so state) Merrill, Ind.
Birthplace of mother (State or foreign country) Connecticut

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Eva Marie Maynard
New Address 2270 A White Oaks Dr. Speedway

Subscribed and sworn to before me this 18 day of May, 19 78
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, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 May, 19 78, authorizing the joining together as husband and wife of James Ernest Beeler and Eva Marie Maynard

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 27 day of May, 19 78, hereby certify that on the _____ day of _____, at _____, County of _____, State of _____, I, Edward B. Curtice, Minister, do hereby certify that on the _____ day of _____, at _____, County of _____, State of _____, one thousand nine hundred and _____, James Ernest Beeler of _____, County of _____, State of _____, and, Bride, Eva Marie Maynard of _____, County of _____, 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 Edward B. Curtice
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19 _____
Signed Glen M. Harney 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. 170
File 39
5-18-78
Date of Application

MALE
Medical Examination Report Dated 5-16-78
Name of Physician Walter Mc Mannis

FEMALE
Medical Examination Report Dated 5-12-78
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 Charles E. Conway, Jr.
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address 241 S. O. Bk 264 Danville 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.

Timothy Michael Conway
Jason Matthew Conway

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be 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 E. Conway
Residence of father (if deceased so state) Welsh, Louisiana
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Marie Vega
Residence of mother (if deceased so state) Indpls., Ind.
Birthplace of mother (State or foreign country) Danana

State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.

Signed Charles E. Conway Jr.

New Address RR #1 Box 178 Danville Ind

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Rita Merrifield
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address 1433 S. Lee St. Indianapolis, 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 C. Merrifield
Residence of father (if deceased so state) 1917 W. Euclid Indpls., Ind.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Ruth E. Bennett
Residence of mother (if deceased so state) 1433 S. Lee Indpls., Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.

Signed Rita Merrifield

New Address RR #1 Box 178 Dan. Indiana

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, **HENDRICKS** ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 _____ day of _____, 19____, authorizing the joining together as husband and wife of Indiana dated the _____ day of _____, 19____, and
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the _____ day of _____, _____ at _____, County of _____, State of Indiana, Groom _____ 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 _____ day of _____, 19____
Clerk **HENDRICKS** Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 171
File _____
Date of Application May 19 1978

MALE
Medical Examination Report Dated 5-11-78
Name of Physician A. M. Alarcon, Md.

FEMALE
Medical Examination Report Dated 5-11-78
Name of Physician A. M. Alarcon, 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 Ronald Eugene Woodrum
Date of Birth January 23 1953
Place of Birth (State or foreign country) Indiana
Residence Address RR #1 Box 176 North Salem, 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Eugene Woodrum
Residence of father (if deceased so state) North Salem, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Eva Isabelle Watters
Residence of mother (if deceased so state) North Salem, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Ronald Eugene Woodrum

New Address RR #2 Box 170 Danville Ind.

Subscribed and sworn to before me this 19 day of May, 1978
Glen M. Murray Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Jacqueline Irene Boller
Date of Birth May 1 1953
Place of Birth (State or foreign country) Indiana
Residence Address RR #2 Box 170 Danville 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 Lic. (picture)

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 William Boller
Residence of father (if deceased so state) Danville, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Walter Virginia Leckman
Residence of mother (if deceased so state) Danville Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Maybelle Irene Boller

New Address RR #2 Box 170 Danville, Ind.

Subscribed and sworn to before me this 19 day of May, 1978
Glen M. Murray Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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 23 day of May, 1978, authorizing the joining together as husband and wife Ronald Eugene Woodrum and Jacqueline Irene Boller

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Alan W. Hughes hereby certify that on the 26 day of May,
one thousand nine hundred and 78 at New Winchester Christian Church of Hendricks County, State of Indiana
State of Indiana, Ronald Eugene Woodrum of Hendricks County, State of Indiana
and, Bride Jacqueline Irene Boller of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 26 day of May, 1978

Signed Alan W. Hughes
Official Designation Minister of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of May, 1978
Signed Glen M. Murray 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. 172

File

May 19 1978
Date of Application

County

MALE
Medical Examination Report Dated 5-19-78
Name of Physician David M. Dally

FEMALE
Medical Examination Report Dated 5-19-78
Name of Physician David M. Dally

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Divorced Lic. (picture)
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 A. Mosier
Residence of father (if deceased so state) Clayton, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Martha Jane Cordray
Residence of mother (if deceased so state) Clayton, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed David A. Mosier
New Address RR3 BOX 357

Subscribed and sworn to before me this 19 day of May, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

- ☒ Other (Specify) Voters Reg # 9589
- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - List the full names of any dependent children.

Matthew Scott Miller
Ella Marie Miller

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Bentley
Residence of father (if deceased so state) Plainfield, Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Ella May Garrett
Residence of mother (if deceased so state) Plainfield, Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Darlene J. Miller
New Address RR#5 BOX 357 Clayton

Subscribed and sworn to before me this 19 day of May, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the in Hendricks County Circuit Court by written order issued 3 day return 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 19 day of May, 1978, authorizing the joining together as husband and wife of Darrel A. Mosier and Darlene J. Miller. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Glen M. Harvey, hereby certify that on the 19 day of May, 1978, at Danville, County of Hendricks, State of Indiana, Groom Darrel A. Mosier and, Bride Darlene J. 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 Hendricks County. Dated this 19 day of May, 1978.

Signed Glen M. Harvey
Official Designation Clerk, Hendricks Co.
Signed Glen M. Harvey
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of May, 1978.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 173

File May 19, 1978

Date of Application

MALE

Medical Examination Report Dated 4-22-78

Name of Physician Gerald M. McWester M.D.

FEMALE

Medical Examination Report Dated 4-22-78

Name of Physician Gerald M. McWester M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Steven A. Morphew
Date of Birth Jan 16 1947
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address 125 Kruusan Plainsfield 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Steven Austin Morphew Jr.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒

If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Leonard Austin Morphew

Residence of father (if deceased so state) Belleme, Ind.

Birthplace of father (State or foreign country) Centerville Ind.

9. Full maiden name of mother Judith Ann Richardson

Residence of mother (if deceased so state) Belleme, Ind.

Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Steven A. Morphew

New Address 343 E. Barnum St. Indianapolis, Ind.

Subscribed and sworn to before me this 19 day of May, 1978

Glen M. Hendricks Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Linda J. Wilde
Date of Birth Jan 4 1943
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address 343 East Barnum Indianapolis 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)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
Timothy Carl Wilde Loni Beanne Wilde
Robert Jean Wilde
Jennifer Lynn

Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐

If answer is "yes", it is required that this Application be 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 Clayton Schaub

Residence of father (if deceased so state) Deceased

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Elsa Bogue

Residence of mother (if deceased so state) Indianapolis Ind.

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda J. Wilde

New Address 343 E. Barnum St.

Subscribed and sworn to before me this 19 day of May, 1978

Glen M. Hendricks Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 May, 1978, authorizing the joining together as husband and wife

Steven A. Morphew

and Linda J. Wilde

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William P. Hendricks

hereby certify that on the 10th day of June

one thousand nine hundred and 78

at Avon Christian Church, County of Hendricks

State of Indiana, Groom Steven A. Morphew

of Hendricks County, State of Indiana

and, Bride Linda J. Wilde

of Marion County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

Dated this 24th day of May, 1978

Signed Rev. William P. Hendricks

Official Designation Pastor, Avon Christian Church

13th day of June, 1978

Signed Glen M. Hendricks Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 174
File _____
Date of Application May 19, 1978

MALE
Medical Examination Report Dated 5/17/78
Name of Physician Gary E. Kalk

FEMALE
Medical Examination Report Dated May 19, 1978
Name of Physician Gary E. Kalk

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Richard D. Gipson
Date of Birth October 12, 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 436 Southland Dr. Radcliff Ky
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☒ Other (Specify) Identification (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 Ernest Gipson
Residence of father (if deceased so state) Brownsville Ind.
Birthplace of father (State or foreign country) Unknown
9. Full maiden name of mother Lue C. Clark
Residence of mother (if deceased so state) Brownsville Ind.
Birthplace of mother (State or foreign country) Unknown
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Richard D. Gipson
New Address 436 Southland Dr. Radcliff Ky 40160
Subscribed and sworn to before me this 19 day of May, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

FEMALE APPLICANT

Name Cheryl C. Patrick
Date of Birth June 1, 1960
Place of Birth (State or foreign country) California
Residence Address 436 Southland Dr. Radcliff Ky
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. Navy I.D. N13 615 094

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes ☐
If answer is "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 Paul Patrick
Residence of father (if deceased so state) San Diego, Calif.
Birthplace of father (State or foreign country) California
9. Full maiden name of mother Jane Orden Benight
Residence of mother (if deceased so state) Glennfield, Ind.
Birthplace of mother (State or foreign country) California
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Cheryl C. Patrick
New Address 436 Southland Dr. Radcliff Ky
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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1978, authorizing the joining together as husband and wife of Richard D. Gipson and Cheryl C. Patrick.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clifford L. Carmichael hereby certify that on the 2nd day of July, one thousand nine hundred and 78, at Brownsburg, County of Hendricks, State of Indiana, Groom Richard D. Gipson and, Bride Cheryl C. Patrick of Hardin County, State of Kentucky were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 2nd day of June, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Clifford L. Carmichael Official Designation United Methodist Minister
6th day of July, 1978
Signed Glen M. Harvey Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 175

File

May 19, 1978
Date of Application

MALE

Medical Examination Report Dated 5-11-78

Name of Physician Thomas Walker

FEMALE

Medical Examination Report Dated 5-11-78

Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First James Middle Norman Last Polley
Date of Birth Month June Day 19 Year 1956
Place of Birth (State or foreign country) Owensboro, Ky.
Residence Address 47 Hyde Park Row Brownsburg
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 B. Polley

Residence of father (if deceased so state) R #2 Box 92J Brownsburg

Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Bonnie Jane Plummer

Residence of mother (if deceased so state) R #2 Box 92J Brownsburg

Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James N. Polley

New Address 47 Hyde Park Row

Subscribed and sworn to before me this 19 day of May, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Shirley Middle Lee Last Newman
Date of Birth Month April Day 7 Year 1959
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 6333 Shiole Dr. Indpls.
Previous Marital Status: Never Married ☒ OR
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Horace H. Newman

Residence of father (if deceased so state) Same

Birthplace of father (State or foreign country) Florida

9. Full maiden name of mother Willie Margaret Anderson

Residence of mother (if deceased so state) Same

Birthplace of mother (State or foreign country) Alabama

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Shirley Lee Newman

New Address 47 Hyde Park Row

Subscribed and sworn to before me this 19 day of May, 1978

Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 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 May, 1978, authorizing the joining together as husband and wife

James Norman Polley and Shirley Lee Newman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Donald Tyler hereby certify that on the 3rd day of June

one thousand nine hundred and 78 at Brownsburg County of Hendricks

State of Indiana, Groom James Norman Polley of Hendricks County, State of Indiana

and, Bride Shirley Lee Newman 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 3rd day of June, 1978

Signed Rev. Donald Tyler

Official Designation Baptist Minister

6th day of June, 1978

Signed Glen M. Harvey Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 176
File
Date of Application 5-19-78

MALE
Medical Examination Report Dated 5-16-78
Name of Physician Wm Armstrong

FEMALE
Medical Examination Report Dated 5-16-78
Name of Physician Wm Armstrong

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ 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
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, 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 1978
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of
Signed
Signed
Subscribed and sworn to before me this day of 1978
Clerk

FEMALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
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
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, 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 1978
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of
Signed
Signed
Subscribed and sworn to before me this day of 1978
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 May 1978, authorizing the joining together as husband and wife of Jerry Wayne Trent and Deborah Belares Nooten.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John C. Maurer, hereby certify that on the 9 day of June 1978, at Danville, County of Hendricks, State of Indiana, Groom Jerry Wayne Trent and, Bride Deborah Belares Nooten, of Hendricks County, State of Indiana, were by me united 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 June 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of June 1978.
Signed John C. Maurer
Official Designation Judge, Superior Ct #2
Signed Glen M. Norvick
Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 177
File May 22, 1978
Date of Application

County

MALE

Medical Examination Report Dated May 15, 1978
Name of Physician Thomas Walker

FEMALE

Medical Examination Report Dated May 15, 1978
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 Richard Eugene Dent
Date of Birth July 18, 1958
Place of Birth (State or foreign country) Indianapolis, In
Residence Address 3421 Falcon Dr. Apt. A, Indpls. 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 P. Dent
Residence of father (if deceased so state) 4322 Arcadia St. Indpls.
Birthplace of father (State or foreign country) Indiana

9. Full maiden name of mother Mary L. Watson
Residence of mother (if deceased so state) 4322 Arcadia St. Indpls.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Richard E. Dent
New Address 3421 Falcon Dr. Apt. A

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, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk _____

FEMALE APPLICANT

Name Jeanette Susan Sells
Date of Birth June 15, 1959
Place of Birth (State or foreign country) Indianapolis, In
Residence Address 3421 Falcon Dr. Apt. A, Indpls. 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 C. Sells
Residence of father (if deceased so state) Same
Birthplace of father (State or foreign country) Ohio

9. Full maiden name of mother Frances M. Thompson
Residence of mother (if deceased so state) deceased
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Jeanette S. Sells
New Address 3421 Falcon 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, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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 May, 1978, authorizing the joining together as husband and wife of Richard Eugene Dent and Jeanette Susan Sells

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash hereby certify that on the 27 day of May, 1978, at Brownsburg, County of Hendricks, one thousand nine hundred and 78 at Marion, County, State of Indiana

State of Indiana, Groom Richard Eugene Dent of Hendricks County, State of Indiana and, Bride Jeanette Susan Sells of Hendricks County, State of Indiana

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, 1978. Signed Jerry R. Nash Minister

Official Designation _____ day of _____, 1978. Signed Ellen M. Harney Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____. Signed HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. _____
File 178
May 22, 1978
Date of Application

County _____

MALE
Medical Examination Report Dated May 17, 1978
Name of Physician William S. Armstrong

FEMALE
Medical Examination Report Dated May 19, 1978
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 Stephen Carmichael
Date of Birth July 23 1950
Place of Birth (State or foreign country) Ind. Castle
Residence Address 7211 Hatteras Ln. Indpls. Ind.
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) Drivers License #306-59-1944

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Raleigh M. Carmichael
Residence of father (if deceased so state) 1631 Chester Blvd. Richmond Ind.
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Mary L. Garrard
Residence of mother (if deceased so state) 1631 Chester Blvd.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Stephen R. Carmichael
New Address 7211 Hatteras Lane Apt. 1-B Indpls

Subscribed and sworn to before me this 22 day of May, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Karen Hawley
Date of Birth Dec 18 1956
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. #6 Box 31 Danville, 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 #305-68-1486

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Hawley
Residence of father (if deceased so state) same
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Judith A. Warner
Residence of mother (if deceased so state) same
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Karen A. Hawley
New Address 7211 Hatteras Ln Apt 1-B Indpls

Subscribed and sworn to before me this 22 day of May, 1978
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 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, 1978, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Stump hereby certify that on the 27 day of May

one thousand nine hundred and 78 at Danville, County of Hendricks
State of Indiana, Groom Stephen Carmichael of Marion County, State of Indiana

and, Bride Karen Hawley of Hendricks County, State of Indiana

were by me united 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 May, 1978.

Signed Joseph D. Stump
Official Designation Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of June, 1978.
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. 177

File _____

Date of Application May 23, 1978

County _____

MALEMedical Examination Report Dated 5-16-78Name of Physician Walter M. Morris M.D.**FEMALE**Medical Examination Report Dated 5-16-78Name of Physician Walter M. Morris M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Arthur R. Pugh
Date of Birth March 31 1958
Place of Birth (State or foreign country) Martinsville
Residence Address 215 W. Harrison St. Mooresville 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Ray Pugh
Residence of father (if deceased so state) Mooresville Ind.
Birthplace of father (State or foreign country) Virginia
9. Full maiden name of mother Barbara Kaye Worleyshire
Residence of mother (if deceased so state) Mooresville Ind.
Birthplace of mother (State or foreign country) Indpls. In.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Arthur R. PughNew Address 215 W. Harrison MooresvilleSubscribed and sworn to before me this 23 day of May, 19 78Slen 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, **HENDRICKS** } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____
Clerk _____

FEMALE APPLICANT

Name Catherine Mary Cave
Date of Birth July 18 1962
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address R.R. # 6 Box # 2 Mooresville 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) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be 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 Ray Cave Sr.
Residence of father (if deceased so state) Deceased
Birthplace of father (State or foreign country) Indiana
9. Full maiden name of mother Pauline Marie Sherson
Residence of mother (if deceased so state) Mooresville Ind.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Catherine MaryNew Address 215 W. Harrison MooresvilleSubscribed and sworn to before me this 23 day of May, 19 78Slen 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, **HENDRICKS** } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ 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 23 day of May, 19 78, authorizing the joining together as husband and wife of Arthur R. Pugh and Catherine Mary Cave.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Louis Gibson, hereby certify that on the 10 day of June, 19 78, at Mooresville, County of Morgan, State of Indiana, Groom Arthur R. Pugh of Morgan County, State of Indiana, and, Bride Catherine Mary Cave of Hendricks County, State of Indiana, 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 78.

Signed Rev. Louis GibsonOfficial Designation Pastor of Church of ChristSlen M. Harney Clerk **HENDRICKS** Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19 _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905
(Rev. 1977)

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 180

File
May 23, 1978
Date of Application

County

MALE
Medical Examination Report Dated 5-21-78
Name of Physician Michael Neely

FEMALE
Medical Examination Report Dated 5-21-78
Name of Physician Michael 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, representa-

MALE APPLICANT
Name First Middle Last
Stephen Wayne Bettis
Date of Birth Month Day Year
March 5 1957
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
4923 Rockville Rd. Indpls. 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) Dr. License # 5305-68-0048
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "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 C. Bettis
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Ark.
9. Full maiden name of mother Margaret Coryell
Residence of mother (if deceased so state) Indpls. Ind.
Birthplace of mother (State or foreign country) Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Stephen W. Bettis
New Address 4923 Rockville Rd.
Subscribed and sworn to before me this 23 day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 May, 1978, authorizing the joining together as husband and wife of Stephen Wayne Bettis and Elizabeth Ann Budde.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert E. Davis
one thousand nine hundred and 78 hereby certify that on the 27th day of May
State of Indiana, Groom Stephen Wayne Bettis at 5:30 P.M., County of Hendricks,
and, Bride Elizabeth Ann Budde of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of Indiana
Dated this 27th day of May, 1978.

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of May, 1978.
Signed Robert E. Davis, Pastor
Official Designation Church of Our Lord & Savior, Lizton, Ind.
Signed Glen M. Harvey Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT
Name First Middle Last
Elizabeth Ann Budde
Date of Birth Month Day Year
Oct. 20 1955
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. City County State
473 East Rd 100N Danville 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) Dr. License # 310-64-1979
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "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.
Dennis Ryan Budde

7. Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
8. Full name of father Lyman Winkley
Residence of father (if deceased so state) Indpls. Ind.
Birthplace of father (State or foreign country) Illinois
9. Full maiden name of mother Lula Stewart
Residence of mother (if deceased so state) Danville, Ind.
Birthplace of mother (State or foreign country) Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Elizabeth A. Budde
New Address 4923 Rockville Rd. Indpls.
Subscribed and sworn to before me this 23 day of May, 1978.
Glen M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 181
File May 23, 1978
Date of Application

County

MALE
Medical Examination Report Dated 5-19-78
Name of Physician A. N. Scudder, M.D.

FEMALE
Medical Examination Report Dated 5-19-78
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 David Blank
Date of Birth October 6 1950
Place of Birth (State or foreign country) Alabama
Residence Address Rt # 4 Box 300 Brownsburg, 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) Divorced (picture)
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father: Edward W. Blank Jr.
Residence of father (if deceased so state) Brownsburg, Ind.
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother: Alma Lee Hill
Residence of mother (if deceased so state) Brownsburg, Ind.
Birthplace of mother (State or foreign country) L. Carlsbad

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed David Blank
New Address R4 Box 300 Brownsburg, Ind.

Subscribed and sworn to before me this 23 day of May, 19 78
Ella M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 ____

Clerk

FEMALE APPLICANT

Name Karen Dalton
Date of Birth July 8 1950
Place of Birth (State or foreign country) Indiana
Residence Address 7811 Basswood Dr. Indianapolis, 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) Divorced (picture)
- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☒
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.
- Full name of father: John Earl Grantbatch
Residence of father (if deceased so state) Indianapolis, Ind.
Birthplace of father (State or foreign country) Castleton, Ind.
- Full maiden name of mother: Luis Frances Cantrell
Residence of mother (if deceased so state) Indianapolis, Ind.
Birthplace of mother (State or foreign country) Tennessee

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Karen Dalton
New Address R4 Box 300 Brownsburg, Ind.

Subscribed and sworn to before me this 23 day of May, 19 78
Ella M. Harvey Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 ____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ 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 2nd day of June, 19 78, authorizing the joining together as husband and wife of David Blank and Karen Dalton
Be it further remembered, the following marriage certificate was filed in my office, to-wit: 4th day of June,
I, Rev. Bruce A. Brown hereby certify that on the _____ day of _____, County of Hendricks,
one thousand nine hundred and 78 at Danville, County, State of Indiana
State of Indiana, Groom David Blank of Hendricks County, State of Indiana
and, Bride Karen Dalton of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 4th day of June, 19 78

Signed Rev. Bruce A. Brown
Official Designation Pastor, White Lick U. Presbyterian Ch.
7th day of Juen, 19 78
Signed Ella M. Harvey Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____